



Unannounced Care Inspection Report 23 September and 8 & 9 October 2019



Massereene Manor

Type of Service: Nursing Home (NH)

Address: 6 Steeple Road, Antrim BT41 1AF

Tel No: 02894487779

Inspectors: Sharon McKnight and Paul Nixon

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 registered nursing home which provides care for up to 75 patients. The home comprises of five individual units accommodating between 10 and 15 patients in each unit.

3.0 Service details

<p>Organisation/Registered Provider: Massereene Manor</p> <p>Responsible Individuals: Mrs Naomi Carey Mrs Janet Montgomery</p>	<p>Registered Manager and date registered: Anne McCracken Registration pending</p>
<p>Person in charge at the time of inspection: Anne McCracken</p>	<p>Number of registered places: 75 comprising: 61 – NH - DE, MP and MP(E) 10 – RC – DE 3 – NH - LD and LD(E)</p> <p>The home is also approved to provide care on a day basis to four 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: 68 patients</p>

4.0 Inspection summary

An unannounced care inspection took place on 1 October 2019 from 09:35 hours to 17:20 hours and 2 October from 10:15 hours to 14:20 hours). This inspection was undertaken by the care inspector supported the pharmacy inspector. The medicines management inspection took place on 23 September 2019 from 09.50 to 14.40 hours.

The term 'patient' is used to describe those living in Massereene Manor which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home since the last 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 staff and their development, patient safety and medicines management. The environment was safely managed.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care required.

We saw that staff supported patients to make daily choices and that the culture and ethos of the home supported patient dignity and privacy.

There were stable management arrangements with systems in place to provide management with oversight of the services delivered.

Areas for improvement were identified for in relation to checking staff registration at the time of renewal, the management of odours in one identified area of the home and the dining experience.

Comments received from patients and people who visit them during and after the inspection, are included in the main 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

Details of the Quality Improvement Plan (QIP) were discussed with Anne McCracken, Manager, as part of the inspection process. 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 4 February 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 4 February 2019. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy, registration information, and any other written or verbal information received.

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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from week commencing 29 September and for nursing and care staff weeks commencing 15 and 22 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- five patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- a sample of governance audits/records
- complaints record
- compliments received a sample of reports of monthly visits undertaken on behalf of the registered provider
- RQIA registration certificate

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall review and revise the management of medication changes to ensure that medicines are administered as prescribed.	Met
	Action taken as confirmed during the inspection: The management of medication changes had been reviewed and revised. Audits indicated that medicines had been administered as prescribed.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that the care plans for distressed reactions and pain are reviewed to ensure that they provide sufficient detail to direct patient care.	Met
	Action taken as confirmed during the inspection: Six care plans for distressed reactions and four care plans for pain management were reviewed. They gave clear direction of the circumstances when medication was to be administered.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall ensure that the medicine audits are reviewed and revised to ensure that they identify and address shortfalls in the management of medicines.	Met
	Action taken as confirmed during the inspection: Practices for the management of medicines were audited throughout the month by the staff and management; this included identifying shortfalls and addressing the same. A revised audit record had been introduced for this purpose. A quarterly audit was completed by the community pharmacist and written feedback of the outcome provided to management.	

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 the patient's needs. A review of the staff rotas for the week commencing 15, 22 & 29 September 2019 confirmed that the staffing numbers identified were provided. We discussed the provision of registered nurses on night duty given the layout of the building and the needs of the patients accommodated. The manager informed us that a review of night duty staffing had recently been completed and the outcome was currently being considered by management. The outcome of this review will be followed up at the next inspection.

We spoke with the relatives of four patients. Relatives were happy with how staff supported their loved ones with personal care and with their appearance. They were confident that staff responded to changes in their relatives' condition and that timely advice/attention was sought for medical issues. They told us:

"The staff are very attentive."

"There is good communication between staff."

"The staff go above and beyond with anything you need."

We discussed the staffing levels with nursing and care staff on duty; all were satisfied that there was enough staff to meet the patients' needs.

We provided questionnaires to gain the views of relatives and staff who were not available during the inspection. Unfortunately there were no responses received.

We discussed how staff were recruited and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered. We discussed the systems in place to check that staff renewed their registration prior to the date of expiry. It was agreed that the systems in place would be reviewed to ensure that they are effective in confirming registration at the time of renewal. This was identified as an area for improvement

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how can report any concerns.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest.

If a patient had an accident a report was completed. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

The environment throughout Massereene Manor was clean, warm and comfortable. Patients bedrooms had been individualised with pictures, family photographs and ornaments brought in from home. The manager explained that a rolling programme of redecoration was ongoing; it was agreed that they would prioritise the bedrooms where the décor was damaged. An issue with odour management was noted in one area of the home; this was identified as an area for improvement. No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

Management of Medicines

The sample of medicines examined showed that patients were receiving their prescribed medicines.

Medicines were managed by staff who had been trained and deemed competent to do so. There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There were satisfactory arrangements in place to manage changes to prescribed medicines. Audits which cover all areas of medicines management were performed regularly, discrepancies investigated and records maintained. There were robust arrangements in place for the management of medicine related incidents.

Medicines records complied with legislative requirements, professional standards and guidelines. Additional records were maintained for some medicines which were prescribed to be administered on a "when necessary" basis, antibiotic courses, transdermal patches and injections.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff and staff development, patient safety and medicines management. The environment was safely managed.

Areas for improvement

The following areas were identified for improvement in relation to checking staff registration at the time of renewal and the management of odours in one identified area of the home.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

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

Review of five patient care records evidenced that care plans were in place to direct the care required. We reviewed the management of nutrition, patients' weight and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

We reviewed how patients' needs in relation to wound prevention and care were met. Records confirmed that wounds care was in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Patients' nutritional needs were identified through assessment and appropriate care planning to identify the specific support required by each patient. Patients' weights were kept under review and checked a minimum of monthly to identify any patient who had lost weight. Referrals were made to dietetic services as required and details were recorded in the patient's care records.

We observed the serving of lunch in all of the nursing units and the serving of evening tea in two. The majority of patients had the choice of coming to the dining table or having their meals brought to them on a tray. There was a relaxed atmosphere during lunch and evening tea and, in three of the five units the tables were nicely set with cutlery and a choice of condiments. In one unit at evening tea the tables were not set and there was no choice of cutlery or condiments offered to the patients. Whilst a number of patients who were independently mobile came to the table a number of patients were not offered the choice of coming to the table; instead they were provided with an over table where they sat in their armchair. In another unit there were no dining tables; those patients who were independent with their meals were provided with an over table where they sat. Following discussion with the manager it was agreed that the dining experience in the two identified units would be closely monitored to ensure the required improvements were made. Dining tables must be provided in the identified unit.

There was a choice at each meal time. The meals served looked and smelt appetising. Staff were present throughout the mealtimes to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help with their meal. Patients told us the meals were tasty.

Staff confirmed that patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patients routine. Despite the home operating as six individual units there was continuity in the culture and ethos throughout the home. The manager explained that the nurses in charge of each unit come together for a short focused meetings each morning to share information across the home. This is good practice

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients’ needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients’ required.

Areas for improvement

Improvements are required with the dining experience in two identified units.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We arrived in the home on the first day at 09:35 hours and were met immediately by staff who offered us assistance. We walked round the home mid-morning; some patients were relaxing in their armchairs or walking around the unit as was their personal preference. Some patients remained in bed, again in keeping with personal preference. The atmosphere in the home was relaxed and quiet.

We spent time with the patients in all of the units throughout the two days. We saw that staff supported patients to make daily choices; for example where to spend their day, have their meals and spend time with their visitors. Staff interactions with patients were observed to be compassionate, caring and timely. When offering patients assistance with the toilet we observed staff speaking in a quiet tone and asking patients to come to the “bathroom”; this dignified approach to personal care was commended. We observed staff reassuring patients when needed and offering diversions where there was potential for tension between patients. One patient told us:

“The people are very nice. I am well looked after.”

We spoke with the relatives of three patients; they were very happy with the way their relatives were being looked after. They confirmed that staff arranged visits from healthcare professionals as required, for example GPs, podiatry, opticians and dentists as needed. If patients were required to attend hospital appointments the staff made the necessary arrangements for them to attend. They confirmed that they were always made to feel welcome when they visited. Comments provided by relatives are include in section 6.4.

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“We would like to thank all your staff for the excellent, friendly and professional approach to caring for ... over the last four months.”

“You have always made my ... feel welcome and informed throughout this time when he visited.”

“...the care you all gave her was above and beyond.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine, the culture and ethos of the home and the dignity and privacy of patients.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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.

The manager was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. The manager described the staff team as being committed and reliable with a focus on delivering patient centred. Staff reported that the manager was very approachable and available to speak to. Support is also provided by the operations manager. The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, medications, care records and accidents and incidents.

The owners of the home are required to check the quality of the services provided and complete a report. This was done through a monthly unannounced visit. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home and included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

Examples of compliments received have been provided in section 6.5 of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 35 Stated: First time To be completed by: 30 October 2019	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A monthly governance system is in place to check the registration status of current employees on the NISCC Register.</p>
Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: 30 October 2019	<p>The registered person shall ensure that the odours in the identified area of the home are addressed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager in conjunction with the Head Housekeeper will undertake an audit of the cleaning schedule and continue with staff supervisions to ensure the areas needing attention are addressed.</p>
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: 30 October 2019	<p>The registered person shall ensure that the dining experience in the two identified units is closely monitored to ensure the required improvements are made.</p> <p>Dining tables must be provided in the identified unit.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The kitchen staff will work alongside the care staff to complete an audit and action plan of the dining experience. Dining table to be sourced suitable for the size of the room in the Unit and will be kept under review.</p>

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



The **Regulation** and
Quality Improvement
Authority

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

Twitter @RQIANews

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