



Unannounced Care Inspection Report 20 November 2019



The Martin Residential Trust

Type of Service: Nursing Home
Address: 48 Ballyclare Road, Glengormley BT36 5HL
Tel no: 028 9034 2365
Inspector: Michael Lavelle

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 19 patients.

3.0 Service details

Organisation/Registered Provider: The Martin Residential Trust Responsible Individual: Lisa McFarland	Registered Manager and date registered: Penny McCanny 1 April 2005
Person in charge at the time of inspection: Penny McCanny	Number of registered places: 19
Categories of care: Nursing Home (NH) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 19

4.0 Inspection summary

An unannounced inspection took place on 20 November 2019 from 10.30 hours to 17.55 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care 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 induction, training, supervision and appraisal, adult safeguarding, the home's environment, nutritional screening and communication between staff and the multi-disciplinary team. Further areas of good practice included the culture and ethos of the home, dignity and privacy, valuing patients and maintaining good working relationships.

Areas requiring improvement were identified in relation to the reporting of notifiable events, infection prevention and control, falls management, developing care plans in a timely manner, the duty rota and governance arrangements.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	1

Details of the Quality Improvement Plan (QIP) were discussed with Penny McCanny, registered manager, and Lisa McFarland, responsible individual, 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.

4.2 Action/enforcement taken following the most recent inspection dated 5 February 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 5 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- duty rota for all staff for week commencing 18 November 2019
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records

- a selection patient care charts including food and fluid intake charts, personal care records and topical medicine administration records
- a sample of governance audits/records
- staff supervision and appraisal planner
- nurse in charge competencies
- minutes of staff meetings
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- evidence of fire drills
- annual quality report
- RQIA registration certificate.

Areas for improvements 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 the last care inspection dated 27 September 2018

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 46 Stated: First time	The registered person shall liaise with the responsible Health and Social Care Trust to ensure that the personal chairs for identified patients are either recovered or replaced. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the environment evidenced this area for improvement has been met.	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 14.10</p> <p>Stated: Second time</p> <p>To be completed by: 06 February 2019</p>	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for patients. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the patient's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p>Ref: 6.3.1</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Review of finance records evidenced this area for improvement has been met.</p>		

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

When we arrived to the home, the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the duty rota for week commencing 18 November 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in The Martin Residential Trust.

We discussed the registered nurses to care assistant staffing ratio. The responsible individual confirmed the levels of registered nursing staff was under review and there was ongoing recruitment for registered nurses. This will be reviewed at a future care inspection.

Review of one staff recruitment file confirmed staff were recruited safely to ensure they were suitable to work with vulnerable patients. We reminded the manager to ensure accurate records are retained detailing explanations of gaps in employee's employment history.

The manager confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies. Review of records and discussion with staff and the manager confirmed that staff training, supervision and performance appraisal was actively managed. Appropriate records were maintained. We reminded the manager to ensure all staff who are involved in performance appraisal have appropriate training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

We reviewed accidents/incidents records since January 2019 in comparison with the notifications submitted by the home to RQIA. There was evidence that at least three notifications were not submitted in accordance with regulation. This was discussed with the manager who agreed to audit the accident and incident records and submit any outstanding notifications retrospectively. An area for improvement was made.

Records confirmed that falls in the home were recorded on a minimum monthly basis. However we were not assured the information gathered was being analysed to identify if any patterns or trends were emerging. This is discussed further in 6.6.

Observation of practice and discussion with staff evidenced deficits in infection prevention and control (IPC) practices. Most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE). However shortfalls were identified in relation to hand hygiene, use of PPE, availability of alcohol gels, covering patient meals on transfer and storage of personal items in bathrooms. This was discussed with the manager who agreed to address the deficits identified to ensure best practice guidance is adhered to. An area for improvement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean, warm and decorated to a high standard. Fire exits and corridors were observed to be clear of clutter and obstruction. We did observe some doors to be wedged open in the home. We advised wedges are disposed of to ensure doors are not unintentionally wedged open. This will be reviewed at a future care inspection.

During our walk around the home we observed food and fluid thickening agents to be stored in an unlocked cupboard. The potential risk to patients was discussed with the manager who arranged for their safe storage immediately.

We observed some of the bedrooms did not have a lockable space for patients. Some bedrooms also did not have bedside lighting. This was discussed with the manager who agreed to audit all bedrooms to ensure patients have access to a lockable space and bedside lighting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, staff training, staff supervision and appraisal, adult safeguarding and the home's environment.

Areas for improvement

Two new areas for improvement were identified in relation to reporting of notifiable events and IPC practices.

	Regulations	Standards
Total number of areas for improvement	2	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the on-going needs of patients during these meetings.

Review of care records evidenced a high level of multi-disciplinary working and collaboration with professionals such as general practitioners, opticians, physiotherapists, dentists, dieticians and speech and language therapists (SALT).

We were pleased to see a strong focus on human rights within patient care records particularly regarding the right to liberty. We asked the manager to ensure registered nurses clearly evidence communication with patients' families or representatives in the patient care records.

Review of records and discussion with the manager evidenced deficits in relation to the management of patients who had falls. We were not assured that falls were being managed in keeping with best practice guidance. This was discussed with the manager who confirmed they would review the falls policy used by the home and arrange supervision with registered nurses in relation to the management of falls. Assurances were sought and received before the end of the inspection that trained staff would be advised to consider the potential of a head injury following all unwitnessed falls. We recommended that the manager liaise with the falls prevention team in the Northern Health and Social Care Trust (NHSCT) to ensure appropriate post fall management support was availed of and to assist them in the development of a post falls management pathway. An area for improvement was made.

The care records for another patient with complex care needs failed to be developed to guide the staff in the delivery of daily care needs. Whilst there were records of assessment of patient need and associated risk assessments, the registered nursing staff failed to develop any care plans to guide staff on a daily basis. This was discussed with the manager who agreed to address with staff as required. An area for improvement under the regulations was made.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids.

Reviews of supplementary care charts such as food and fluid intake, topical medicine administration records and personal care records evidenced these were well completed.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the manager and review of records confirmed that staff meetings were held regularly.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to nutritional screening and communication between staff and the multi-disciplinary team.

Areas for improvement

Two new areas for improvement were identified in relation to falls management and developing care plans in a timely manner.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived at the home at 10.30 hours and were greeted by the manager and responsible individual who were friendly and welcoming. Some patients were in their bedrooms; some had been assisted to wash and dress, whilst others remained in bed, in keeping with their personal preference or their assessed needs. Other patients were enjoying a cup of tea in one of the many bright and spacious lounges.

There was a relaxed atmosphere in the home. Staff were very knowledgeable regarding patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely with care delivered in an unrushed manner. Patients were afforded choice, privacy, dignity and respect.

Discussion with staff evidenced that arrangements were in place to meet patients' social and spiritual needs within the home. We commended the home for their focus on patient centred care. Observation of the midday staff briefing evidenced how staff prioritised meaningful engagement with each patient in the home to ensure patient's availed of activities. These included daily trips, visits to the coffee shop, swimming, use of the home's multisensory room, book reading and hand massage.

We were pleased to see patients supported to participate in daily chores in the home as many appeared to enjoy this. Review of records confirmed activity provision was well documented. We asked the manager to consider the potential for these records to be integrated with the daily progress records.

The environment in the home had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patients and reflected their life experiences. We discussed the use of signage in the home to orientate patients to toilets, bathrooms, lounges and dining areas. The manager confirmed this was currently under review. This will be reviewed at a future care inspection.

We observed the serving of the midday meal. Patients were assisted to the dining area and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meals and drinks. 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. The staff were observed to be kind and patient in their interactions.

We discussed the menus with the cook in the home. We were pleased to see that patients who required their food to be modified had a choice of meal. Systems were in place to update kitchen staff of changes recommended by the SALT. The cook confirmed that they were in the process of taking photos of meals served in the home to assist with a pictorial menu.

We reviewed the compliments file within the home. Some of the comments recorded included:

- "Thank you so much for the beautiful flowers and lovely card for my birthday. I just want you to know how much I appreciate your thoughtfulness."

We spoke with one patient who told us they were happy and content living in The Martin Residential Trust. They said:

- "I love it here. I have my own room. It's lovely."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we had no responses within the timescale specified.

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Five members of staff were spoken with during the inspection. They all commented positively on working in the home. Staff said:

- "I absolutely love working here. It gives meaning to the people who work here."
- "It is like coming into your second home. We have a great team of workers and the clients are great. I have 100 per cent job satisfaction."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and valuing patients.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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.

The manager is the person in day to day operation of the home. The manager reported that they were well supported by the staff and responsible individual. Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were not clearly recorded. The duty rota did not clearly identify the first and last name of all staff working in the home or clearly identify the name of the nurse in charge of the home on each shift. The rota should be signed by the manager or a designated representative. This was discussed with the manager and identified as an area for improvement.

There was evidence of management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included the IPC, medicines, care records and falls.

The manager confirmed the introduction of a new care record audit. We discussed the need to increase the frequency of care record audits to ensure the deficits highlighted during the inspection are identified in a timely manner. The manager agreed to focus on both the quantitative and qualitative components of the audit to ensure care plans are patient centred and reflect the assessed needs of the patients. As discussed in section 6.3, information gathered monthly on falls in the home was not analysed to identify if any patterns or trends were emerging, or generating any action plans if required. An area for improvement was made to ensure robust governance arrangements are developed and adhered to.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. We discussed the need to ensure complaints documentation reflects the outcome of the complaint and any investigation. This will be reviewed at a future care inspection.

We reviewed the annual quality report which identified priority areas for development for the coming year. We noted the positive comments regarding the care provided in the home.

Discussion with staff confirmed that there were excellent working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

Two new areas for improvement were identified in relation to the duty rota and governance arrangements.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Penny McCanny, registered manager, and Lisa McFarland, responsible individual, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Complete: Notifications will be made in line with the RQIA Guidance for Registered Providers and Managers of Regulated Services 2017. Retrospective notifications have been submitted.</p>
<p>Area for improvement 2</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 suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in 6.3.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Alcohol dispensers for dining room have been purchased and areas of good practice outlined above have been addressed.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. A falls policy and flow chart should be developed and implemented within the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The falls policy is being updated and now includes a written falls pathway which is suitable for community use and which will be agreed with each resident's GP. Present practice is informed by agreed good practice and NICE guidelines. Completion of written policy including medical agreement: 1 week</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plan should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Completed. Care plans are completed within 5 days of admission. When there is a change in need, the pertinent areas of the care plan are reviewed, with a written updated care plan in place within 4 hours of that change.</p> <p>Response by registered person detailing the actions taken: The issues highlighted in the report are being addressed. With regard to the ratio of nursing to care staff, this ratio is affected by the national shortage of registered nurses and we continue to advertise for nurses. We continue to maintain high staffing levels with a staff to resident ratio of 1:2 during the daytime. There is a registered nurse on each shift and we have also trained 3 nursing assistant practitioners to a high level of clinical skill.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that the duty rota clearly identifies the first and last name of all staff working in the home and clearly identify the name of the nurse in charge of the home on each shift. The manager's hours, and the capacity in which these were worked, must clearly recorded. The duty rota should be signed by the manager or a designated representative.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Completed. Rota now identifies first as well as the last names of all staff. The nurse in charge is highlighted on the duty. All of the manager's hours are allocated to management and the hours worked are identified on the duty shift. The registered manager or deputy signs the duty sheet.</p>

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



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