



Announced Care Inspection Report

13 May 2020



Massereene Manor

Type of Service: Residential Care Home
Address: 6 Steeple Road, Antrim BT41 1AF
Tel no: 028 9448 7779
Inspector: James Laverty

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to eight residents. This is referred to as the 'Broomhill' unit.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Janet Montgomery	Registered Manager and date registered: Anne McCracken 11 December 2019
Person in charge at the time of inspection: Michelle McCarana	Number of registered places: 8 The home is also approved to provide care on a day basis to 2 persons.
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 6

4.0 Inspection summary

An announced inspection took place on 13 May 2020 from 19:30 to 22:00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information on 13 May 2020 from Northern Health and Social Care Trust (NHSCT) which raised concerns in relation to infection prevention and control issues (IPC) with the environment and associated staff practices. In response to this information, RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

Short notice of the inspection was provided via the nurse in charge of the adjacent nursing home (Massereene Manor) on the evening of the visit in order to ensure that arrangements could be made to safely facilitate the visit during the ongoing pandemic.

The following areas were examined during the inspection:

- Cleanliness of the internal environment
- Infection prevention and control practices, including the use of personal protective equipment (PPE)
- Staffing and staff deployment

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

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6*

*The total number of areas for improvement includes six under the standards, which were not reviewed and have been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Eddy Kerr, operations manager and Naomi Carey, Responsible Individual for Masserene Manor Nursing Home, 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.

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
- The returned QIP from the previous care inspection
- The previous care inspection report

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to Eddy Kerr and Naomi Carey, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 19 November 2019.

The quality improvement plan from the previous inspection was not reviewed at this inspection and has been carried forward to a future inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure the following: <ul style="list-style-type: none"> • the hours worked by the home manager are included on the duty rota • the rota uses the 24 hour clock 	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 23.6 Stated: First time	The registered person shall ensure that the staff training records for the residential care home are held separately to the training records for the nursing home.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 20.3 Stated: First time	The registered person shall ensure the following: <ul style="list-style-type: none"> • the records of registration with NISCC for staff in the residential care home are held separately to those for staff who work in the nursing home • an audit of staff registrations and annual fee payments is carried out regularly 	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 20.10 Stated: First time	The registered person shall ensure regular and systematic analysis of any falls which occur in the home.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 5 Ref: Standard 20.2 Stated: First time	The registered person shall ensure robust arrangements for details of any significant events to be communicated to staff commencing on the next working shift.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 6 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that staff team meetings take place on a regular basis and at least quarterly.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Cleanliness of the environment

Prior to the inspection, the Northern Health and Social Care Trust had undertaken an audit of the home; issues were identified with regard to the cleanliness of the environment and equipment. The manager had received verbal feedback from the infection prevention and control nurse at the conclusion of the audit but at the time of the inspection the home had not received a written report of the audit findings.

We observed the environment of the Broomhill unit and found that it appeared neat and tidy throughout. There were no malodours detected and residents were observed relaxing either in a communal lounge or their own bedroom.

Staff were encouraged to ensure that wipes used for patient care are stored appropriately at all times; it was also highlighted that all pull cords should have covers which facilitate effective cleaning. The underside of one shower chair which appeared stained was brought to the attention of staff. Otherwise, all patient equipment observed was found to be clean and well maintained.

6.2.2. Infection prevention and control practices

Feedback from staff and observation of the environment evidenced that personal protective equipment was readily available throughout the home. No issues were raised with the supply and availability of PPE. Observation of staff evidenced that they were able to don and doff PPE appropriately; however, the need for staff to wear PPE at all times, including the handling of laundry items, was stressed.

Staff who were spoken with demonstrated a good understanding of how and when to effectively wash their hands as part of their care delivery to residents.

We discussed staff understanding and management of any residents who may be admitted to the home during the ongoing pandemic. Feedback from and observation of staff practices provided assurances that they employed robust and proportionate measures to effectively shield residents in keeping with recommended timescales.

6.2.3 Staffing/staff training

Staffing levels within the home were discussed and reviewed with the operations manager who confirmed that they were planned and kept under review to ensure that the needs of residents were met. The operations manager stated that staff had been very flexible and prepared to work additional shifts when able, to ensure there were sufficient staff to attend to the residents. Management was also complimentary regarding the support they have received from the NHSCT. No concerns were raised by staff during the inspection in regard to staffing levels. Staff also confirmed that when on duty, they worked exclusively within the Broomhill unit.

Staff told us that communication between staff and the senior management team was both regular and effective. One staff member we spoke with was able to confirm that they had attended their mandatory infection, prevention and control training within the last 12 months.

6.2.4 Communication

Staff confirmed that given the current pandemic, there are currently no visits into the home by residents' relatives/friends. Staff who were spoken with demonstrated a good understanding of how this may adversely affect the mental and emotional health of residents. Staff told us that in order to mitigate such an impact, they assist residents' communication with their loved ones by methods such as video telephony ('FaceTime') or hosting family visits outside residents' bedroom windows.

Staff were observed interacting with residents in a compassionate, patient and dignified manner throughout the inspection.

Areas of good practice

Areas of good practice were identified with regard to the internal environment and staff interaction with residents.

Areas for improvement

No new areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

On the evening of the inspection, residents within the Broomhill unit were attended to by staff in a prompt and respectful manner. Staff demonstrated a good understanding of infection, prevention and control measures and expressed no concerns in regard to PPE provision. The environment was observed to be fresh smelling and attractively decorated.

7.0 Quality improvement plan

No new areas for improvement were identified during this inspection. Areas for improvement from the previous care inspection have been carried forward to the next inspection.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 31 December 2019	The registered person shall ensure the following: <ul style="list-style-type: none"> • the hours worked by the home manager are included on the duty rota • the rota uses the 24 hour clock Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
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	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

<p>Area for improvement 5</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure robust arrangements for details of any significant events to be communicated to staff commencing on the next working shift.</p> <p>Ref: 6.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that staff team meetings take place on a regular basis and at least quarterly.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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