

Inspection Report

1 & 2 December 2021



Massereene Manor

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Hutchinson Homes Ltd</p> <p>Responsible Individuals Mrs Janet Montgomery Ms Naomi Carey</p>	<p>Registered Manager: Mrs Anne McCracken</p> <p>Date registered: 22 December 2020</p>
<p>Person in charge at the time of inspection: 1-12-21 –Nicola Foreman, Nurse in charge</p> <p>2-12-21 – Anne McCracken, Manager</p>	<p>Number of registered places: 66</p> <p>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.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 51</p>
<p>Brief description of the accommodation/how the service operates: This is a nursing home which is registered to provide care for up to 66 patients; the home currently provides care to patients living with dementia. The home consists of two buildings which are divided into five individual, self-contained units. Patient accommodation provided in each unit varies from between 10 to 15 bedrooms, bathrooms and toilet facilities and lounge and dining room areas.</p> <p>Massereene Manor Residential Home, which is under a separate registration, is also located on the ground floor. The manager is registered for both homes.</p>	

2.0 Inspection summary

An unannounced inspection took place on 1 December 2021 between 7:40pm and 10:45 pm and 2 December 2021 between 10:00 am and 4:30pm. This inspection was conducted by two care Inspectors.

The inspection assessed progress with the 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.

In preparation for inspection RQIA review information we hold in relation to the home. RQIA were aware of an investigation by Northern Health and Social Care Trust (NHSCT) in which concerns had been raised by a family in relation to supervision and staffing at night, In response RQIA decided to undertake part of the inspection during the late evening.

The inspection identified significant concerns in relation to staffing levels at night and the impact on the provision of care, admissions to the home in accordance with the Statement of Purpose and the future management arrangements. Following the inspection, the findings were discussed with senior management in RQIA.

As a consequence of the inspection findings, RQIA invited the Responsible Individuals to attend a meeting with RQIA on 13 December 2021, with the intention of issuing three Failure to Comply Notices (FTCs) under The Nursing Home Regulations (Northern Ireland) 2005 in relation to:

Regulation 20(1) (a) Staffing

Regulation 13(1) (a) Health and welfare of patients

Regulation 10(1) Registered person: general requirements.

The meeting was attended by Naomi Carey, Responsible Individual (RI), Anne McCracken, Registered Manager, Eddy Kerr, Managing Director and Elaine McCann, Human Resources Manager.

Prior to the meeting an action plan which detailed the planned actions to achieve compliance with the identified regulations was provided; these were discussed at the meeting. RQIA were not assured in relation to the robustness of the response to address the staffing arrangements. As a result it was decided that one FTC notice (Ref: FTC000173) would be issued under Regulation 20(1) (a) with the date of compliance to be achieved by 16 February 2022. Assurances were given in relation to the breaches under Regulation 10 (1) and 13 (1) (a) and Failure to Comply Notices were not served. Areas for improvement in relation to these breaches will be included within the quality improvement plan.

Areas for improvement were also identified as a result of the inspection. These are detailed throughout the report and are included in the Quality Improvement Plan (QIP).

The findings of this report will provide the Manager and Responsible Individuals 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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 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 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 the Manager and Deputy Manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were spoken with. Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home. However the patients smiled when spoken with and were relaxed in the company of staff. When asked if they were warm and comfortable those who could express their opinion confirmed that they were.

Staff were knowledgeable of patients' assessed care needs and also of patients likes, dislikes and preferred routines. They were helpful and friendly and demonstrated respect for the patients' privacy and dignity by the manner in which they supported them.

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 15 December 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19 (2) Schedule 4, 13 Stated: First time	The registered person shall ensure that records are maintained of the exact nature of each meal consumed by patients to evidence that a varied diet is provided and that patients are availing of choice.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed and is carried forward for review at a future inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 22.10 Stated: First time	The registered person shall ensure that falls are analysed on a monthly basis to identify any patterns and trends and ensure appropriate action is taken.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 35.7 Stated: First time	The registered person shall ensure that the action plan made as a result of the monthly monitoring visit is reviewed on the next visit and comment on the action taken is included in the report.	Met
	A review of records evidenced that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The planned staffing levels for the home were met, however it was observed on the night of the 1 December 2021 that these were insufficient to meet the needs of the patients accommodated. It was observed that staff were not available to respond to a patient's request to go to the toilet or to respond to the nurse call system when alarm mats were activated. In one unit the medication round did not commence until after 10:20pm by which time a number of patients were sleeping soundly and as a consequence, would be woken from their sleep to receive their medications. In addition, given the delays observed to routine care delivery, RQIA were concerned about the night staffs' potential to manage any incidents which may occur at night.

Each of the five units were staffed with one member of care staff despite the majority of patients in each unit requiring the assistance of two staff to meet their care needs. A number of staff were rostered to move between the units as required. However, on the night of the inspection when care staff sought assistance from these staff they were unable to assist as they were already involved in delivering patient care. There was no information available to determine how the staffing levels were planned and agreed. A review of duty rosters evidenced that planned staffing levels on night duty were not consistently provided.

There were no issues identified with the delivery of care throughout the morning of 2 December 2021. Observations confirmed that there was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs.

Throughout the inspection patient and staff interactions were familiar yet respectful. Staff spoke compassionately about patients' needs and, with some patients, the obstacles they had when trying to make their needs known. Staff demonstrated a good understanding of patients' individual wishes and preferences.

Staff on day duty were satisfied that the planned staffing was sufficient for them to meet the needs of the patients in a timely manner. They spoke of good team work and were respectful of each other's role within the home. Three staff reported that they would be reluctant to work on night duty due to the current staffing levels.

Staff on night duty also spoke of good team work. Two members of staff were satisfied with the staffing levels but six staff were of the opinion that, due to the dependency of the patients and the layout of the building, there was not enough staff to respond to patients' needs in a timely manner. Staff reported that they had shared their concerns with the manager but were unaware of any action taken.

Prior to the meeting on 13 December 2021 an action plan was submitted by the RI. The action plan made reference to the consideration of an additional member of care staff being rostered for night duty. During the meeting the Human Resources Manager confirmed that they planned to organise a meeting to consider the addition of a senior care assistant to work between units at night. Whilst it was positive to note that management were reviewing the staffing levels at night it would take time to recruit these additional staff and they were not yet in place. RQIA were not sufficiently assured that immediate action had been taken to address the staffing concerns confirmation was received on 15 December 2021 that an additional care assistant was

rostered for night duty, effective from 14 December 2021. The impact of this additional member of staff will be monitored at the next inspection.

The actions to address the staffing issues have been included in the FTC notice issued under Regulation 20(1) (a).

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. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. It was noted that staff were provided with a written handover sheet which included relevant information regarding, for example, patients' modified diets and moving and handling needs. The handover sheet in two units were not reflective of the correct International Dysphagia Diet Standardised Initiative (IDDSI) levels for two patients which created the potential for staff to provide the patient with the incorrect thickness of fluids and diet texture; this was identified as an area for improvement. At the meeting on 13 December 2021 the manager confirmed that the handover sheets had been corrected and a system had now been put in place to ensure these were correct at each shift change.

A range of assessments were completed to identify patient need; following assessment a range of care plans detailing the assistance required to support patients' with their needs were developed. We reviewed the admission arrangements for short term/respite patients. Assessments and care plans had not been reviewed on each admission to the home to ensure that any changes to the patients' needs are identified and care records updated to accurately reflect the assistance required; this was identified as an area for improvement. The management of medicines on admission to the home for periods of respite care was also reviewed. Nurses administered the medicines supplied by the patient/their family and did not verify these with the prescriber prior to administration. This was identified as an area for improvement.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Records were maintained of when patients were assisted to reposition however, the records did not consistently evidence that patients were repositioned in accordance with their care plan; a number of charts only contained the signature of one staff. This was identified as an area for improvement.

Patients who had wounds had these clearly recorded in their care records. Care plans, containing the dressing regimes and the frequency with which dressing should be renewed were in place. In two of the care records reviewed the dressing regimes had been changed and, whilst records evidenced that the correct dressing was being applied, the care plans had not been updated to reflect the current dressing regime; this was identified as an area for improvement.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of accidents. Neurological observations, for unwitnessed falls or head injuries, were not always completed appropriately and when they were, these were not completed in accordance with best practice; this was identified as an area for improvement. The Managing Director confirmed at the meeting with RQIA that the falls policy had been revised and issued to all staff. He stated that the home were involved in work along with the Public Health Agency on a new falls pathway.

Lunchtime was a well organised, relaxed event. Meals were transported from the kitchen to each unit in a heated trolley. The food served was attractively presented and smelled appetising. There was a variety of drinks offered with meals. Staff attended to patients in a timely manner offering patients encouragement with their meals.

A choice of two main dishes was available at each meal for patients, including those who required a modified diet. Patient menu choices were completed and provided to the kitchen on a weekly basis; this frequency was discussed with the Manager who agreed to consider a more patient centred approach to choosing meals. Progress with this will be reviewed at a future inspection.

A notice in respect of Regulation 13 (1)(a) was not served but areas for improvement in relation to the provision for nursing, health and welfare of patients are included within the QIP.

5.2.3 Management of the Environment and Infection Prevention and Control

The atmosphere and environment in each unit provided homely surroundings for the patients. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. The home was clean and fresh smelling throughout.

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners. Precautions such as a booking system, temperature checks and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection. Staff were enthusiastic to have families visiting again.

Patients participated in the regional monthly Covid-19 testing and staff continued to be tested weekly.

5.2.5 Management and Governance Arrangements

The Manager at the time of the inspection had been in post from September 2018. A deputy manager had recently been appointed to support the manager. Management support was also provided by Managing Director Eddy Kerr, who was present in the home regularly.

At the commencement of the inspection on 2 December 2021 the Manager informed us that she had resigned from the post. RQIA had not been made aware of the Manager's resignation by the Responsible Individuals or of any proposed arrangements for the day to day management of the home when the current manager left. At the meeting with RQIA on 13 December 2021, the Managing Director agreed to update RQIA on the management arrangements once known. Confirmation of the interim management arrangements were received on 22 December 2021 following the meeting.

Prior to the inspection RQIA were made aware of an admission to the home; the home was not registered to provide the category of care required and therefore was operating outside of its Statement of Purpose. The Responsible Individuals must ensure that the home operates in accordance with the Statement of Purpose and ensure that, prior to the admission of a patient, the home is appropriately registered to provide the category of care required; this was identified as an area for improvement.

A notice in respect of Regulation 10 (1) was not served but an area for improvement in relation to governance is included within the QIP.

6.0 Conclusion

The planned staffing levels in the home at night were insufficient to meet the needs of the patients accommodated. As a result staff were not available to respond to a patient's requests or to the nurse call system when alarm mats were activated.

However it was noted that staff were helpful and friendly and demonstrated respect for the patients' privacy and dignity by the manner in which they supported them. Staff responded in a quiet, calm manner, despite, at times, being under pressure. It was evident from discussions with staff that they knew the patients well.

As a result of this inspection one FTC notice was issued under Regulation 20 (1) (a) with the date of compliance to be achieved by 16 February 2022. Actions to address the issues identified have been included within the notice.

Areas for improvement were also identified with the accuracy of handover report sheets, the verification of medications on admission, the completion of neurological observations, the oversight of admissions to the home and varying aspects of care records.

7.0 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	5*	3

* The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Anne McCracken, Registered Manager and Zoltan Csak, 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

<p>Area for Improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4, 13</p> <p>Stated: First time</p>	<p>The Registered Persons shall ensure that records are maintained of the exact nature of each meal consumed by patients to evidence that a varied diet is provided and that patients are availing of choice.</p> <p>Ref:5.1</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</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>The Registered Persons shall ensure that the information recorded on the handover sheets accurately reflects the assessed needs of each patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Handover sheets have been re-designed to ensure a summary of all relevant details about residents are recorded; these are now consistent across the units and are checked and updated if necessary by the SN prior to handover to the night staff. The accuracy of these will be audited to ensure accuracy</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The Registered Persons shall review the management of medicines for respite admissions to the home to ensure that they are confirmed in writing with the prescriber.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: All staff nurses have been reminded of the admission process and relevant documentation that is required for receiving medicines into the home. They have also been made aware of what to do if the documentation is not available on admission. This will be included in the 5 day post admission audit</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</p>	<p>The Registered Persons shall ensure that neurological observations are consistently completely in line with best practice.</p> <p>Ref: 5.2.2</p>

<p>To be completed by: Ongoing from the date of the inspection.</p>	<p>Response by registered person detailing the actions taken: All staff nurses have been re-issued with the Falls policy and the importance of recording neurological observations. A tool has been designed that will both serve as a reminder and a recording tool for ease of use when monitoring the resident, that can then be transferred to Epicare when the nurse is able to do so</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10(1)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The Registered Persons must ensure that the home operates in accordance with the Statement of Purpose and ensure that, prior to the admission of a patient, the home is appropriately registered to provide the category of care required.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: At the time of inspection the home was compliant in this regard but learning from a recent private admission has been taken on board and will impact how future admissions are managed.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The Registered Persons shall ensure that assessments and care plans are reviewed on each admission to the home to ensure they identify any changes to the patients' needs and accurately reflect the assistance required.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care plans and risk assessments will be reviewed post admission to ensure they are capturing accurately the needs of the resident and this will be audited day 5 post admission and then monthly or when the residents needs change</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The Registered Persons shall ensure that repositioning charts evidence that patients are repositioned in accordance with their care plan.</p> <p>The charts must contain the signature of both staff assisting the patient to reposition.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care staff have informed of the importance of accurately recording the time and the change of position on the re-positioning charts. Staff have also been informed of the importance of ensuring 2 signatures are on the charts. This will be audited on a regular basis</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The Registered Persons shall ensure that care plans are updated to reflect changes to the wound dressings prescribed.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All staff nurses have been made aware of the importance of accurately recording wound dressings and consistency needed in updating care plan, skin integrity and wound assessment on Epicare. This will be audited on a monthly basis</p>
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