



Unannounced Care Inspection Report 16 October 2018



Maryland Healthcare Care Centre of Distinction

Type of Service: Nursing Home

Address: 95 Knockbracken Road, Castlereagh, BT6 9SP

Tel No: 028 90448797

Inspectors: Linda Parkes and Lyn Buckley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 84 persons.

3.0 Service details

Organisation/Registered Provider: Maryland Healthcare Limited Responsible Individual(s): Mrs Susan McCurry	Registered Manager: Mrs Jacquelyn Grace Woods
Person in charge at the time of inspection: Mrs Jacquelyn Grace Woods	Date manager registered: 18 September 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 84 A maximum of 20 patients in category NH-DE to be accommodated in the Rowan Unit. A maximum of 20 patients in category NH-DE to be accommodated in Larch Unit.

4.0 Inspection summary

An unannounced inspection took place on 16 October 2018 from 09:45 to 17:05 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to provision and development of staff, monitoring the professional registration of staff, communication between staff and patients and the patient dining experience. There were also examples of good practice in relation to the culture and ethos of the home and the caring and compassionate manner in which staff delivered care.

Areas requiring improvement were identified in relation to patients having access to a nurse call system, the recording of modified food texture and fluid consistency on the menu for those on modified diets and the monthly auditing of environmental checks.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings, were well cared for and had confidence that staff had the training, ability and willingness to meet their needs. No concerns were expressed by patients during the inspection and patients described living in the home in positive terms.

Three patients told the inspector:

“The girls are very good. They helped me settle in.”

“The staff make the place.”

“Staff are very kind.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed, warm and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and their views. This was evidenced in monthly evaluations on the food served in the home and the overall experience of those living there.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Jacqueline Woods, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 31 May 2018

The most recent inspection of the home was an announced variation to registration inspection undertaken on 31 May 2018. This inspection was conducted by both the care and estates inspectors aligned to the home and separate reports were issued. Other than those actions detailed in the QIPs no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight patients, two patients' relatives and six staff. Questionnaires were also left for patients and patients' representatives for distribution. A poster was provided for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed in the reception area.

The following records were examined during the inspection:

- duty rota for all staff from 8 to 21 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- five patient care records
- four patient care charts including bowel functioning records and reposition charts
- a sample of governance audits
- complaints record from 26 July to 6 September 2018
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports for July to September 2018 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- three nurse competency records
- urgent communications, safety alerts and notices from 14 August 2018 to 28 September 2018.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 May 2018

The most recent inspection of the home was an announced variation to registration inspection undertaken on 31 May 2018. This inspection was conducted by both the care and estates inspectors aligned to the home and separate reports were issued. The QIPs issued were returned and approved by the inspector.

6.2 Review of areas for improvement from the last care inspection dated 31 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that fire doors are not propped or wedged open; and that fire safety practices are monitored and managed.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: First time	The registered persons shall ensure that registered nurses have oversight of the bowel functioning records. Evidence of any action taken should be recorded in the daily progress notes.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the registered manager and nurse in charge confirmed this area for improvement has been met in all units within the home.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered persons shall ensure that the system for checking the NMC registrations is further developed, to ensure that it is robust.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed this area for improvement has been met. A computerised alert system for renewal of nurse registration is in place as well as a monthly audit.	

Area for improvement 2 Ref: Standard 35.18 Stated: First time	The registered persons shall ensure that a robust system is put in place to manage urgent communications, safety alerts and notices. This relates particularly to, but is not limited to, the alerts regarding staff that had sanctions imposed on their employment by professional bodies.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 8 to 21 October 2018 evidenced that the planned staffing levels were adhered to. Observation and conversation with staff also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

A staff member said:

"Staffing levels are good. I've worked here since the home opened."

We also invited staff to complete an on line survey across the four domains; we had no responses within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Maryland Healthcare Care Centre of Distinction. We also sought the opinion of patients on staffing via questionnaires. One patient questionnaire was returned. The patient indicated that they were very satisfied with the care they received and indicated there was "enough staff available to care."

One relative spoken with did not raise any concerns regarding staff or staffing levels. The relative said, "The care is good. Staff are thorough in care delivery."

We also sought relatives' opinion on staffing via questionnaires. One questionnaire was returned and it indicated that the relative was very satisfied that staff delivered safe care.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of two staff induction records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. A computerised alert system for renewal of NMC and NISCC registration is in place as well as a monthly audit. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for moving and handling training, first aid training, fire training, swallow awareness training, pressure awareness training, dementia awareness training and falls awareness training. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Discussion with the registered manager confirmed that a computerised system informed her when individual staff training was due.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice and that the registered manager was identified as the safeguarding champion.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records, from 28 August to 10 October 2018, in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home’s environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. There were no fire doors found to be wedged or propped open.

Discussion with the registered manager confirmed an awareness of the importance to monitor the incidents of healthcare associated infections (HCAI) and when antibiotics were prescribed.

On observation it was noted that a patient’s chair needed to be cleaned as liquid had been previously spilt on it. The nurse in charge of Rowan Unit attended to it immediately.

The inspector observed that a patient receiving prescribed therapy in their bedroom did not have access to a nurse call bell as it was out of reach. This was brought to the attention of two care assistants at the time who responded when the inspector activated the patient’s nurse call. Details were discussed with the registered manager and an area for improvement was identified.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff knowledge of adult safeguarding arrangements, infection prevention and control measures and practice, risk management and the home’s environment.

Areas for improvement

An area for improvement was identified in relation to patients having access to a nurse call system.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients’ weight, and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN) SALT or the dietician. There was also evidence that the care plans were reviewed when these recommendations changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Review of three nursing staff's competency and capability assessments evidenced that they were experienced in taking charge of the home in the registered manager's absence and in medication management.

The registered manager advised that staff meetings were held on a regular basis in each of the units and departments of the home. Minutes were available.

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and relatives were aware of who the registered manager was.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning, reviews, and effective communication with patients, relatives, staff and other health professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:45 hours and were greeted by the registered manager. Staff were observed responding to patient's needs and requests promptly, cheerfully and attentively. Patients were observed seated in one of the lounges or in their bedroom, as was their personal preference.

Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water or juice and staff were observed assisting patients to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. A tree with patient hand prints and quotes was displayed on the dining room wall in Willow Unit as this had been part of the activity programme for this unit and reflected patients' views and memories. For example, a patient's hand print quote stated, "My favourite memory is the way in which the staff treat me with dignity and respect."

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

The serving of the lunchtime meal was observed in the Willow Unit. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Four patients commented:

"The food is terrific."

"Stew is my favourite. It tastes really nice."

"I'm enjoying my lunch."

"The food is always good."

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. However, the menu checklist did not reflect food textures accurately as individual patients' care plans and SALT recommendations advised. This was discussed with the registered manager and an area for improvement was made.

Cards and letters of compliment and thanks were displayed in the home. One comment recorded was, "Thank you all for the splendid attention during my stay."

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff at Maryland Healthcare Care Centre of Distinction. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

A patient said, "I came here from hospital and they're looking after me well. It's a very nice place."

Questionnaires were provided for patients and their representatives. One patient and one relative questionnaire was returned and both indicated that they were very satisfied that the care was compassionate.

A relative said, "I'm very happy with the care that ... is receiving. I have no complaints at all."

Any comments from patients, relatives or staff in returned questionnaires received after the return date or after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the mealtime experience, dignity and privacy.

Areas for improvement

An area for improvement was identified in relation to patient food textures and fluid consistency.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on service users and the registered manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control (IPC) practices to include hand washing technique, wounds occurring in the home and care records. However, the registered manager confirmed that environmental infection control audits were not undertaken. For example, personal items, toiletries and patient equipment such as receivers were observed in one bathroom. Details were discussed with the registered manager during feedback and an area for improvement was made.

Discussion with the registered manager and review of records for July to September 2018 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to the home's environmental infection control audit.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jacquelyn Woods, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Fitness of the premises E8 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that patients have access to a nurse call bell or other suitable means to call for assistance as required.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing actions taken: All staff are aware to ensure that the call bell is sitting beside the residents when they are out of bed and sitting on the chair</p>
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that any record in place to assist staff to manage patients' modified diet must reflect the food texture and fluid consistency prescribed by SALT. This should include the menu checklist.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Menu checklist has been reviewed to include the SALT recommendations</p>
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that they develop an IPC environmental audit.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Environmental audit has been devised and is completed monthly</p>

Please ensure this document is completed in full and returned via Web Portal



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