

# Unannounced Care Inspection Report 08 February 2018



## Massereene Manor

**Type of Service: Nursing Home (NH)**

**Address: 6 Steeple Road, Antrim, BT41 1AF**

**Tel No: 028 9448 7779**

**Inspectors: Kieran McCormick and Lyn Buckley**

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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.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered nursing home which is registered to provide nursing and residential care for up to 74 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Massereene Manor  <b>Responsible Individual(s):</b> Ms Naomi Carey Mrs Janet Montgomery	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Lynda Burton - manager	<b>Date manager registered:</b> Lynda Burton - Registration Pending
<b>Categories of care:</b> 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.  Residential Care (RC) DE – Dementia.	<b>Number of registered places:</b> 74 comprising: 61 – NH DE, MP and MP(E) 10 – RC DE 3 – LD and LD (E)  The home is also approved to provide care on a day basis to four persons.

### 4.0 Inspection summary

An unannounced inspection took place on 8 February 2018 from 10.15 to 15.30 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 Care Standards for Nursing Homes 2015.

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

The inspection assessed progress with any areas for improvement identified 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 the personalisation of patient communal areas and bedrooms, staff knowledge of their patients and staff interactions with patients, ethos and culture of team working, staff induction, adult safeguarding, governance arrangements and management of complaints.

Areas for improvement under the regulations were identified in relation to staffing levels and notification of staffing deficits.

Areas for improvement, under the standards, were identified in relation to infection prevention and control practices, content of monthly quality monitoring reports, patient care planning and assessment and environmental issues.

Patients said that they were happy living in Massereene Manor. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
<b>Total number of areas for improvement</b>	2	6

Details of the Quality Improvement Plan (QIP) were discussed with Lynda Burton, 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 8 June 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 June 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- correspondence from the Public Health Agency
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspectors met with nine patients individually and with others in small groups, eight staff and one patient's visitors/representatives. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA via an online survey.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 28 January to 10 February 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2017/18
- minutes of last staff meeting held on 17 January 2018
- records of last relatives' meetings held in January 2018
- a sample of incident and accident records
- four patients' care records
- a sample of governance audits
- complaint records
- compliments received
- RQIA registration certificate
- certificate of public liability
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 8 June 2017**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and validated by the pharmacist.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 28 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered provider should ensure that the checking of the registration status of registered nurses with the NMC is carried out in a timely manner to ensure that nursing staff do not work unregistered.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that NMC registration checks were carried out in a timely manner.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered provider should ensure that external medicines are stored securely in accordance with medicine management standards and in line with best practice guidelines for infection prevention and control.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was no evidence of inappropriate storage of external medicines observed.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered provider should ensure that the content of the monthly quality report undertaken on behalf of the providers is anonymised to ensure patients, and/or other persons working or visiting the home, could not be recognised from reading the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the monthly quality reports from October 2017 to January 2018 evidenced that patients, and/or other persons could not be identified.	

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Discussion with the manager and review of training records evidenced that a robust system was in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function, responsibility and that training had been embedded into practice.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

Observation of the delivery of care, during the time of inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty. We also reviewed the nursing and care staff duty rotas from 28 January 2018 to 10 February 2018. It was evidenced that on five occasions night duty shifts for the week of the 28 January 2018 were not staffed as planned and 'staff cover' was not obtained. This was concerning because of the potential impact on the safety and well-being of patients. In addition, a review of the complaints record evidenced that a relative had recently raised concerns regarding night duty staffing levels with the manager and records evidenced the manager's response; and review of the monthly quality monitoring report for November 2017 indicated that a relative had also raised concerns in relation to night duty staffing levels.

Concerns, regarding staffing levels, were discussed with the manager who provided an explanation of the contingency arrangements adopted when staffing fell below the planned levels. However, given the staffing deficits evidenced over the 14 day period reviewed and the complaints received; we were not assured that the potential impact on the safety and wellbeing of patients was fully recognised particularly in relation to the reduced staffing levels affecting the ability of staff to respond in the event of a fire. An area for improvement under the regulation was made. In addition the manager agreed to notify RQIA of any occasion when the planned staffing levels were not met. An area for improvement was made.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

The provision of mandatory training was discussed with staff and we reviewed staff training records for 2017/18. Staff confirmed that they were required to complete mandatory training. Records confirmed that staff had completed training in areas such as moving and handling, adult safeguarding, first aid and fire safety. Observation of the delivery of care evidenced that training, such as moving and handling, had been embedded into practice.

We reviewed the governance system and processes regarding the management of accidents and/or incidents that occurred in the home. This review evidenced that accidents/incidents were managed and reported in line with good practice guidelines and DHSSPS standards. RQIA were notified of events in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of four patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process. However following a review of a patient's falls history it was evidenced that registered nurses had not updated the patients falls risk assessment or care plan following a recent fall. An area for improvement, under the standards, was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff spoken with demonstrated awareness of their role and responsibilities regarding infection prevention and control (IPC) measures. For example, ensuring a clean environment and the use, storage and disposal of IPC equipment. However, observations identified members of housekeeping staff move throughout the home's various units wearing the same personal protective equipment (PPE) such as aprons and gloves. A review of housekeeping staff IPC training records evidenced that not all housekeeping staff had undertaken IPC training. Details were discussed with the manager and an area for improvement, under the care standards, was made.

As stated previously the home was observed to be well decorated and since the last care inspection the home had undergone a refurbishment programme. In both the Ladyhill and Cherryhill units we observed that internal extractor fans fitted to the wall within the patient lounge area had been covered by staff with a make shift plastic cover secured with tape. Staff explained they had covered the fans to prevent patients from "feeling a draft".

In addition within an assisted bathroom in the Broomhill unit the hand rail was noted to be in a state of disrepair and could not be effectively cleaned. These environmental issues were discussed with the manager and an area for improvement, under the standards, was made.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home which promoted a sense of teamwork in relation to staff and genuine engagement with patients. Good practice was also found in relation to staff induction, adult safeguarding and governance arrangements.



## Areas for improvement

Areas for improvement under the regulations were identified in relation to staffing levels and notification of staffing deficits.

Areas for improvement under the standard were identified in relation to Post falls review of care plans and assessments, IPC training and practice and environmental issues.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

### 6.5 Is care effective?

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

Review of four patients' care records in relation to the management of falls, wound care, and management of behaviour evidenced that a range of validated risk assessments were completed as part of the admission process.

However a review of wound records evidenced that treatment prescribed by other healthcare professionals had not been consistently adhered to. For example, the frequency of wound dressing changes was not adhered to, the wound assessments were not completed consistently and care plans were not reviewed.

In addition, specific advice regarding the management of a patient's behaviours was not reflected in the patient's care plan. This was concerning particularly given the impact the behaviour was having on the patient's physical health. Details were discussed with manager. An area for improvement, under the standards, was made.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and a review of a sample of records confirmed that staff and relative meetings were both held in January 2018 and appropriate records were maintained.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager.

Patient representative spoken with expressed their confidence in raising concerns with the home's staff/management.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to contemporaneous record keeping communication, teamwork and the raising of concerns.

## Areas for improvement

An area for improvement under the standards was identified in relation to the completion of care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 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.**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Observation in linen stores throughout the home and discussion with staff evidenced that 'net pants' were being laundered and used communally. An area for improvement, under the standards, was made.

Discussion with the manager and a review of records confirmed that there were systems in place to obtain the views of patients' representatives and staff in regards to service provision and care delivery. Suggestion boxes and books were available throughout the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care provided.

Patients who were able to verbalise their feelings stated that they enjoyed living in Massereene Manor and spoke positively about the care that they received. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient questionnaires were issued; none were returned within the timescale for inclusion in this report.

Comments from patients were positive and included the following statements:

"I am getting on great here".  
 "I'm alright I am happy here".

There was one relative who spoke with the inspectors. Comments were positive and included the following

"Staff are excellent, very helpful, caring and kind".

Ten questionnaires for relatives were issued; none were returned within the timescale for inclusion in this report.

We also spoke with eight staff. Comments made by staff are included throughout the report. A poster inviting staff to complete an online survey was provided. At the time of writing this report none had been completed.

A number of cards and letters received by the home were reviewed. Comments were positive and included the following:

“Think the world of every single one of you”.

“Thank you for the wonderful care given to .... during their stay at Massereene Manor. The care was second to none”.

“On behalf of all my family we would like to say a big thank you for all the care you gave to our ..... we know she was being well cared for”.

Any comments received from patients, relatives and staff were shared with the manager for their consideration and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

### Areas for improvement

An area for improvement was identified in relation to the management of laundered ‘net pants’.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.7 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 registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was displayed. Discussion with the manager, review of records and observations evidenced that the home was operating within its registered categories of care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Since the last care inspection the management arrangements for the home have changed. The manager, Lynda Burton, has been in post since September 2017. RQIA have received an application to register the manager and the manager's registration is pending the completion of our processes. Staff spoke positively about the appointment of the new manager and that there were positive working relationships and that management were responsive to any suggestions or concerns raised. Staff were also able to identify the person in charge of the home in the absence of the manager.

Discussion with staff evidenced that there was "good team work" within the home. Staff spoke passionately about the care delivered to patients and demonstrated a great pride in the work that they were doing.

Discussion with the manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. One patient's representative spoken with confirmed that they were aware of how to raise a concern.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Regulation 29, visits undertaken on behalf of the registered provider and a report of each visit from October 2017 to January 2018 was available for patients, their representatives, staff and trust representatives. Previously in section 6.4 we identified that a complaint made to the person undertaking the visit in November 2017 was not feedback to the manager and an area for improvement was made. In addition, reports made no reference to the actions identified from the previous monthly visit in order to provide assurances that areas identified had been actioned. An area for improvement, under the standards, was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

An area for improvement under the standards was identified in relation to the completion of monthly monitoring visits, Regulation 29, undertaken on behalf of the registered provider.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynda Burton, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that the numbers and skill mix of staff on duty are appropriate to meet the health and welfare needs of patients. A review of the current staffing arrangements in conjunction with the fire risk assessment shall be undertaken to ensure the safe delivery of care to all patients specifically at night. Evidence of this review should be maintained for inspection.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> A review has been completed and considered by the Home Manager, Estates Manager and SMT. This review concludes that current arrangements are adequate throughout the 24 hour cycle.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall notify RQIA of any occasion when the planned staffing levels for each unit of the home is not met. Details of the efforts made to 'cover' the deficits should be included in the notifications and the actions taken to reduce the risk a recurrence.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> This will be undertaken by the manager and information shared via an in house form developed for this purpose.
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that patients' care plans and risk assessments are updated post falls.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> This has been addressed and completed. However, this remains an ongoing and changing scenario with updates made regularly.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2018	The registered person shall ensure infection prevention and control training is provided for all housekeeping staff and that the use of PPE is monitored and poor practice challenged in keeping with best practice guidance.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> This has been addressed and all staff do receive this training annually.

	Where poor practice is observed or perceived the housekeeper will conduct a supervision session and include reminder guidance re PPE
<b>Area for improvement 3</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2018	The registered person shall ensure that the covering of the internal extractor fans and the identified handrail are reviewed and replaced/repared as required.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> All completed.
<b>Recommendation 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2018	The registered person shall ensure that patients' care plans regarding wound care and the management of behaviours that challenge accurately reflect the prescribed care and treatment and/or recommendations made by other healthcare professionals.  <b>Ref: Section 6.5</b>
	<b>Response by registered person detailing the actions taken:</b> This has been addressed and completed. However, this remains an ongoing and changing scenario with updates made regularly.
<b>Recommendation 5</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2018	The registered provider shall ensure that 'net pants' are not used communally but individually labelled for any patient requiring their use.  <b>Ref: Section 6.6</b>
	<b>Response by registered person detailing the actions taken:</b> The 'net pants' observed during this inspection were not actually distributed for use and would always be individually identified for patients at the point of allocation. All clothing and continence products of a reusable nature are individually labelled.
<b>Recommendation 6</b> <b>Ref:</b> Standard 35.7 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2018	The registered provider shall ensure that reports of visits undertaken on behalf of the responsible individual provide evidence of a review of previous action plan and that areas of concern raised by relatives/visitors are reported to the manager/ nurse in charge of the home.  <b>Ref: Section 6.4 and 6.7</b>
	<b>Response by registered person detailing the actions taken:</b> A section is included at the end of the Reg 29 Visits reports for this purpose.

*\*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 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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