

Unannounced Care Inspection Report 15 December 2020



Massereene Manor

Type of Service: Nursing Home (NH)
Address: 6 Steeple Road, Antrim, BT41 1AF
Tel No: 028 9448 7779
Inspector: Sharon McKnight

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 66 persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individuals Naomi Carey Janet Montgomery	Registered Manager and date registered: Anne McCracken – 22 December 2020
Person in charge at the time of inspection: Anne McCracken	Number of registered places: 66 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.
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.	Number of patients accommodated in the nursing home on the day of this inspection: 51

4.0 Inspection summary

An unannounced inspection took place on 15 December 2020 from 10:15 to 17:50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the previous quality improvement plan.

In response to information received by RQIA from an anonymous source the inspection also focused on the following areas:

- staffing
- care delivery
- care records
- infection prevention and control and the use of personal protective equipment (PPE)
- governance and management
- environment.

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	2

Areas for improvement and 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with nine patients and 14 staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards for distribution to patients and their relatives/representatives, who were not present on the day of inspection, with the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas for weeks commencing 21 November and 7 and 13 December 2020
- care records for three patients
- supplementary care charts, including food and fluid intake and repositioning
- three weekly menu and records of meals served
- accidents and incident records
- record of complaints and compliments
- monthly audits
- monthly monitoring reports.

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 person in charge 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 31 May 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(7) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Staff explained that hoist slings are now allocated to patients on an individual basis. We observed that slings were stored in patients' bedrooms to minimise the risk of cross contamination.	
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.	Met
	Action taken as confirmed during the inspection: A review of the environment and the identified area confirmed that this area for improvement has been met.	

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>Action taken as confirmed during the inspection: We observed that the required improvements had been made to the dining environment. No issues were identified with the dining experience; we observed that patients' individual needs were met.</p>	Met
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>Action taken as confirmed during the inspection: The manager confirmed that an audit of the environment has been completed. Whilst a copy of the action plan was not received by RQIA we observed that the refurbishment required to bring the environment up to an acceptable standard of décor had been completed.</p>	
Area for improvement 4 Ref: Standard 46.2 Stated: First time	<p>The registered person shall introduce systems to ensure that domestic trollies and mop buckets are appropriately decontaminated and maintained clean.</p> <p>Action taken as confirmed during the inspection: Domestic trollies and mop buckets were clean and well maintained. Housekeeping staff confirmed that schedules were in place to ensure they were regularly cleaned.</p>	Met

Area for improvement 5 Ref: Standard 41.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This issue was specific to the management of medications during a previous infectious outbreak. Discussion with the registered manager confirmed that the movement of all staff is kept to a minimum during the current pandemic.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Care staff were satisfied with the planned staffing and observations on the day of the inspection confirmed that patients' needs were met by the staff on duty. One patient told us that staff "are very good, they leave me laughing".

We discussed the provision of registered nurses throughout the entire home and the differing challenges faced in each individual unit. Whilst all of the nurses confirmed that they felt well supported and valued by the management team, some felt that providing care over two floors could be challenging at times. These opinions were shared with the manager.

We spoke with fourteen members of staff who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic on staff, patients and relatives.

Arrangements were in place to ensure that newly appointed staff received training, including practical manual handling training, as part of their induction to the home.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately none were returned.

6.2.2 Care delivery

We visited each unit of the home throughout the day. Patients were either being cared for in their individual bedrooms or in the lounge areas. We observed that in the morning assistance with washing and dressing was provided in response to individual need. Staff explained that where patients had an unsettled night they may need to sleep later, others preferred to be up, washed and dressed in time for breakfast.

We observed the serving of lunch in Edenhill and Maplehill units. Patients had the choice of sitting at the dining room tables or to have their meals served where they sat. Staff were present throughout lunch 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. We observed relaxed interactions between patients and staff throughout the mealtime. Staff confirmed that there was a choice of dish at each meal and patients were complimentary regarding the meals provided.

We met with the chef who spoke passionately about the menu and the importance of nutrition and the pleasure good food can bring to patients. The chef was very familiar with the patients and their individual likes and preferences. A list of all patients who required a modified diet was held in the kitchen. There was a three week menu in place with a choice of dish at each meal including choice for any patient who required to have the texture of their meal modified. The menu has recently been reviewed and it is planned the new menu will be implemented in January 2021. The chef explained that alongside the new menu they planned to introduce new documentation to record each patient's daily choice.

We discussed how patient choice was currently made and communicated to the kitchen – this varied between each unit. Whilst care staff recorded the quantity of each meal consumed by individual patients, there were no records of which dish they were served to confirm that patients are availing of choice and that they received a varied diet. It is required that records are maintained in the home of the exact nature of each meal consumed by patients to evidence that a varied diet is provided and that patients are availing of choice. This was identified as an area for improvement.

Patient weights were monitored at least monthly. An audit of weights and nutritional screening was completed by the manager. There was evidence of referrals to relevant professionals such as dietitians and speech and language therapists (SALT) when required.

We discussed the arrangements for visiting with the manager who explained that visiting was being facilitated in designated rooms throughout the home. Systems such as a booking system, completion of a health declaration, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Separate arrangements were in place for patients at end of life.

Systems such as video calls and regular telephone calls to ensure good communications between the home, patient and their relatives were also in place. Patients on the ground floor of the home continued to receive visits through their window from relatives.

6.2.3 Care Records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments, care plans to direct the care and interventions required were produced. We reviewed three patients' care records which evidenced that care plans were person centred and reviewed regularly.

Other healthcare professionals, for example speech and language therapists (SALT), dietitians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

6.2.4 Infection prevention and control and the use of personal protective equipment (PPE)

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

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. We discussed the type and range of gloves available. In one unit only vinyl gloves were available in the PPE station; this was brought to the attention of the manager who confirmed that both vinyl and nitrile gloves were available in each unit. Both types of gloves were available at the PPE station prior to the conclusion of the inspection.

Staff spoken with were knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE; staff were also appropriate with their use of hand sanitising gel and hand washing. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. Hand hygiene audits were completed monthly.

We reviewed the provision of changing facilities for staff. The manager explained that staff are no longer permitted to travel to and from work in their uniforms. Additional changing facilities and secure storage for staff personal belongings have been provided.

The manager confirmed that staff and patient temperatures were being checked and recorded a minimum of twice daily. The home was part of the national COVID-19 screening programme for care homes with staff being tested weekly and patients being tested monthly.

6.2. Governance and management

There was a clear management structure within the home and the manager was available throughout the inspection process. Staff commented positively about the manager and described her as supportive, approachable and available for guidance and support.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis; previously the manager had audited the occurrence of falls for patterns and trends, for example with location, time and nature of the fall. This analysis should be recommenced; this was identified as an area for improvement. The analysis for October and November 2020 was provided to RQIA following the inspection.

The visits required to be undertaken to review the quality of the services provided were completed monthly. Copies of the quality monitoring reports were available in the home. The reports of the completed visit were available in the home and included an action plan, however progress with items on the action plan were not consistently commented on. This was identified as an area for improvement.

6.2.6 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients.

The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

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.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, meal provision and nutrition, IPC practices, the environment and effective team work throughout the home.

Areas for improvement

Areas for improvement was identified in relation to the recording of meals, monthly analysis of falls and the review of action plan of the monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients' individual needs.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care was safe, effective, compassionate and well led.

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19(2) Schedule 4, 13 Stated: First time To be completed by: 12 January 2021	<p>The registered person shall ensure that records are maintained of the exact nature of each meal consumed by patients to evidence that a varied diet is provided and that patients are availing of choice.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: The food and fluid charts have been revised to enable the staff to record the food offered and the actual amount taken.</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 22.10 Stated: First time To be completed by: Ongoing from the day of inspection	<p>The registered person shall ensure that falls are analysed on a monthly basis to identify any patterns and trends and ensure appropriate action is taken.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The falls are analysed on a monthly basis along with the accident/falls audit and together we can identify the patterns and trends.</p>
Area for improvement 2 Ref: Standard 35.7 Stated: First time To be completed by: Ongoing from the day of the inspection	<p>The registered person shall ensure that the action plan made as a result of the monthly monitoring visit is reviewed on the next visit and comment on the action taken is included in the report.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Provider engages with staff, Residents' relatives and others and where any improvements could be made these were documented in a way that they could be tracked until they had been satisfactorily completed.</p>

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



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