

Inspection Report

13 December 2022



The Martin Residential Trust

Type of service: Nursing Home
Address: 48 Ballyclare Road, Glengormley, BT36 5HL
Telephone number: 028 9034 2365

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

| | |
|--|--|
| Organisation/Registered Provider: The Martin Residential Trust Responsible Individual Mrs Lisa McFarland | Registered Manager: Mr Martin Kelly Date registered: 23 December 2021 |
| Person in charge at the time of inspection: Mr Martin Kelly | Number of registered places: 19 |
| Categories of care: Nursing Home (NH) LD – Learning disability. LD (E) – Learning disability – over 65 years. | Number of patients accommodated in the nursing home on the day of this inspection: 18 |
| Brief description of the accommodation/how the service operates: 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 13 December 2022, from 10.00am to 5.30pm by a care inspector.

The inspection 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 environmental cleaning, teamwork and delivery of compassionate care.

Areas requiring improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6. Six new areas for improvement have been identified and five are carried forward for review at the next inspection.

Patients told us they enjoyed living in the home and that they were well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives and staff are included in this report.

The findings of this report will provide the home 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.

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

Throughout the inspection patients, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in The Martin Residential Trust. 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 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.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients were positive about the care that they received and with their interactions with staff.

Visitors told us, "staff are very good" and, "they treat patients very well and keep us well informed".

Staff told us they worked well together; they enjoyed working in the home and felt well supported. No questionnaire responses or responses from the online survey.

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 10 August 2021 | | |
|---|---|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time | The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • Staff knowledge and practice regarding hand hygiene. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was met as stated. | |
| Area for Improvement 2 Ref: Regulation 13 (4) Stated: 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. | Carried forward to the next inspection |
| | 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. | |

| | | |
|--|--|---|
| Area for Improvement 3 Ref: Regulation 13 (4) Stated: 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. | Carried forward to the next inspection |
| | 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. | |
| Area for Improvement 4 Ref: Regulation 13 (4) Stated: First time | The registered person shall review the management of warfarin to ensure that dosage directions are received in writing. | Carried forward to the next inspection |
| | 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. | |
| Area for Improvement 5 Ref: Regulation 13 (4) Stated: First time | The registered person shall review the management of medicines on admission to ensure that: <ul style="list-style-type: none"> • 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 • hand-written medication administration records are verified and signed by two nurses to ensure accuracy of transcription • the quantity of each medicine received into the home is accurately recorded to provide a clear audit trail | Carried forward to the next inspection |
| | 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. | |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 41 Stated: First time | The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly. | Met |
| | Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met. | |

| | | |
|---|--|---|
| Area for improvement 2 Ref: Standard 28 Stated: First time | The registered person shall implement a robust audit system which includes all aspects of the management of medicines | Carried forward to the next inspection |
| | 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. | |

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. Staff spoken with confirmed they had completed a comprehensive induction and this was evident in records provided following the inspection.

There were systems in place to ensure staff were trained and supported to do their job. The manager told us that further training had taken place and the training matrix was to be updated. The updated matrix was provided following the inspection and evidenced action taken by the manager to ensure all staff completed their training. Mandatory training compliance was increasing with dates in place for further training opportunities.

Staff said there was good teamwork and that they felt well supported in their role. Staff were satisfied with the staffing levels and the level of communication between staff and management. Records also provided evidence that staff were supervised and appraised for their roles. The nurse in charge competencies had been completed following the previous care inspection and the manager told us that these were also being updated.

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. The manager's hours were included on the rota. Staff told us that there was enough staff on duty to meet the needs of the patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

It was also 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.

Appropriate checks had been made to ensure that the registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed they kept each other up to date about the changing needs of patients throughout the day.

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

It was observed that staff provided care in a caring and compassionate manner. 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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, lap belts. Where lap belts were in use, the recording of lap belt checks lacked specific detail of the care provided. The clinical lead nurse informed us that more frequent checks were carried out than what was recorded. The lap belt checks were discussed with the manager who agreed to take advice from the Occupational Therapist (OT) in regard to the frequency and action to be taken during the checks; an area for improvement was identified.

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 plans were in place to direct the care. However, when a pressure relieving mattress was in use, the type and mattress setting was not recorded. Gaps were also identified in the recording of repositioning and regular skin checks were not recorded. This was discussed with the manager and an area for improvement was identified.

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were well managed.

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 dining experience was an opportunity for patients to socialise; the television was on and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

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 care records provided information to ensure patients received the right diet.

There was evidence that patients' weights were checked at least monthly to monitor for weight loss or gain. If required, records were kept of what patients had to eat and drink daily. It was observed that the recording of the food and fluid chart was not consistent and some lacked

detail of the meal taken. This was discussed with the manager and an area for improvement was identified.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

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 included a sample of the home's bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was a deficit identified on the orientation of patients' to their surroundings. There were minimal visual aids to assist patients to find their way from room to room in the course of their daily routines. This was discussed with the manager who agreed to review this. Progress will be reviewed at the next inspection.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. It was identified on inspection some of the wardrobes were not secured to the walls in the bedroom. Information received from the manager post inspection confirmed this had been addressed. 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 snacks and drinks available and patients enjoyed visits from friends and relatives. The home had been tastefully decorated for Christmas including decorations in the garden area.

One bedroom door was observed to be wedged open on two separate occasions and a door wedge was observed in a different bedroom. This was discussed with the manager who addressed this and an area for improvement was identified.

The Fire Risk Assessment was completed on 7 June 2022 and it was observed that the action plan included in this assessment had not been signed as completed. This was discussed with the manager who confirmed following the inspection all actions had been completed.

Thickening agents were observed to be accessible in an unlocked cupboard in the kitchen of the day centre/ apartment. These could be harmful to patients if inappropriately ingested. An area for improvement was identified.

Cleaning chemicals were also found accessible to patients in the sideboard in the main dining room and under the sink of the kitchen in the day centre/ apartment. This was discussed with the manager and an area for improvement was identified.

There was evidence that appropriate systems and processes were in place to ensure the management of risks associated with infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

There was a good supply of personal protective equipment (PPE) and hand washing facilities in the home. Staff use of PPE and hand hygiene was monitored by management and records kept. Staff were observed to use PPE and attend to hand hygiene appropriately, however, it was observed that a small number of staff were wearing watches and one staff member was wearing nail varnish. This was discussed with the manager who confirmed following the inspection that this was addressed with those staff through supervision and will be monitored going forward.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or go out with relatives. Patients could go to out to local shops and church.

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.

There was a range of activities provided for patients by staff. Patients had been consulted about the activity programme. There was also a sensory room where patients could go to spend time and relax.

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 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. The manager told us that these audits had been developed since the last inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve the quality of 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. Staff confirmed that there was good teamwork in the home and the manager was approachable and supportive.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home; it was positive to note there were a low incidence of falls. Accidents and incidents were notified, if required, to patients' next of kin and their care manager. One fall, that was not notified appropriately to RQIA, was submitted retrospectively following the inspection.

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 (April 2015)

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 6* | 5* |

* The total number of areas for improvement includes five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Martin Kelly, Registered 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 | |
| Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection onwards | <p>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.</p> <p>Ref:5.1</p> <p>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.</p> |
| Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection onwards | <p>The registered person shall ensure that records of medicines received into the home are accurately maintained in order to provide a clear audit trail.</p> <p>Ref:5.1</p> <p>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.</p> |
| Area for improvement 3 Ref: Regulation 13(4) Stated: First time To be completed by: From the date of inspection onwards | <p>The registered person shall review the management of warfarin to ensure that dosage directions are received in writing.</p> <p>Ref:5.1</p> <p>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.</p> |

| | |
|---|--|
| <p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: From the 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"> • 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 • hand-written medication administration records are verified and signed by two nurses to ensure accuracy of transcription • the quantity of each medicine received into the home is accurately recorded to provide a clear audit trail <p>Ref:5.1</p> <p>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.</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: We have staggered meals at lunchtime ensuring our residents have positive mealtime experiences. There is a lockable cupboard outside the dining room where the cleaning spray is stored and the tables are cleaned between residents meals. All staff have had supervision on the secure storage of cleaning sprays and have completed COSH training on Evole</p> |
| <p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref :5.2.3</p> <p>Response by registered person detailing the actions taken: All door wedges have been removed with immediate effect This is monitored daily by the Home Managers Daily walk rounds and by the nurse in charge.</p> |

| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | |
|--|--|
| Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: From the date of inspection onwards | The registered person shall implement a robust audit system which includes all aspects of the management of medicines Ref: 5.1 |
| | 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. |
| Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by: With immediate effect | The registered person shall ensure that all lap belt checks completed are recorded and include sufficient detail of the care provided. Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: There is currently in place A comfort and care record which is an overview for all residents that shows lap belt checks are completed hourly and this is recorded under the heading Position on our care and comfort check forms, and is recorded whether the the lap belt is secure which is checked signed hourly. Also at every positional change lap belt individual checks are recorded on the skin inspection charts stating whether the lap belts are fastened or unfastened.. Manager has contacted and taken advice from Advanced Practitioner OT Emily Dowling on 25/01/23 who advised that All wheelchair and specialist seating users at MRT followed the above guidelines and there was currently a good frequency and action taken with lap belt checks. OT will review this at MRT on 30/01/23 |

| | |
|---|---|
| <p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2023</p> | <p>The registered person shall ensure for the following in regard to those patients who require assistance with repositioning and pressure area care:</p> <ul style="list-style-type: none"> • all supplementary repositioning records shall be completed in an accurate, comprehensive and contemporaneous manner at all times. • skin assessment checks are recorded. <p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervision has been completed with all staff highlighting any gaps in recording that were identified during the inspection. There were night repositioning records and night skin charts filed in the nurses office which were not viewed on the day of inspection these were forwarded to inspector.. A pressure relieving Mattress and cushion Register is in place which gives an overview of all residents who are on pressure relieving equipment, Details of types of mattresses and mattress settings are now also recorded in residents Care Plans. All recording charts are checked after lunch & supper time by nurse in charge Moving forward all recordings on charts and hourly checks will be time specific. OT Emily Dowling will review all sleep systems and repositioning that are in place on 30/01/23</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2023</p> | <p>The registered person shall ensure food and fluid intake records are completed in full including the detail of the meal taken.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Details of option 1 or option 2 meals will also be recorded on the food and fluid charts alongside tick boxes: refused, eaten half, eaten three quarters or eaten all that are already in place.</p> |

| | |
|--|---|
| <p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that thickening agents are safely and securely stored and not accessible to patients.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervision has been completed with all staff through our Daily Huddle regarding safety for residents ensuring all thickening agents are stored in lockable storage when not being used. Dysphagia training is ongoing which is delivered by one of our Learning Disability nurses and all staff have completed Dysphagia training which is delivered on Evolve.</p> |
|--|---|

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care