

Unannounced Care Inspection Report

3 March 2020



Massereene Manor

Type of Service: Nursing Home (NH)

Address: 6 Steeple Road, Antrim, BT41 1AF

Tel No: 028 9448 7779

Inspector: Sharon McKnight and Nora Curran

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 nursing home registered to provide nursing care for up to 74 persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individuals: Naomi Carey Janet Montgomery	Registered Manager and date registered: Anne McCracken – registration pending
Person in charge at the time of inspection: Anne McCracken	Number of registered places: 74 A maximum of 10 residential beds in category RC-DE. A maximum of three patients in categories NH-LD & NH-LD(E). The home is also approved to provide care on a day basis to 4 persons.
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 63

4.0 Inspection summary

An unannounced care inspection took place on 3 March 2020 from 10:20 to 16.30 hours.

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.

The inspection sought to assess progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to monitoring the professional registrations of staff, and management of Deprivation of Liberty safeguards under the Mental Capacity Act (Northern Ireland) 2016. Further good practice was also noted in regard to staff communication with patients and relatives.

As a result of this inspection an area for improvement was identified in relation to the décor in bedrooms. Two areas identified on the previous Quality Improvement Plan (QIP) in relation to the management of malodours in the home and the patients' dining experience were examined, and while some progress had been made in both areas, there was further improvement to be made.

Comments received from patients, people who visit them and staff during and after the inspection are included in the 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	0	*3

*The total number of areas for improvement includes two areas for improvement under standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Eddy Kerr, Group Operations Manager as part of the inspection process. The inspection outcomes were also discussed with Anne McCracken, Manager, by telephone on 4 March 2020. 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 8 and 9 October 2019

The most recent inspection of the home was an unannounced care inspection. The care inspection was undertaken on 8 and 9 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection.

5.0 How we inspect

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

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

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

During the inspection we obtained direct feedback from patients, people who visit them and staff. Their comments are included in the body of this report.

Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Four questionnaires were returned within the agreed time and the comments are included in the body of this report. The feedback from questionnaires was passed on to the manager.

A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following areas were reviewed during the inspection:

- registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- duty rota for all staff from 23 February to 7 March
- four patient care records
- complaints and compliments received
- environment
- the serving of lunch

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

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 35 Stated: First time	The registered person shall ensure that the systems in place to monitor the registration status of staff are effective in confirming registration at the time of renewal.	Met
	Action taken as confirmed during the inspection: Records confirmed that the registration status of staff was effectively monitored. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that the odours in the identified area of the home are addressed.	Partially met
	Action taken as confirmed during the inspection: Out of the three areas that were previously identified as malodorous, one area had been satisfactorily addressed but the two other areas required further attention. This area for improvement is therefore stated for a second time. Management of odours is further discussed in section 6.3	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that the dining experience in the two identified units is closely monitored to ensure the required improvements are made. Dining tables must be provided in the identified unit.	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>A dining table had been provided in the identified unit. However the position of the table and the accompanying chairs were not suitable for the needs of patients. We also observed that there was a lack of preparation for meal times and residents were not offered a choice of where to dine.</p> <p>This area for improvement is therefore stated for a second time.</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.

A system was in place to identify appropriate staffing levels to meet patients' needs. A review of the staff rotas from weeks commencing 23 February to 7 March 2020 confirmed that the planned staff was rostered at the time the rota was published. We discussed the provision of staff in the event of unplanned absences. The manager confirmed that all reasonable efforts were made to ensure absences are covered by permanent staff, and that where this was not possible, agency services were used.

We spoke with relatives of five patients: all were satisfied that, during their visits to the home, there was enough staff to meet the needs of the patients.

The majority of patients, relatives and staff spoken with stated that they were happy with the staffing levels in the home. One member of staff was of the opinion that staffing numbers were not adequate at the weekend and during the night. One patient felt more staff were needed at night. On a returned questionnaire one relative commented that they felt more carers were needed. These comments were shared with management at the conclusion of the inspection for her attention and action as appropriate.

The home provided a range of training for staff relevant to their roles and responsibilities. Newly appointed staff completed a structured induction and training period to enable them to get to know the patients, working practices and the routines of the home. We spoke with one new member of staff told us they had completed their mandatory training prior to their first shift.

All staff spoken with were generally happy with the frequency and level of training provided. One staff member stated that they would like to receive training in relation to caring for people with behaviours that challenge. This was shared with the manager.

Staff that were on duty on the day of inspection confirmed that they had not yet completed training on deprivation of liberty safeguards in relation to the Mental Capacity Act (NI) 2016. The manager confirmed that training for deprivation of liberty safeguards was planned but not yet rolled out to staff. The progress of this area of discussion will be followed up at the next inspection.

The environment throughout the home was clean, warm and well lit. Corridors and fire exits were free from obstruction. The manager explained that a redecorating programme was ongoing. While there was some evidence of improvements in a number of bedrooms, the décor in other bedrooms throughout the home required attention. Some furniture was damaged and worn and in need of repair.

A full audit of the home must be completed to identify what refurbishment is required to bring the environment in the home up to an acceptable standard of décor. Following completion of the audit an action plan must put in place to address the deficits in a timely manner. This was identified as an area for improvement.

As previously discussed we reviewed the management of odours in specific rooms as identified in the previous care inspection. Whilst improvements were noted in one area, malodours in two other previously identified rooms and in an addition bedroom was noted. Therefore this area for improvement has been stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, and the provision of training and development for staff.

Areas for improvement

Areas for improvement were required in relation to the décor in bedrooms.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

Staff told the inspector that there was effective communication at the commencement of shift which allowed them to discuss, review and plan for the ongoing needs of the patients.

We observed that staff provided care in accordance with the changing needs of patients and that patient wishes determined care delivery. Staff confirmed that patients had a choice of when they got up in the morning and retired to bed

We reviewed the care records of four patients. In all records reviewed there was evidence of regular assessment of patients' needs and care plans were in place. Care plans were in place for the management of distressed reactions associated with dementia; the care plans did not contain individual details of how the behaviours presented for each patient, any known triggers or interventions which may reassure the patient. This was discussed with the nurse on duty and the manager and it was agreed that progress in this area will be reviewed at the next inspection.

We observed the serving of lunch in two units. Patients were not offered a choice of where they wished to have their meal; they were generally provided with bed side tables. Those patients, whose mobility would allow, were not offered or encouraged to move to a dining table. In one unit the dining chairs provided had no arms/side support and therefore were not suitable for the patients to use. In both units preparation of the dining area required improvement; tables were not set with cutlery, napkins, drinks or condiments. Staff provided cutlery at the same time as the food and drinks were served resulting in some patients starting to eat without drinks being available. While there were condiments available at the serving station, we did not observe any patients being offered them. An area for improvement was identified with the dining experience during the previous inspection; this has now been stated for second time.

In relation to menu choices there was positive feedback from patients and staff. The following comments were received:

"I'm enjoying my food."

"I would like more curries...I get a lovely chicken curry once a week."

There was evidence of good provision of nutritious food and patient weights were monitored at least monthly. There was evidence of appropriate engagement and referral to relevant professionals such as Dietitian and Speech and Language Therapist (SALT) when required.

Patients, relatives and staff spoke positively about the communication systems in the home. They told us:

"I was in the hospital and had a lot done but the girls here know all about it and they know exactly what to do for me." (Patient)

"The staff are so good and they update us with any changes." (Relative)

"We have a care review every year." (Relative)

"There are relative meetings maybe every six months or so...but I'm kept well informed in the meantime." (Relative)

"The flash meetings are very beneficial, we have them every day." (Staff)

Areas of good practice

There were areas of good practice in relation to handovers, maintaining choice for patients, menu choice and monitoring and management of patient weights.

Areas for improvement

No new areas for improvement were identified as a result of this inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

On arrival to the home and throughout the inspection staff were accommodating, polite, professional in manner, and visible around the patient areas. In the morning patients were observed to be at various natural stages of their morning routine, with some relaxing in communal areas, some walking around the units, some finishing morning meals and a few in bed. The atmosphere in the home was relaxed, friendly and quiet.

We spent time with patients, relatives and staff, and observed staff and patient interactions. Patients were clean, comfortable, well presented and there was no observation of undue distress. Staff were observed to be responsive to patients needs and interactions were appropriate and caring. We observed good practice by staff in managing patients upset or disorientated by using reassurance and distraction techniques, such as putting on the music by a patient's favourite singer.

Patients told us:

"I'm happy with my bedroom."

"They look after me and I look after them."

"The place is kept clean and ready for visitors."

"The girls and boys are lovely."

"I give them a shout and they come."

"I'm very comfortable."

We spoke with relatives, all of whom were happy with the care:

"Staff are like lifelong friends as we see them every day, they work very hard and do an excellent job."

"The staff are so good."

"Care is good, I've never had a concern."

As previously discussed we provided questionnaires in an attempt to gain the views of relatives and staff that were not available during the inspection. We received four responses from relatives. Two of the responses indicated that they were very satisfied with the service at Massereene Manor by rating the home highly in relation to safe, compassionate and effective care, and that the home was well managed. Two of the respondents expressed dissatisfaction in relation to the home. As already stated in 6.3 one relative felt that the home needed more care staff, a second relative expressed dissatisfaction in relation to the environment and cleanliness of the home. This information was shared with the manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' responses to patient needs, patient choice in waking and sleeping routines, and maintaining patient dignity and privacy.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

There were no changes in the management arrangements within the home since the last inspection in October 2019.

The staff reported that the manager was approachable and that they felt listened to and expressed that they felt comfortable enough to raise concerns, ideas and suggestions in relation to the home.

Relatives and some patients spoken with were able to confirm they knew who that manager was and referred to her by name. They also confirmed that they knew how to contact the manager or how to raise a concern or complaint.

Patients, relatives and staff also confirmed that the manager was “out and about” the home on a regular basis.

Areas of good practice

There were areas of good practice in relation to manager availability, and oversight of service delivery.

Areas for improvement

No areas for improvement were identified during the inspection.

7.0 Quality improvement plan

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

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44 Stated: Second time To be completed by: 30 March 2020	The registered person shall ensure that the odours in the identified areas of the home are addressed. Ref: 6.1 & 6.3
	Response by registered person detailing the actions taken: The source of the odours in the rooms was quickly identified and addressed promptly. In a dementia setting it is possible that the malodours can reoccur very quickly after initial rectifying and efforts are made throughout the day to ensure this is addressed regularly.
Area for improvement 2 Ref: Standard 12 Stated: Second time To be completed by: 30 April 2020	The registered person shall ensure that the dining experience in the two identified units is closely monitored to ensure the required improvements are made. Ref: 6.1 & 6.4
	Response by registered person detailing the actions taken: It was acknowledged that meal time experience could be improved and made a more significant part of the Residents' day. The tables are now set prior to dining and the meals served on a tray will be properly dressed with cutlery, napkin and drinks. However, the comments and observations made during the inspection do not fully reflect how the residents in this unit prefer to dine and also do not fully reflect the management of risk in that setting. All care plans will be reviewed and updated to reflect more adequately the reason for some of the observations as they were recorded.
Area for improvement 3 Ref: Standard 43 and 44 Stated: First time To be completed by: 31 July 2020	The registered person shall ensure that a detailed environmental audit is completed to identify what refurbishment is required to bring the environment in the home up to an acceptable standard of décor. Following completion of the environmental audit and action plan should be put in place to address the deficits in a timely manner. A copy of this plan should be submitted with the returned QIP. Ref: 6.3
	Response by registered person detailing the actions taken: Decor in the home is felt to be something which is a matter of taste and can be different depending upon individual taste. A regular

	review of décor does happen and action is taken on an as required basis. Evidence exists of ongoing and recent refurbishment and updates. Within a dementia environment areas décor can be impacted daily and even freshly decorated areas can become unsightly within a short time frame. A planned maintenance program will be developed over the next 3 -6 months. The plan will be provided by the Estates Manager in due course.
--	---

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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