

Inspection Report

10 June 2021



The Martin Residential Trust

Type of Service: Nursing Home
Address: 48 Ballyclare Road, Glengormley BT36 5HL
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: The Martin Residential Trust Responsible Individual: Mrs Lisa McFarland	Registered Manager: Mrs Penny McCanny Date registered: 01 April 2005
Person in charge at the time of inspection: Ms Karen Owens – Clinical Lead	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 10 June 2021, from 9.30 am to 3.45 pm by the 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 were identified in relation to competency and capability assessments, safe storage of substances hazardous to health, infection prevention and control, and monthly monitoring reports. Further areas for improvement were identified about staff meetings, infection prevention and control audit systems and staff supervision and appraisal.

Patients spoke positively about living in the home. 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 the main body of this report.

RQIA were assured that the delivery of care and service provided in The Martin Residential Trust was caring, compassionate and delivered in an effective manner. Areas for improvement were identified to enhance the safe and well led care in the home.

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 and 'Tell Us' cards 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Two patients, six staff and one relative were consulted during the inspection. Patients were positive about the care that they received and with their interactions with staff. Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients. We received 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?

The last inspection to The Martin Residential Trust was undertaken on 13 October 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. Systems were in place to ensure staff were recruited correctly to protect residents as far as possible. Staff told us they were provided with a comprehensive induction programme to prepare them for working with the residents. One staff recruitment file showed that the gaps in the person's employment history had not been explored. This was discussed with the manager who agreed to review their recruitment processes.

Staff working in nursing homes must be registered with the Northern Ireland Social Care Council (NISCC) which is the professional body for social care workers or the Nursing and Midwifery Council (NMC) which is the professional body for registered nurses. Review of records and discussion with the manager evidenced that the system to check care staffs registration status could be improved. The manager agreed to review the current processes to ensure staff registrations are checked on a monthly basis.

Competency and capability assessments should be carried out with any nurse who is given responsibility of being in charge of the home in the absence of the manager. These assessments were not available for review during the inspection. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), moving and handling and adult safeguarding. A system was in place to ensure that staff completed their training.

Staff said there was good team work and that they felt well supported in their role. They expressed no concerns with the staffing levels and the level of communication between staff and management. There was evidence that twice daily huddles were held although no staff meetings had been held since January 2021. To ensure staff meetings are held on at least a quarterly basis, an area for improvement was identified. The manager agreed to plan further staff meetings for the rest of the year.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the manager was not on duty. Staff were allocated each morning to the areas in the home where they would provide initial care. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

One patient spoke highly of the care that they received and confirmed that staff attended to them when they needed them. Other patients smiled and indicated they were happy with the care they received. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

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.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

Complaints were monitored monthly in the home and any learning from complaints was shared with staff.

At times some patients may be required to use equipment that can be considered to be restrictive, such as bed rails or alarm mats. Review of patient records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. At present restraints used in the home are not audited on a regular basis. The manager agreed to consider implementation of a restraint audit.

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

There were systems in place to ensure patients were safe in the home.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, dining room and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained and was found to be clean, warm and tidy. Any equipment in use was clean and well maintained. A small number of pedal operated bins were seen to be defective. The manager agreed to have these replaced.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. Staff were observed supporting patients to choose where to sit or where to take their meals. The lounges and dining areas were arranged in such a way that patients could safely socially distance.

Thickening agents, which could be harmful to patients if ingested, were accessible to patients in one area in the home. This was discussed with staff who arranged for their safe storage and supervision. The manager agreed to review this with staff.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Corridors and fire exits were clear of clutter and obstruction. A fire risk assessment had been completed on 24 May 2021; any recommendations had been addressed. Review of the emergency evacuation file confirmed it was reflective of the current occupancy in the home although two personal emergency evacuation plans required updating. The manager arranged for these to be completed before the end of the inspection.

It was noted that cleaning chemicals were unsupervised on a number of occasions which, if accessed by patients, had the potential to cause harm. An area for improvement was identified.

5.2.4 How does this service manage the risk of infection?

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly other staff did not and were not able to discuss how to use PPE correctly. An area for improvement was identified.

Observation of practice and discussion with staff confirmed they adhered to the national colour coding system to reduce the risk of cross infection. This is good practice.

Overall the risk of infection was managed well but some staff require further training.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

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.

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. This was good practice.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Patients who required this care had this clearly recorded in their care records.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. For example, when a patient has a fall it is good practice to complete a post fall risk assessment to determine if a patient is at increased risk of further falls and staff can recommend strategies to prevent falls and reduce the risk of injury. Such risk assessments were being completed. Review of care records for one identified patients fall evidenced that appropriate actions were taken following the fall in keeping with best practice guidance.

Management of behaviours that challenge was reviewed. Examination of one identified patients care records confirmed their plan of care had been updated detailing their behaviours and a very robust behaviour support plan detailing how these behaviours would be managed was in place.

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 could 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. For example, during lunch staff wore the appropriate aprons when serving or assisting patients with meals and clothing protectors were used for patients as required.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure mistakes about modified food and fluids were not made. Review of records for patients who required a modified diet evidenced records held in the kitchen had not been updated to reflect changes in one patient's diet. This was discussed with staff who addressed this deficit at the time. The manager agreed to review their current processes.

Lunch was observed to be supervised by staff and was a pleasant and unhurried experience for the patients. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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 clearly identified and communicated to staff. Evidence confirmed that care was being delivered effectively to meet the needs of the patients.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. We saw evidence of this in the care records examined.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Minor gaps in record keeping were identified; this was discussed with the manager who agreed to address this with staff as required.

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 and recommendations from any healthcare professional was recorded.

5.2.7 How does the service support patients to have meaning and purpose to their day?

During the inspection patients were observed enjoying listening to music and watching TV. Other patients were enjoying a visit from their family while staff were observed reading to patients in one of the lounges. Staff told us activities were conducted with groups of patients or on a one to one basis. Patients' needs were met through a range of individual and group activities, such as arts and crafts, swimming, going to the cinema and trips to the beach. One to one activities were tailored to meet individual preferences. An activities record was maintained to record all activities provided in the home and those who involved with the activity.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients. One relative said, "visiting arrangements have been explained and I am happy with everything".

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day and patients were afforded choice.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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 residents, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Penny McCanny has been the manager in this home for over 30 years.

There was evidence that audit systems were in place to monitor the quality of care and other services provided to residents. The manager completed regular audit of accidents and incidents and complaints. The manager agreed to review the frequency of care record audits. Given the deficits identified in 5.2.4, the manager should enhance the current governance systems about hand hygiene and PPE use. An area for improvement relating to the IPC audit process was identified.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. Review of records evidenced that annual appraisals and twice yearly supervisions were not completed for all staff. To ensure supervision and appraisal requirements were met, an area for improvement was identified.

There was a system in place to manage complaints. There was evidence that the manager understood the complaints process and good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. One staff member said “Penny is very approachable. I can go to her anytime”.

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

There was a system in place to ensure accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA. A review of accidents and incidents which had occurred in the home found that these were managed and reported appropriately on the whole. Review of records identified one notifiable event which had not been reported. This was submitted retrospectively.

We examined the reports of the visits made on behalf of the responsible individual. No reports had been completed since November 2020 due to the ongoing pandemic. The reports from September 2020 to November 2020 had been completed by the manager. This was discussed this with the manager and one of the company directors who agreed to address this as a priority. This was identified as an area for improvement.

6.0 Conclusion

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. They were afforded choice on how to spend their day and staff supported patients with their choices. Patient’s needs were met by the number and skill of the staff on duty and systems were in place to ensure the effective running of the home.

Based on the inspection findings and discussions held we are satisfied that this service is providing care in a caring, compassionate and effective manner. Areas for improvement were identified to enhance the safe and well led care in the home.

7.0 Quality Improvement Plan/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).

	Regulations	Standards
Total number of Areas for Improvement	4	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Penny McCanny, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure competency and capability assessments are completed with any nurse who is given responsibility of being in charge of the home in the absence of the manager. These should be available for review on inspection.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All Nurses at Martin Residential Trust have completed Competency and Capability Assessments, They are all Competent and capable of undertaking Nurse in Charge role. Nurse Competency Register has been created</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of substances that are hazardous to health.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Daily checks are completed by the manager and Nurse in Charge that hazardous substances are stored correctly Bedroom audits have also been introduced which include supervision with Domestic staff will reinforce daily checks</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <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. <p>Ref: 5.2.4</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>Response by registered person detailing the actions taken: All staff have received further training in infection control techniques. All staff are aware of the correct procedures in donning and doffing. Daily handwashing audits are being completed and PPE audits are in place</p> <p>The registered person shall ensure that the Regulation 29 monitoring visits are completed in a timely manner. The registered person must ensure that a copy of the monthly monitoring reports are submitted on a monthly basis to RQIA, no later than three days after the last day of the month.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: Reg 29 Visits are now being completed in a timely and submitted as requested</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 1 October 2021	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly. Ref: 5.2.1
	Response by registered person detailing the actions taken: 2 Staff nurse meetings and general staff meetings have taken place. A schedule for staff meetings for the next year has been displayed on the whats app site,
Area for improvement 2 Ref: Standard 35.1 Stated: First time To be completed by: From the date of the inspection onwards	The registered person shall ensure a robust system is in place to ensure compliance with best practice on infection prevention and control. Ref: 5.2.8
	Response by registered person detailing the actions taken: A monthly environmental infection control audit which covers all areas of the Home has been implemented. Hand washing, PPE, and commode audits have been implemented
Area for improvement 3 Ref: Standard 40.2 Stated: First time To be completed by: From the date of the inspection onwards	The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor. Ref: 5.2.8
	Response by registered person detailing the actions taken: A supervision tracker is now in place and an appraisal schedule is also in place for the coming year

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