



Announced Care Inspection Report 13 May 2020



Massereene Manor

Type of Service: Nursing Home (NH)

Address: 6 Steeple Road, Antrim, BT41 1AF

Tel No: 028 9448 7779

Inspectors: Sharon McKnight and James Laverty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

| | |
|--|---|
| <p>Organisation/Registered Provider: Hutchinson Homes Ltd</p> <p>Responsible Individuals: Naomi Carey Janet Montgomery</p> | <p>Registered Manager and date registered: Anne McCracken – registration pending</p> |
| <p>Person in charge at the time of inspection: 19:20 – 20:00 hours - RN Lorraine Beattie 20:00 – 22:00 hours – RN Hein Ziegelmeier</p> | <p>Number of registered places: 74</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) LD – Learning disability. LD(E) – Learning disability – over 65 years. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p> | <p>Number of patients accommodated in the nursing home on the day of this inspection: 54</p> |

4.0 Inspection summary

An announced inspection took place on 13 May 2020 from 19:30 to 22:00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information on 13 May 2020 from Northern Health and Social Care Trust which raised concerns in relation to infection prevention and control issues (IPC) with the environment and associated staff practices. In response to this information, RQIA decided to undertake an inspection to this home.

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

Short notice of the inspection was provided to the nurse in charge on the evening of the visit in order to ensure that arrangements could be made to safely facilitate the visit during the ongoing outbreak of coronavirus within the home.

The following areas were examined during the inspection:

- Cleanliness of the internal environment
- infection prevention and control practices, including the use of personal protective equipment (PPE)
- staffing and staff deployment.

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 | 1 | 5* |

*The total number of areas for improvement includes three under the standards, which were not reviewed and have been carried forward from review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Eddy Kerr, operations manager and Naomi Carey, responsible individual, 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.

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
- the returned QIP from the previous care inspection
- the previous care inspection report.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the operations manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection.

The most recent inspection of the home was an unannounced care inspection undertaken on 3 March 2020.

The quality improvement plan from the previous inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

| Areas for improvement from the last care inspection | | |
|--|---|--|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 44 Stated: Second time | The registered person shall ensure that the odours in the identified areas of the home are addressed. | Carried forward to the next care inspection |
| Area for improvement 2 Ref: Standard 12 Stated: Second time | The registered person shall ensure that the dining experience in the two identified units is closely monitored to ensure the required improvements are made. | Carried forward to the next care inspection |
| Area for improvement 3 Ref: Standard 43 and 44 Stated: First time | <p>The registered person shall ensure that a detailed environmental audit is completed to identify what refurbishment is required to bring the environment in the home up to an acceptable standard of décor.</p> <p>Following completion of the environmental audit and action plan should be put in place to address the deficits in a timely manner.</p> <p>A copy of this plan should be submitted with the returned QIP.</p> | Carried forward to the next care inspection |

6.2 Inspection findings

6.2.1 Cleanliness of the environment

Prior to the inspection, the Northern Health and Social Care Trust (NHSCT) had undertaken an audit of the home; issues were identified with regard to the cleanliness of the environment and

equipment. The manager had received verbal feedback from the infection prevention and control nurse at the conclusion of the audit but at the time of the inspection the home had not received a written report of the audit findings.

As part of the inspection we visited each unit within the home. The environment was clean, fresh smelling and generally uncluttered. The operations manager confirmed that systems were in place for enhanced cleaning, with increased frequency of the cleaning of touch points such as door handles and light switches. Chlorine based cleaning products were in use throughout the home. No issues were identified with the cleanliness of the equipment used by patients, however the domestic cleaning trolleys and mop buckets were dusty and required to be cleaned; this was identified as an area for improvement.

6.2.2. Infection prevention and control practices

We observed that personal protective equipment (PPE) was readily available throughout the home. No issues were raised with the supply and availability of PPE. Alcohol based hand sanitiser was available at the entrance to each unit and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed in each unit.

Staff spoken with were generally knowledgeable of the correct use of PPE and the correct procedure for donning and doffing. Staff confirmed that there were sufficient supplies of PPE. We spoke with one member of staff who was recently appointed and, whilst they were wearing PPE correctly and were competent in its use, they reported that they had not received training in all aspects of IPC. This was shared with the operations manager and responsible person at the conclusion of the inspection and it was agreed that this staff member would be prioritised for the upcoming training with the NHSCT.

We discussed the management of hoist slings. Directions had been issued to staff regarding the decontamination of slings; however, there were no records to monitor which slings were used by which patient and what cleaning/decontamination was completed in between patient use. This was identified as an area for improvement.

We observed that clinical waste bins were available throughout the home. Following a recent visit to the home by the NHSCT, additional pedal bins had been purchased for clinical waste. The operations manager informed us of the revised storage arrangements to ensure that waste could be segregated and stored in accordance with best practice.

6.2.3 Staffing

During our visit we discussed staffing levels and were informed that whilst a significant number of staff employed by the home were off due to the current pandemic they had been very flexible and prepared to work additional shifts when able, to ensure there were sufficient staff to attend to the patients. Management was also complimentary regarding the support they have received from the NHSCT.

We spoke with nine members of night staff all of whom told us they were satisfied with the current staffing and that they were well supported by management throughout this difficult time.

We discussed the deployment of staff and how staff were deployed between the units. Care staff were allocated to work across the three units with confirmed cases of COVID-19. One unit has no confirmed cases of COVID-19 and the provision of care staff in this unit had been

increased to ensure that the needs of the patients could be met without staff from other units having to attend to them. Whilst working practices for the registered nurses had been adjusted to minimise the need for them to attend this unit routinely, further consideration is needed with regard to the administration of medicines. This was identified as an area for improvement.

Areas of good practice

Areas of good practice were identified with regard to the cleanliness of the environment, the provision and usage of PPE and staff commitment to patient care.

Areas for improvement

Areas for improvement were identified with regard to the cleanliness of domestic trollies and mop buckets, the management of hoist slings and the deployment of registered nurses.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 2 |

6.3 Conclusion

On the evening of the inspection the atmosphere in the home was quiet and relaxed. Patients were being cared for in their individual bedrooms; the majority of patients were in bed and were observed to be warm and comfortable. We observed that staff coming on duty were provided with a handover report by the day staff. Staff spoken with were knowledgeable of patients' needs and were confident that they had the necessary PPE and management support to care for the patients. The inspection resulted in three areas for improvement being made.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eddy Kerr, operations manager and Naomi Carey, responsible individual, 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 Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: 13(7) Stated: First time To be completed by: Immediate from the day of inspection | <p>The registered person shall introduce systems to ensure that hoist slings are managed and appropriately decontaminated in accordance with best practice with infection prevention and control.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: All Residents will be provided with an appropriate sling , single patient use. The slings are wiped using Tristel solution after each use. In addition to this the slings are sent to the laundry on a weekly basis and records will be available for inspection.</p> |
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 44 Stated: Second time | <p>The registered person shall ensure that the odours in the identified areas of the home are addressed.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| Area for improvement 2 Ref: Standard 12 Stated: Second time | <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>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| Area for improvement 3 Ref: Standard 43 and 44 Stated: First time | <p>The registered person shall ensure that a detailed environmental audit is completed to identify what refurbishment is required to bring the environment in the home up to an acceptable standard of décor.</p> <p>Following completion of the environmental audit and action plan should be put in place to address the deficits in a timely manner.</p> <p>A copy of this plan should be submitted with the returned QIP.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |

| | |
|---|---|
| <p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: From the day of the inspection</p> | <p>The registered person shall introduce systems to ensure that domestic trollies and mop buckets are appropriately decontaminated and maintained clean.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The Housekeeper is responsible for the checking, cleaning and recording of the domestic trollies, mop buckets and hoover heads at the end of the shift.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p> <p>To be completed by: From the day of the inspection</p> | <p>The registered person must review the arrangements for the administration of medications to ensure that the movement of registered nurses between units is kept to a minimum.</p> <p>Ref 6: 2.3</p> <p>Response by registered person detailing the actions taken: During the Covid -19 panademic to avoid unnecessary movement in the one Nursing Unit free from the virus the Day Nurse completed the night time medications before going off duty. Always in the interest of the Residents on occasions one Resident was administered his night time medication by the Night Nurse. The Nurse donned PPE before entering the Unit.</p> |

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



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