

# Inspection Report

25 July 2023



## The Martin Residential Trust

Type of Service: Nursing Home  
Address: 48 Ballyclare Road, Glengormley, BT36 5HL  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> The Martin Residential Trust	<b>Registered Manager:</b> Martin Kelly
<b>Registered Person:</b> Mrs Lisa McFarland	<b>Date registered:</b> 23 December 2021
<b>Person in charge at the time of inspection:</b> Mrs Janet Coates, Deputy Manager	<b>Number of registered places:</b> 19
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 18
<b>Brief description of the accommodation/how the service operates:</b> This is a registered nursing home which provides nursing care for up to 19 persons. Patient bedrooms are located over one floor. Patients have access to communal lounges, a dining room and a patio garden area at the rear of the home.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 July 2023, from 8.00 am to 3.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement identified can be found in the Quality Improvement Plan in section 6.0 of this report.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in The Martin Residential Trust.

The findings of this report will provide the management team with the necessary information to improve staff practice and the 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 Deputy Manager Janet Coates at the conclusion of the inspection.

### 4.0 What people told us about the service

Staff were consistent in their view of the home. They told us they "love working here", "there is excellent teamwork" and they get good support from management. They told us it was like a family and that staff knew patients well.

One patient spoken with told us they were "happy" living in the home.

There was one response to the patient/relatives or staff questionnaires indicating they were happy with the service provided.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 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 13 December 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall review the management of medicines administered via the enteral route as detailed in the report. Records of each patient's daily nutrition regimen should be available and daily fluid intake records should be accurately maintained.	<b>Carried forward to the next inspection</b>
	<b>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</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that records of medicines received into the home are accurately maintained in order to provide a clear audit trail.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered person shall review the management of warfarin to ensure that dosage directions are received in writing.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the management of medicines on admission to ensure that:</p> <ul style="list-style-type: none"> <li>• an accurate list of currently prescribed medicines is received from the hospital or GP to ensure that medicines are administered in accordance with the most recent directions</li> <li>• hand-written medication administration records are verified and signed by two nurses to ensure accuracy of transcription</li> <li>• the quantity of each medicine received into the home is accurately recorded to provide a clear audit trail</li> </ul> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure all parts of the home that patients have access to are free from hazards. This is stated in relation to the safe and secure storage of cleaning chemicals when not in use.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation on the day of inspection evidenced that this area for improvement was not met and is stated for a second time.</p> <p>This is further discussed in section 5.2.3</p>	
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the practice of wedging internal fire doors open ceases and an appropriate automatic door mechanism is in place.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation on the day of inspection evidenced that this area for improvement was met.</p>	<p><b>Met</b></p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall implement a robust audit system which includes all aspects of the management of medicines	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time	The registered person shall ensure that all lap belt checks completed are recorded and include sufficient detail of the care provided.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure for the following in regard to those patients who require assistance with repositioning and pressure area care: <ul style="list-style-type: none"> <li>all supplementary repositioning records shall be completed in an accurate, comprehensive and contemporaneous manner at all times.</li> <li>skin assessment checks are recorded.</li> </ul> The pressure management care plan includes the setting of the pressure relieving device in use and a review of this setting is included in the evaluation of care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure food and fluid intake records are completed in full including the detail of the meal taken.	<b>Met</b>
	<b>Action taken as confirmed during the inspection</b> A review of records evidenced this area for improvement was met.	

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall ensure that thickening agents are safely and securely stored and not accessible to patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation on the day of 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. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

The Deputy 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.

There were systems in place to ensure staff were trained and supported to do their job.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, patients who required assistance were attended to immediately. There was a system in place to ensure staff had regular supervisions and their appraisals completed annually.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff appeared to know the needs of their patients well and responded to non-verbal cues. There was enough staff to provide activities and sit with patients if they were distressed.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. There was also a mid-morning "huddle" to update staff of any changes. This is good practice.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were observed reassuring patients who appeared anxious.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

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. Care records accurately reflected the patients' needs.

Examination of records and discussion with Deputy Manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to their GP, or for physiotherapy.

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.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were kept updated to reflect their current dietary needs.

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. Observation of the serving of breakfast and lunchtime meal evidenced these were a pleasant and unhurried experience for the patients. Staff were observed assisting patients as needed.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients relatives, where possible, were involved in planning their care.



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.

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.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to the patient, including sensory equipment.

Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was evidence throughout the home of artwork undertaken by patients. There was one wardrobe not secured to the wall in a bedroom but this was addressed during the inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### **5.2.4 Quality of Life for Patients**

Discussion with staff confirmed that they knew their patients well and staff assisted patients to choose how they spent their day for example; patients were read to, went for walks, had outings in the minibus, attended music therapy or aromatherapy.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients could choose to participate in group activity such as music therapy other patients took part in one to one activities such sensory activity or going out for a drive.

The visiting music therapist was visiting during the inspection and patients were observed enjoying this activity.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Martin Kelly has been the manager in this home since 23 December 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints however there have been no complaints this year.

Staff commented positively about the manager/the management team and described them as supportive, approachable and always available for guidance.

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

### 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 (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	*5	*1

\* the total number of areas for improvement includes one that has been stated for a second time and five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Janet Coates, Deputy 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall review the management of medicines administered via the enteral route as detailed in the report. Records of each patient's daily nutrition regimen should be available and daily fluid intake records should be accurately maintained  Ref:5.1
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that records of medicines received into the home are accurately maintained in order to provide a clear audit trail.  Ref:5.1
	<b>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.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection onwards.	The registered person shall review the management of warfarin to ensure that dosage directions are received in writing.  Ref:5.1
	<b>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.</b>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection onwards.</p>	<p>The registered person shall review the management of medicines on admission to ensure that:</p> <ul style="list-style-type: none"> <li>• an accurate list of currently prescribed medicines is received from the hospital or GP to ensure that medicines are administered in accordance with the most recent directions</li> <li>• hand-written medication administration records are verified and signed by two nurses to ensure accuracy of transcription</li> <li>• the quantity of each medicine received into the home is accurately recorded to provide a clear audit trail</li> </ul> <p>Ref:5.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure all parts of the home that patients have access to are free from hazards. This is stated in relation to the safe and secure storage of cleaning chemicals when not in use.</p> <p><b>Response by registered person detailing the actions taken</b> Following an antibacterial spray being stored under the sink in the Day Centre, It was removed immediately and placed in secure storage. All staff have completed COSHH training and the importance of Safe storage of cleaning chemicals has been discussed at our Daily Huddles and Staff Meetings. In addition a lock has been placed on the cupboard below the sink in the Day Centre and our residents are free from hazzards. This is checked daily by the Home Manager and Nurse in Charge.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection onwards.</p>	<p>The registered person shall implement a robust audit system which includes all aspects of the management of medicines</p> <p>Ref:5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

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





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