



The Regulation and
Quality Improvement
Authority

Masserene Manor
RQIA ID: 1435
6 Steeple Road
Antrim
BT41 1AF

Inspector: Lyn Buckley
Inspection ID: IN021999

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**Unannounced Care Inspection
of
Masserene Manor

9 September 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 9 September 2015 from 11:10 to 15:35 hours.

This inspection was carried out in response to information received by RQIA from a whistle blower on 1 September 2015. Further information is available in sections 3 and 5 of the report.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Masserene Manor which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 23 February 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	*5

*Please note: three of the five recommendations included in this total made have been carried forward from the previous inspection for review at the next care inspection.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Olive Hall, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Masserene Manor Mrs Janet Montgomery and Mrs Naomi Carey – Responsible Persons	Registered Manager: Mrs Olive Hall
Person in Charge of the Home at the Time of Inspection: Mrs Olive Hall	Date Manager Registered: 1 April 2005
Categories of Care: NH – LD,LD(E), DE,MP and MP(E) RC – DE Day Care – 4 persons Maximum of 10 persons in category RC-DE Maximum of three persons in category NH- LD and LD(E)	Number of Registered Places: 74
Number of Patients Accommodated on Day of Inspection: 73	Weekly Tariff at Time of Inspection: £520 - £648

3. Inspection Focus

Whistle blowing information was received by RQIA on 1 September 2015 regarding concerns in the following areas:

- staffing
- management of falls
- management of Trust care reviews
- general cleanliness of the home
- storage of medicines such as creams and dressings
- evaluation and review of care assessments and care plans
- registered nurses did not have their registration with the Nursing and Midwifery Council (NMC) for the United Kingdom (UK) checked.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that as an inspection to Masserene Manor was already scheduled, this inspection would review the areas of concern raised by the whistle blower.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with the registered nurses
- discussion with care staff
- discussion with patients
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback.

During the inspection, the inspector met with four patients individually and with the majority in smaller groups; four care staff, two registered nurses and one relative.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plans (QIP) from the last care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- duty rotas for August 2015 and planner for next two months
- management records relating to:
 - falls
 - staffing levels/patient dependency
 - care records
 - care management reviews
 - recruitment
 - NMC checks
- minutes of recent staff meeting with registered nurses 18 August 2015
- four patient care records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 24 February 2015. The completed QIP was returned and approved by the care inspector.

Due to the inspection focus the three recommendations made at the last care inspection were carried forward for review during the next care inspection. Please refer to the QIP within this report for details.

5.2 Care practices and environment

The atmosphere in the home was relaxed and calm. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. In some areas quiet music was playing or the television was on. Patients were observed to be relaxing in the lounges areas or in their bedroom. Patients spoken with confirmed that they were comfortable and had enjoyed their lunch. Those patients unable to communicate indicated by their demeanour that they were relaxed and content within the home's environment and with staff

Staff spoken with were knowledgeable regarding individual patient need and commented positively with regard to care delivery.

Review of a random selection of patient bedrooms, lounges, toilets and bathrooms confirmed that the home was warm, fresh smelling, well decorated and clean throughout.

Areas for Improvement

There were no areas for improvement made in this area.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Staffing

As discussed in section 5.2 the atmosphere in the home during the inspection was relaxed and calm and staff were assisting patients as required. Staff spoken with confirmed that they believed that the staffing levels met the assessed needs of the patients.

During discussion the registered manager confirmed that staffing levels were determined by the dependency /assessed needs of patients and kept under review. Records were examined which evidenced this process.

The registered manager confirmed that recently there had been changes in registered nurse numbers due to four nurses moving into posts within the NHS and other fields of practice. In addition three nurses were also on long term planned leave. From discussion and review of management records it was evidenced that the registered manager was proactively managing the staffing levels within the home. For example, night duty shifts with 'block booked' agency nurses. To ensure the 'block booking' of the same agency staff the registered manager had completed duty rotas two months in advance.

Recruitment for permanent registered nurses was ongoing. Two new recruits were undergoing induction, at the time of this inspection, and two nurses had been transferred to Masserene Manor from a sister home within the organisation.

RQIA were satisfied from the evidence presented, observations made and discussions with patients, staff and management; that robust systems were in place to review and proactively manage staffing levels which ensured that the assessed needs of patients were met.

Areas for Improvement

There were no areas for improvement made in this area.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Management of falls

Review of falls analysis and audit records evidenced that falls were monitored by the registered manager in accordance with best practice guidance. There was evidence of preventative actions taken by management when a patient was identified as falling more than twice.

The registered manager confirmed that she had addressed the management of falls in relation to record keeping and review with registered nursing staff at a staff meeting on 18 August 2015. Review of the minutes of this meeting confirmed the content of the registered manager's discussion with nursing staff.

Areas for Improvement

There were no areas for improvement made in this area.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Management of Trust care reviews

Review of management records and patient care records evidenced that care reviews were undertaken by the Trust on a regular basis. The registered manager confirmed that while the Trust were responsible for the organisation of these reviews in accordance with Trust policy, she kept records to ensure the reviews were undertaken in a timely manner.

Review of management records and two recent reviews confirmed proactive management of Trust care reviews.

Areas for Improvement

There were no areas for improvement made in this area.

Number of Requirements:	0	Number of Recommendations:	0
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5.6 Storage of patients' prescribed creams and dressings

Observations made during a tour of the home confirmed that prescribed creams stored in patients' own bedrooms were prescribed for the patient to whom the bedroom belonged. Dressings prescribed for patients were observed to be appropriately stored.

Areas for Improvement

There were no areas for improvement made in this area.

Number of Requirements:	0	Number of Recommendations:	0
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5.7 Evaluation and review of care plans

Review of four patient care records evidenced that care was delivered as planned and evaluated on a daily basis.

However, the computerised system confirmed that a number of risk assessments and care plans required to be reviewed. For example in one unit the 'overdue' reminders indicated that 55 assessments and 2 care plans were overdue for review and another unit had 39 assessment and 61 care plans overdue for review.

Discussion with the registered manager confirmed that she was aware of this issue and had raised it with the registered nurses on 18 August 2015.

Registered nurses spoken with confirmed that they had been working to reduce the 'overdue' reviews and felt that the problem had, in the main, arisen due to the changes in nursing staff. Advice was given to registered nurses consulted in relation to the importance of ensuring care records were up to date in accordance with NMC guidance for registered nurses and to ensure safe and effective care delivery.

RQIA were satisfied, following discussion with the registered manager and nursing staff, and review of management records and minutes of staff meeting, that the registered manager was aware of and had already identified an action plan to address the 'overdue' assessment and care plan reviews. However, because care plans and assessments had not been updated on a regular basis two recommendations were made.

Areas for Improvement

A recommendation was made that the re-assessment/review of overdue assessments and care plans is completed by 30 November 2015.

A recommendation was made that management continue to monitor the 'overdue' assessments and care plans and if required take action to ensure that record keeping and care planning is effectively managed on a daily basis in accordance with DHSSPS minimum standards and professional standards as set by NMC.

Number of Requirements:	0	Number of Recommendations:	2
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5.8 NMC registration checks

Review of records evidenced that the registered manager had a robust process in place to ensure that any registered nurse working in the nursing home was on the 'live' NMC register.

Areas for Improvement

There were no areas for improvement made in this area.

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Olive Hall, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015.</p>	<p>The registered person should that the re-assessment/review of overdue assessments and care plans is completed by 30 November 2015.</p> <p>Ref: Section 5.6</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Unfortunately this problem had arisen due to changes in nursing staff whereby a number of Nurses who had left employment failed to ensure that their designated care plans were up to date prior to departing. However Nurses currently employed in Massereene Manor have taken their responsibilities seriously and have been striving hard to ensure all risk assessments and care plans are up to date.</p>
<p>Recommendation 2</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015.</p>	<p>The registered person should ensure continued monitoring of 'overdue' assessments and care plans and as required take action to ensure that record keeping and care planning is effectively managed on a daily basis in accordance with DHSSPS minimum standards and professional standards as set by NMC.</p> <p>Ref; Section 5.6</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: A system is in place to ensure continued monitoring of risk assessments and care plans. Registered Nurses have been made aware of the steps that will be taken to ensure that care planning is effectively managed on a daily basis.</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p> <p>To be Completed by: 30 March 2015.</p>	<p>Carried forward for review</p> <p>It is recommended that written evidence is maintained in patients/residents care records which indicate that discussions had taken place between the nurse patient/resident and or their representative in developing and agreeing care plans.</p> <p>Ref: previous inspection QIP 23 February 2015.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Systems have been reviewed that will evidence discussions between the above parties in developing and agreeing plans of care.</p>

Recommendation 4 Ref: Standard 19.2 Stated: First time To be Completed by: 30 March 2015.	Carried forward for review The following best practice guidelines should be readily available to staff for reference and use when required. <ul style="list-style-type: none"> • NICE guidelines on the management of urinary incontinence in women; and • NICE guidelines on the management of faecal incontinence. Ref: previous inspection QIP 23 February 2015.
	Response by Registered Person(s) Detailing the Actions Taken: NICE Guidelines have been provided to each of the 5 different nursing suites within Massereene Manor.

Recommendation 5 Ref: Standard 19.2 Stated: First time To be Completed by: 30 March 2015.	Carried forward for review Monthly audits of patients who are incontinent should be undertaken and the findings acted upon to enhance continence care in the home. Ref: previous inspection QIP 23 February 2015.
	Response by Registered Person(s) Detailing the Actions Taken: Audits / assessments in relation to Continence care are being implemented to ensure that patients receive continence care based on best practice and evidence- based knowledge.

Registered Manager Completing QIP	Olive Hall	Date Completed	13 th October 2015
Registered Person Approving QIP	Janet Montgomery	Date Approved	13 th October 2015
RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	21/10/15

Please provide any additional comments or observations you may wish to make below:

**Please complete in full and return to RQIA nursing.team@rqia.org.uk **