

Inspection Report

11 August 2021



Maryland Healthcare Care Centre of Distinction

Type of service: Nursing Home
Address: 95 Knockbracken Road, Castlereagh, Belfast, BT6 9SH
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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/Registered Provider: Maryland Healthcare Limited</p> <p>Responsible Individual: Mrs 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: Nicola Boyd - Nurse In Charge</p>	<p>Number of registered places: 85</p> <p>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) 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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 78</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 level. Two units, Willow and Larch provide intermediate care for those living with dementia. Juniper and Rowan units provide general nursing care/care for those with a physical disability. Patients have access to various communal spaces including lounges and gardens.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2021 from 7.00 am to 6.30 pm by two care inspectors.

RQIA received information on 6 August 2021 that raised concerns in relation to early waking of patients, staff inductions, the lack of adequate supervision of patients and inadequate continence care for patients. As a result of this information, RQIA decided to undertake an inspection which focused on the concerns raised. Upon review of the information received, a safeguarding referral was also made by RQIA to the Belfast Health and Social Care Trust (BHSCT) for further consideration.

Eight new areas for improvement were identified as outlined in the quality improvement plan. In addition, two areas for improvement identified at the previous inspection have been stated for a second time.

Addressing the areas for improvement will further enhance the quality of care and service in Maryland Healthcare Care Centre of Distinction.

Following the inspection, a video teleconference meeting was held on 18 August 2021 with Jacqueline Grace Woods, Manager, Susan McCurry, Responsible Individual (RI) and Peter Marshall, Operations Director, to discuss the areas for improvement identified. An action plan was submitted to RQIA prior to the meeting as to how these areas were to be addressed. Following the meeting, a revised and updated action plan was submitted to RQIA.

Patients described living in the home, in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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.

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 inspection report and areas for improvement identified, registration information and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection patients, their visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

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.

At the end of the inspection the Responsible Individual and nurse in charge were provided with details of the findings.

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4.0 What people told us about the service

During the inspection we spoke with 10 patients, both individually and in small groups, two patients' relatives and seven staff. Patients mostly said that they felt well looked after by the staff who were helpful and friendly. One patient spoken with indicated that she was not fully satisfied with the service she received. Relatives said that the home was clean and tidy and that their loved one looked well cared for.

Following the inspection no responses to the staff survey were received.

Comments made by patients, staff and relatives during the inspection were brought to the attention of the management for information and action, as necessary.

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 5 November 2020		
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) and (b) Stated: First 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.	Not met
	Action taken as confirmed during the inspection: Care plans reviewed lacked person specific details in regard to patients' individual needs and will be discussed further in section 5.2.2.	
	This area for improvement has not been met and will be stated for a second time.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 17 and 18 Stated: First time	<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> <ul style="list-style-type: none"> • responding to behaviours- standard 17; • the use of restrictive practice – standard 18. 	Not met
	<p>Action taken as confirmed during the inspection: Some care plans lacked specific detail to direct the required care. This will be discussed further in section 5.2.2.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	
Area for improvement 2 Ref: Standard 6.14 Stated: First time	<p>The registered person shall ensure that patients' personal care and grooming needs are regularly assessed and met. This includes but is not limited to patients' hair and nail care.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of patients confirmed that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Care Delivery

On arrival to the home we were met by a member of the night staff who directed us to the Willow Unit. There we observed some patients sleeping comfortably in bed and a small number of patients were observed to be up out of bed and ready for their day. One patient spoken with told us he liked to, "Get up early and get a cup of tea." Some patients who were observed to be sleeping in bed had been either fully or partially dressed in their day clothes; this practice was also evident within the Larch unit where a number of patients were also observed to be sleeping in bed with their day clothes on. A review of the care plans for those patients who were wearing their day clothes while in bed evidenced that they were not patient centred nor provided any rationale for this practice.

This practice was discussed with the Responsible Individual on the day of the inspection and was further discussed during the meeting on 18 August 2021. It was agreed that all patients' morning routines should be met in a person centred manner at all times and that relevant care plans should be both patient centred and sufficiently detailed. It was also agreed that both the

Responsible Individual and Manager would enhance the manner in which they quality assure this aspect of care delivery going forward. An area for improvement was identified.

Staff were seen to provide a prompt response to patients' needs. Staff were observed to be respectful during interactions with patients and communicated clearly, for example, when assisting a patient with personal hygiene and toileting needs.

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. The serving of breakfast and lunch was observed and found to be pleasant, social and unhurried experiences for patients. The food looked and smelled appetising and portion sizes were generous. Meals were transported to the unit kitchen in a hot food trolley and were transferred to a different trolley to bring to the dining room; however, the meals were uncovered with no means of effectively maintaining their temperature. This was discussed with the responsible individual and identified as an area for improvement.

Throughout the inspection we observed that the communal lounges were supervised appropriately and that staff were available to attend to the patients' needs in a timely manner.

5.2.2 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; and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially. Some of these records lacked detail and were not patient centred; this was identified in regards to care plans for those patients living with dementia and/or distressed reactions. This shortfall was discussed during and/or following the inspection with the Responsible Individual and Manager; it was agreed that such care plans would be reviewed and improved. Two areas for improvement in this regard will be stated for a second time.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. However, a review of a sample of repositioning records evidenced that these had been completed inconsistently; an area for improvement was identified.

For one patient who had a wound and required regular dressings, there was no supporting wound care documentation in place. This was discussed with the nurse in charge who advised that the patient's wound had been regularly attended to by staff and that wound care advice for the patient had been obtained from the tissue viability nurse (TVN). This deficit was discussed with the Responsible Individual and Manager during and/or following the inspection; it was agreed that all wound care records would be reviewed and improved as needed; an area for improvement was identified.

5.2.3 The internal environment and infection prevention and control (IPC) practices

Examination of the home's environment included a sample of bedrooms, communal lounges, dining rooms, bathrooms and storage spaces. The home was clean, warm, well-lit and free from malodours. Various art work depicting local landmarks and events was observed along the corridors of the Larch unit; staff told us that this artwork had recently been painted by a staff

member. In some of the communal toilets we observed wipes and cleaning equipment inappropriately stored on top of the toilet; this was discussed with the Responsible Individual on the day of the inspection and she agreed to address this with staff.

Patients' bedrooms were clean, tidy and some were personalised with items of importance to each patient such as family photos and sentimental items from their home.

Measures were in place to manage the risk of Covid-19. There was signage at the entrance of the home reflecting current best practice guidance and everyone entering the building had their temperature checked and had to complete a health declaration. Details of all visitors were also maintained for track and trace purposes.

Hand hygiene facilities were available and personal protective equipment (PPE) was provided to all visitors before proceeding further into the home. Visiting and Care Partner arrangements were in place in keeping with current Department of Health guidance. While the majority of staff were observed to adhere to the guidance for effective hand hygiene and use of PPE correctly; some staff did not. An area for improvement was identified.

5.2.4 Quality of life

Discussion with patients confirmed that they were able to choose how they spent their day, for example, some patients preferred to spend time in their bedrooms; some used the communal areas and some patients were seen to move between communal and personal spaces.

Patients and staff confirmed that there were regular visits from family members and visitors spoken with during the inspection spoke positively in regard to the service provided in the home.

The home's sole activity coordinator was on duty and discussed the activity planned for the day. However, discussion with patients highlighted that this had not been communicated to them; it was also noted that the activity planner was not clearly displayed. In addition, it was observed within one unit that care staff were responsible for assisting with activities, namely, using art equipment, in addition to their caring duties; this resulted in a lack of positive engagement with patients focused on encouraging participation.

Given these shortfalls, RQIA was not assured that a robust system was in place to ensure that meaningful activities were being consistently provided to all patients within the home. This was discussed during and following the inspection with the Responsible Individual who agreed to prioritise the recruitment of a second activities coordinator; it was also agreed that the introduction of an 'Activities Champion' would be considered within each unit involving a nominated member of staff to help drive improvement with this aspect of care. An area for improvement was made.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff also evidenced that they understood their roles and responsibility in reporting concerns or worries about patients' care, staff practices or the environment. However, discussions with staff and a review of records evidenced that not all staff had received adult safeguarding training; this was discussed with the management and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional safeguarding protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. Staff were aware of how to raise concerns when needed.

Staff told us they received an induction to their role and a review of records confirmed this.

There has been no change in the management of the home since the last inspection. The Manager was not available during the inspection.

The system of auditing, which was in place to monitor the quality of care and other services provided to patients, was not available to view on inspection; this was discussed with the Manager following the inspection who advised that these records were available within the home during the inspection; it was agreed however that senior staff would receive additional training in regard to how to access these at all times. Quality assurance audits will be reviewed at the next inspection.

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 and their care manager. However, not all incidents had been notified to RQIA appropriately. An area for improvement was identified.

There was a system in place to manage complaints within the home. The manager maintained records of compliments received about the home and shared these compliments with staff. One recent thank you card said, "Thank you so much for taking great care of xxx".

Staff commented positively about the management team and described them as supportive and approachable. Discussion with the Responsible Individual and staff confirmed that there were good working relationships.

6.0 Conclusion

Patients looked well cared for in that they were well dressed, clean and comfortable in their surroundings. Patients were seen to make choices throughout the day including the care they received and how they spent their time. Staff were observed to be attentive to those patients who were unable to verbally express their needs.

Patients were observed to be happy in their surroundings and compassionate interactions by staff were observed. Staff and visitors were positive when discussing the service provided in the home.

Eight new areas for improvement were identified during the inspection; these were discussed during and following the inspection with the home's senior management team. A revised action plan was subsequently submitted to RQIA by the Responsible Individual outlining how the necessary improvements within the home would be achieved.

7.0 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*	6*

* The total number of areas for improvement includes two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Susan McCurry, Responsible Individual and Nicola Boyd, nurse in charge, as part of the inspection process. The findings were also discussed with the Manager and senior management team following the inspection on 18 August 2021. 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	
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Second time To be completed by: 31 October 2021	<p>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.</p> <p>Ref: 5.1.and 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans in respect of behaviours that challenge were reviewed and updated to meet individual needs and reflect current best practice</p>
Area for improvement 2 Ref: Regulation 12 (1) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that care delivery to patients reflects their individual needs and choices; this is in relation to patients' morning routines.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Care delivery in regards to early morning routines was reviewed , and is reflective in a care plan if this is an individual choice</p>
Area for improvement 3 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: 1 October 2021	<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:5.2.2</p> <p>Response by registered person detailing the actions taken: Wound management documentation has been reviewed and All Nurses are aware of required documentation to be in place</p>
Area for improvement 4 Ref: Regulation 30 (d) Stated: First time To be completed by: Immediately and ongoing	<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>Ref:5.2.5</p> <p>Response by registered person detailing the actions taken: Notifiable incidents continue to be reported to RQIA via the provider on line web portal ,</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 17 and 18</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2021</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>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans in regards to behaviours that challenge have been reviewed and are person centred and reflect current need</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</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>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken: Delivery of meals to residents in their rooms has been addressed to ensure the temperature is maintained</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2021</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: 5.2.2</p> <p>Response by registered person detailing the actions taken: Nurses had training on record keeping and documentation , more sessions arranged for November 2021. Repositioning recording is completed on the Touch tablet , all staff are aware of the importance that these are completed in a contemporaneous and comprehensive manner at all times</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that PPE and hand hygiene training is embedded into practice</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff were given refresher training on Donning and Doffing of PPE .Each Unit has a PPE Hand hygiene Champion who monitors compliance and seeks to improve and embed good practice</p>

<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>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</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Activity therapist provides a weekly programme of activities to each unit ,this is displayed clearly on all 4 units notice boards</p>
<p>Area for improvement 6</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Face to Face training on a variety of subjects is provided twice a month as well as an online E Learning training platform were staff complete allocated modules</p>

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