

Inspection Report

25 November 2021



Maryland Healthcare Care Centre of Distinction

Type of Service: Nursing Home
Address: 95 Knockbracken Road, Castlereagh,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Maryland Healthcare Limited</p> <p>Responsible Individual: Susan McCurry</p>	<p>Registered Manager: Mrs Jacquelyn Grace Woods</p> <p>Date registered: 18 September 2017</p>
<p>Person in charge at the time of inspection: Jayne Taylor, Registered Nurse until 8.00 am then Mrs Jacquelyn Grace Woods, Manager from 8.00 am onwards.</p>	<p>Number of registered places: 85</p> <p>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 the Larch Unit A maximum of 10 patients in category NH-DE to be accommodated in the Willow Unit.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years I – Old age not falling within any other category TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 79</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered nursing home which provides nursing care for up to 85 patients. The home is divided into four units all of which are on the ground floor. These units are named: Willow, Larch, Juniper and Rowan. The patients have access to various communal spaces including lounges and gardens.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 November 2021, from 7.10 am to 4.10 pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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.

New areas for improvement were identified in relation to fire safety, infection prevention and control (IPC) practices, record keeping, and compliance with Control of Substances Hazardous to Health (COSHH) legislation.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Maryland Healthcare Care Centre of Distinction was effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the safety of patients.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Jacquelyn Grace Woods, Manager and Susan McCurry, Responsible Individual at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection 12 patients were spoken with individually. Two relatives and 13 staff were also spoken with. One incomplete staff survey response was received and the comments shared with the Manager.

Six patient questionnaires were returned in which all respondents expressed satisfaction with the services provided; any additional comments made were shared with the Manager.

Patients spoken with on an individual basis told us that they were happy with the care and services provided in Maryland Healthcare Care Centre of Distinction. Patients described the staff as “excellent”, “brilliant” and “lovely.” One patient commented within a returned questionnaire stating that “the staff really do a great job and look after me well, I will be sad to leave.”

A relative spoke positively about their experiences, stating that they had “no complaints” with the care their loved one received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 11 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Second time	The registered person shall ensure that the treatment and prescribed care to patients meet their individual needs and reflect current best practice. Care plans in respect of responding to behaviours that challenge should be explicit and in accordance with current standards.	Met
	Action taken as confirmed during the inspection: Review of care records confirmed this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 12 (1) Stated: First time	The registered person shall ensure that care delivery to patients reflects their individual needs and choices; this is in relation to patients’ morning routines.	Met
	Action taken as confirmed during the inspection: Review of care records confirmed this area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records evidenced gaps in the recording of the wound care provided.</p> <p>This area for improvement has been partially met and will be stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 30 (d)</p> <p>Stated: First time</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any notifiable event in keeping with Regulation. Refer to Provider Guidance available on our website: www.rqia.org.uk.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records confirmed this area for improvement has been met.</p>		
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 17 and 18</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that care plans and recording in respect of responding to behaviours that challenge and restrictive practice adhere to the guidance as stated in the relevant standards.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records confirmed this area for improvement has been met.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the current system for the delivery of meals to patients to ensure the temperature of the meal is maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the serving of the lunch time meal confirmed this area for improvement has been met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplementary repositioning records are completed in a contemporaneous and comprehensive manner at all times; nursing records should also evidence meaningful evaluation of this care by nursing staff.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records evidenced some inconsistencies in the recording of the care provided.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that Personal Protective Equipment (PPE) and hand hygiene training is embedded into practice.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Some staff were observed not adhering to 'bare below the elbow' this was individually addressed with the identified staff. Training had been provided on both hand hygiene and PPE use.</p> <p>Staff were seen to use PPE appropriately. Both these areas are monitored by the Manager on a daily basis.</p>		

Area for improvement 5 Ref: Standard 11 Stated: First time	The registered person shall ensure that robust arrangements are in place to ensure the provision of meaningful activities throughout the home. This programme should aim to provide positive and meaningful outcomes for the patients and be displayed in a suitable format within appropriate locations	Met
	Action taken as confirmed during the inspection: Discussion with staff and patients confirmed the provision of meaningful activities. Activity schedules were displayed in all four units.	
Area for improvement 6 Ref: Standard 39 Stated: First time	The registered person shall ensure that appropriate governance systems are in place to ensure staff receive training appropriate for their role; this includes but is not limited to adult safeguarding training.	Met
	Action taken as confirmed during the inspection: Review of training records confirmed this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to help protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had oversight of staff compliance with the required training. A variety of training had been provided since the last inspection including first aid, manual handling and record keeping. However, a limited number of staff had received training in compliance with Control of Substances Hazardous to Health regulations; COSHH deficits within the environment are discussed further in Section 5.2.3. An area for improvement was identified.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period.

Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff were seen to respond to patients' needs in a timely manner and were seen to be compassionate and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Patients who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that some of the care provided was not consistently recorded; the specific examples were discussed with the Manager. An area for improvement has not been met and is stated for a second time.

Wound care records for two patients evidenced gaps in the recording of the wound care provided. This was discussed with the Manager and an area for improvement was partially met and is stated for a second time.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges.

The home was warm, clean and comfortable and had been tastefully decorated for Christmas. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Fire safety measures were reviewed; in one identified unit the corridors were observed to be cluttered with laundry baskets; this was discussed with the Manager who advised that the baskets are emptied once the morning routine is over and staff are aware of the homes fire policy in regard to maintenance of clear corridors. A fire door had been inappropriately propped open. This was discussed with the Manager and an area for improvement was identified. The fire risk assessment available for review was dated 7 September 2021, there was evidence the home was addressing the required actions from this assessment.

The inspection identified deficits with regards to staff compliance with Control of Substances Hazardous to Health regulations. For instance, cleaning products and nail polish were observed in areas accessible to patients which presented a potential health and safety risk. Thickening agents were also observed in an area accessible to patients, this was discussed with the Manager and the area was made secure.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA). Visiting arrangements were managed in line with Department of Health and IPC guidance.

Observation of the environment and staff practices highlighted deficits in regard to infection prevention and control practices. For instance, a number of staff were observed not adhering to 'bare below the elbow' best practice guidance. This was discussed with the Manager who addressed this individually with the identified staff. A number of raised toilet seats required cleaning; in addition, the underside of a number of hand sanitiser dispensers required cleaning and communal bathroom surfaces were cluttered. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished.

Activity schedules were available for review in all units; planned activities included music and singing, reminiscence therapy, games, art and crafts. The activity therapist said that patients were consulted about the type of things they would like to do and patients' abilities and preferences for one to one or group activities were also taken into account. Patients commented positively about the activities within the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Jacquelyn Grace Woods has been the Registered Manager in this home since 18 September 2017. Staff demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patient care or staff practices.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. Deficits in regards to record keeping were identified in a number of audits, namely, correction fluid had been used and errors were seen to have been scribbled out. This is not in keeping with best practice or professional guidance; an area for improvement was identified.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed. Discussions with the Manager and staff, and observations on inspection indicated good working relationships.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	4*	3*

*the total number of areas for improvement includes one area under Regulation and one area under the standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jacquelyn Grace Woods, Manager and Susan McCurry, Responsible Individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All Nurses have been reminded of the importance of maintaining appropriate records in relation to wound management . Wound care records are reviewed by Unit Managers</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure fire doors are not propped open.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: All staff have read and signed our Fire Safety policy to remind them that no fire doors should be propped open .</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Units have locked cupboards for safe storage of cleaning chemicals , staff reminded to ensure they are locked away when not in use</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • raised toilet seats are effectively cleaned • hand gel dispensers are effectively cleaned • communal bathrooms are kept free from clutter. <p>Ref: 5.2.3</p>
<p>Response by registered person detailing the actions taken: The raised toilet seats and hand gel dispensers were effectively cleaned , staff reminded to ensure bathrooms are kept free from clutter . Housekeeping staff to check the hand gel dispensers and clean accordingly .</p>	
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that supplementary repositioning records are completed in a contemporaneous and comprehensive manner at all times; nursing records should also evidence meaningful evaluation of this care by nursing staff.</p> <p>Ref: 5.1 and 5.2.2</p>
<p>Response by registered person detailing the actions taken: All staff reminded of the importance of recording on the Epicare system repositioning records , Nurses also advised to ensure they are reflecting this within their daily notes</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2022</p>	<p>The registered person shall ensure that the staff receive training in regard to Control of Substances Hazardous to Health regulations (COSHH).</p> <p>Ref: 5.2.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: COSHH training module was sent out to all staff for completion via our on line training platform.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 37.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This is specifically relates to:</p> <ul style="list-style-type: none"> • the use of correction fluid • errors in documentation are corrected in line with best practice and professional guidance. <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Nursing staff reminded of the importance of good practice and legislative requirements in regards to not using correction fluid</p>

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