

Inspection Report

8 and 9 February 2023



Maryland Healthcare Care Centre of Distinction

Type of Service: Nursing Home
**Address: 95 Knockbracken Road, Castlereagh,
Belfast, Antrim, BT6 9SH**
Tel no: 028 9044 8797

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: Ms 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: 8 February 2023</p> <p>Ms Christina Bango, Unit Manager (Larch) from 10.10 am to 11.10 am Mrs Jacquelyn Grace Woods, Manager from 11.10 am to 5.15 pm.</p> <p>9 February 2023 Mrs Jacquelyn Grace Woods, Manager.</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: 84</p>
<p>Brief description of the accommodation/how the service operates: 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. Patients have access to various communal spaces including lounges and gardens.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 February 2023 from 10.10 am to 5.15 pm and 9 February 2023 from 10.20 am to 4.25 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 the patient dining experience and maintaining good working relationships.

Areas for improvement have been identified in relation to wound management, medicines management, repositioning records and effective management systems. The total number of areas for improvement includes two that have been stated for a third and final time and two which are carried forward for review at the next inspection.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

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.

Comments received from patients, two patients' relatives, staff and a visiting professional are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 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 Ms Susan McCurry, Responsible Individual and Mrs Jacquelyn Grace Woods, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with five patients individually, small groups of patients in the lounges and dining room, two patients' relatives, twelve staff and a visiting professional.

Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

A patient spoken with commented: "I'm very comfortable and have no complaints at all. If I had a concern I would speak to the manager and would be confident it would be sorted out quickly."

Both patients' relatives spoken with commented that they felt their loved one was well cared for and they were complimentary regarding staff and the manner in which they cared for them.

Following the inspection we received two questionnaires. The returned questionnaires did not indicate if they were completed by a patient or their representative. Both questionnaires indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

A visiting professional commented: "The staff are helpful and the manager organises anything I need. The place is very clean and the team of domestics do a good job. I've no concerns."

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you all for the wonderful care you gave to our Dad and to us."

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 18 October 2022		
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 record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	Not met
	Action taken as confirmed during the inspection: Review of a selection of records evidenced that that this area for improvement was not met and will be stated for a third and final time. Refer to section 5.2.2 for details	
Area for improvement 2 Ref: Regulation 27 (4)(c) Stated: First time	The registered person shall ensure fire doors are not propped open.	Met
	Observation of the environment evidenced that fire doors are not propped open.	
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment evidenced that the infection prevention and control issues identified during the previous care inspection are managed to minimise the risk of spread of infection.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure electronic medicine records are fully and accurately maintained. This is in specific reference to the Juniper Unit and includes:</p> <ul style="list-style-type: none"> - Personal medication records - Medicine administration records 	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure safe systems for the management of warfarin are in place.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	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.	Not met
	Action taken as confirmed during the inspection: Review of a selection of records evidenced that that this area for improvement was not met and will be stated for a third and final time. Refer to section 5.2.2 for details	
Area for improvement 2 Ref: Standard 39 Stated: First time	The registered person shall ensure that the staff receive training in regard to Control of Substances Hazardous to Health regulations (COSHH).	Met
	Review of records evidenced that staff received training in regard to Control of Substances Hazardous to Health regulations (COSHH).	
Area for improvement 3 Ref: Standard 37.5 Stated: First time	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. This is specifically relates to: <ul style="list-style-type: none"> • the use of correction fluid • errors in documentation are corrected in line with best practice and professional guidance. 	Met
	Action taken as confirmed during the inspection: All records checked on inspection evidenced that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member starting work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

We discussed the provision of mandatory training with staff. 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. Review of staff training records for 2022/2023 evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, infection prevention and control (IPC) and fire safety.

The manager confirmed that arrangements have been made for staff to attend face to face, dementia awareness training and that staff had undertaken training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS).

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Mrs Jacquelyn Grace Woods, was identified as the appointed safeguarding champion for the home. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Staff told us they were aware of individual patients' wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

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. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT), the tissue viability nurse (TVN) and dieticians.

Wound management records contained gaps in the recording to confirm that dressing regimes had been adhered to. In one care record the dressing regime had not been documented. The recording of wound care was identified as an area for improvement at previous inspections; this has now been stated for a third and final time. The need for robust management systems to assure the effective delivery and review of wound care was discussed with the manager and an area for improvement made.

Supplementary charts for patients who require to be assisted by staff to reposition did not evidence that patients were assisted to change their position in accordance with the frequency identified in their care plan. The completion of repositioning charts was identified as an area for improvement at previous inspections; this has now been stated for a third and final time. Robust management systems to assure the effective delivery and review of pressure relief was discussed with the manager and an area for improvement was made regarding governance/management systems.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining room in Juniper Unit. The daily menu was displayed showing patients what is available at each mealtime. Staff ensured that patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals.

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. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was comfortably warm and clean throughout. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms, sluice rooms and the cleaning store were observed to be appropriately locked when staff were not present.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of Personal Protective Equipment (PPE).

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board in each unit advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as playing games, making Valentine banners and suncatchers and attending entertainment events. A patient spoken with commented that they recently enjoyed listening to a visiting guest singer.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Mrs Jacquelyn Grace Woods has been the manager of this home since 18 September 2017.

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.

Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-

professional team. Staff members were able to identify the person in charge of the home in the absence of the manager.

Review of a selection of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty. It was noted that three assessments in Juniper unit were due to be reviewed. This was discussed with the manager who advised she was aware and that arrangements had been made for these to be completed.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

The manager advised that staff supervision had commenced and arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

The manager confirmed that each unit manager completes their own set of monthly audits which she reviews, signs and dates. 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, care plans, wounds, complaints and infection prevention and control (IPC) practices, including hand hygiene. Robust management systems to assure the effective delivery and review of wound care was discussed with the manager, as areas for improvement previously identified regarding wound management have been stated for the third and final time. See section 5.2.2 for details.

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 residents' next of kin and their care manager and appropriate action had been taken.

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

It was established that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

The manager advised that staff and patient meetings were held on a regular basis. Minutes of meetings were available to view.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

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 the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

* the total number of areas for improvement includes two that have been stated for a third and final time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Susan McCurry, Responsible Individual and Mrs Jacquelyn Grace Woods, Registered Manager, 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: Third and final 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 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All Nurses were issued with a comprehensive wound care regime document , describing in detail what records are to be completed once a wound has been redressed . Wound care is audited weekly by the Unit Managers and checked by the Director of Nursing , this is then rechecked during the Reg 29 visit</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure electronic medicine records are fully and accurately maintained. This is in specific reference to the Juniper Unit and includes:</p> <ul style="list-style-type: none"> - Personal medication records - Medicine administration records <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure safe systems for the management of warfarin are in place.</p> <p>Ref: 5.1</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</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: Third and final 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 & 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: An over view of our Electronic recording system was conducted which has ensured ease for care staff to record repositioning times , paper copies are also available incase there are issues with internet connection . Health care Supervisors audit the repositioning times daily to ensure records are completed in a contempraneous and comprehensive manner . Nursing staff review repositioning and comment were necessary on the daily progress notes .</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the recording of wound care and completion of repositioning charts are audited on a regular basis to drive the required improvements.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: As stated wound care is now audited weekly instead of monthly by the Unit Managers . Director of Nursing then checks the UM audits and the records are reviewed again during the Reg 29 visit. Repositioning records are audited daily / nightly</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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