

Unannounced Care Inspection Report 15 December 2020



Massereene Manor Residential Home

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

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.

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: Anne McCracken	Number of registered places: 8
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 8

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

This inspection was undertaken on 15 December 2020 between 10.20 and 18.00 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan. In response to information received by RQIA from an anonymous source, the inspection also focused on the following areas:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing
- care delivery
- care records
- governance and management

Residents said that they enjoyed living in Massereene Manor and that staff treated them with kindness.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anne McCracken, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

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

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with three residents and the Social Care Lead, Siobhan Brammeld, who was present throughout the inspection. We also spoke with two members of care staff and a member of domestic staff. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- duty rotas between 13 and 19 December 2020
- staff supervision and appraisal matrix
- staff competency and capability assessments
- staff communication book
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- minutes of residents' meetings
- minutes of staff meetings
- activity planner
- two residents' care records.

The following records were submitted and examined after the inspection:

- staff training records
- staff registrations with the Northern Ireland Social Care Council (NISCC)

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 May 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		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 	Met
	Action taken as confirmed during the inspection: Inspection of the staff duty rota confirmed that these issues were addressed.	
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.	Met
	Action taken as confirmed during the inspection: Inspection of staff training records confirmed that these were now held separately to the training records for the nursing home.	
Area for improvement 3 Ref: Standard 20.3 Stated: First time To be completed by: 31 January 2020	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 	Met
	Action taken as confirmed during the inspection: Inspection of documents submitted after the inspection confirmed that these areas were addressed.	

Area for improvement 4 Ref: Standard 20.10 Stated: First time To be completed by: 31 December 2019	The registered person shall ensure regular and systematic analysis of any falls which occur in the home.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and the Social Care Lead established that they were knowledgeable about how falls were analysed and suitable action was taken reduce the risk of falls.	
Area for improvement 5 Ref: Standard 20.2 Stated: First time To be completed by: 31 December 2019	The registered person shall ensure robust arrangements for details of any significant events to be communicated to staff commencing on the next working shift.	Met
	Action taken as confirmed during the inspection: Discussion with staff and review of the information contained in the staff communication book confirmed that this area was addressed.	
Area for improvement 6 Ref: Standard 25.8 Stated: First time To be completed by: 31 December 2019	The registered person shall ensure that staff team meetings take place on a regular basis and at least quarterly.	Met
	Action taken as confirmed during the inspection: A review of the minutes of staff meetings confirmed that this area was addressed.	

6.2 Inspection findings

6.2.1 Infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Anyone entering the home had a temperature check completed; staff had temperature checks completed on each working shift and residents had their temperatures monitored twice daily.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

We saw that staff encouraged, and assisted where necessary, residents to wash their hands before going for lunch. There were also hand wipes in the dining room. This is good practice.

Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We saw that staff cleaned all touch points throughout the home and that the home was maintained to a high level of cleanliness.

The Social Care Lead described how residents could again receive a weekly visit which was arranged in advance. Staff completed a health monitoring check with visitors to ensure that the risk of introducing Covid-19 into the home was minimised. There were masks, aprons and hand sanitiser available for visitors and the room was fully cleansed before and after each visit.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge and the dining area.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

We noted the wash hand basin opposite the dining room did not have warm water. Staff advised that there had been hot water available in bathrooms earlier that day when residents were getting showered or washed. Maintenance personnel attended immediately and repaired a fault, restoring warm water to the basin. We checked other basins throughout the home and found there was no shortage of warm water.

6.2.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The Social Care Lead explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We saw that the manager had a system in place to provide staff with regular supervision and an annual appraisal. We saw, however, that supervisions and appraisals had not been kept up to date. This was identified as an area for improvement.

We found that staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

We reviewed the records of mandatory training and saw that not all training was kept up to date. This was identified as an area for improvement.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was evident that staff knew the residents well; staff spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “This is a lovely place...the girls (staff) would bend over backwards to help you...and they’re always cleaning!”
- “I’m happy with my room, I can get a good night’s sleep.”
- “The food here is absolutely lovely!”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families in order to reassure relatives.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents, also that all staff, including domestic and maintenance staff, interacted with the residents in a warm, friendly and supportive manner.

We saw that staff engaged with residents in planned meetings to consult on matters which affected them.

6.2.5 Care records

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and the Social Care Lead and described them as supportive, approachable and always available for guidance.

There was a system of audits which covered a range of areas such as accidents and incidents, IPC, residents' weights and care records. The audits were completed monthly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

We examined the system in place to manage any complaints received; discussion with the Social Care Lead provided assurance that complaints were managed appropriately and were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some examples of these were as follows:

- "I just wanted to thank all of you for the devotion and care you provided to my (relative)...we are so grateful to all of you for what you have done. The compassion and professionalism shown during this current pandemic has been outstanding. We couldn't have wished for better in the circumstances."
- "I would like to thank each and every one of the staff for the kindness shown to (my relative) over the years she spent with you and when it came to the end, the dignity and respect she received was like a family member. Your attendance at her funeral was so much appreciated."
- "We don't know how to thank you for everything you've done for (our relative). You have been brilliant, not only with (our relative) but with (us). These past months have been very hard and you have helped us through them."

We looked at the records of the visits by the registered provider and saw that residents' relatives had not been contacted or approached for their comments about the quality of the care and services provided in the home. We also saw that some areas identified for action were not followed up in the following report to ensure that the actions were correctly addressed. We also noted that the report did not provide for the manager's written confirmation that the contents of the report were shared with her and that all necessary actions had been addressed. This was identified as an area for improvement.

Areas of good practice

Good practice was evident throughout this inspection in relation to the infection prevention and control precautions taken by staff and the warm, supportive interactions between residents and staff.

Areas for improvement

Three areas for improvement were identified during this inspection. These related to the visits by the registered provider, staff supervision and appraisal and to mandatory training.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the

guidance. We were assured that the care provided in Massereene Manor was safe, effective, compassionate and well led.

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that the residential care home is conducted so as the following key areas are considered during the visits by the registered provider:</p> <ul style="list-style-type: none"> • consultation with residents' relatives regarding the quality of the care and services provided in the home • robust systems to follow up on all areas identified for action to ensure that these are were correctly addressed • provision for the manager's written confirmation that the contents of the report were shared with her and that all necessary actions have been addressed. <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: The visits by the registered provider are facilitated and these include consultations with Residents' relatives and where any improvements could be mde these are documented in a way that they could be tracked unilt they have been satisfactorily completed.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.2, 24.5 Stated: First time To be completed by: 29 January 2021	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • staff have a recorded individual, formal supervision no less than every six months • staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans. <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All staff have had a recorded supervision and annual appraisal completed for those staff who have been in post for 12 months.</p>
Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 29 January 2021	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Mandatory training is ongoing.</p>

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



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