

Inspection Report

16 March 2022



Massereene Manor

Type of service: Nursing Home
Address: 6 Steeple Road, Antrim, BT41 1AF
Telephone number: 028 9448 7779

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| <p>Organisation/Registered Provider: Hutchinson Homes Ltd</p> <p>Responsible Individuals: Ms Naomi Carey Mrs Janet Montgomery</p> | <p>Registered Manager: Mrs Sharon Smyth (Acting Manager)</p> |
| <p>Person in charge at the time of inspection: Nuala McLaughlin - deputy manager</p> | <p>Number of registered places: 66</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 (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: 51</p> |
| <p>Brief description of the accommodation/how the service operates: This is a nursing home which is registered to provide care for up to 66 patients; the home currently provides care to patients living with dementia and learning disabilities. The home consists of two buildings, John Irvine House and Adeline House, which are divided into five individual, self-contained units. Patient accommodation provided in each unit varies from between 10 to 15 bedrooms, bathrooms and toilet facilities and lounge and dining room areas.</p> <p>Massereene Manor Residential Home, which is under a separate registration, is also located on the ground floor.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 16 February 2022 between 5.55 pm and 10.50 pm. This inspection was conducted by two care inspectors.

At the last inspection on 1 and 2 December 2021 serious concerns were identified with regard to staffing levels at night and the impact on the provision of care. Following a meeting with the registered persons, one Failure to Comply (FTC) notice (FTC Ref: 000173) under Regulation 20 (1) of The Nursing Homes Regulations (Northern Ireland) 2005 was issued on 16 December 2021; the date of compliance was 16 February 2022.

This inspection was planned to assess compliance with the actions detailed in the FTC notice. The outcome of this inspection evidenced that management within the home had taken appropriate action to comply with the FTC notice.

Two new areas for improvement were identified in relation to the manager's oversight of staffing levels, and provision of manual handling training. In addition, five areas for improvement were carried forward to be reviewed at the next inspection and two were stated for a second time.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, the Failure to Comply notice and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients and staff for their opinion on the quality of the care and their experience of living or working in this home.

4.0 What people told us about the service

During the inspection we met with the deputy manager and responsible individual for the home, 11 staff and nine patients were spoken with.

Patients spoken with told us that there were enough staff to help them, they were nice and warm, the home was 'comfy' and they felt well looked after.

Patients were observed having supper in the communal lounges and some were sleeping or watching television in their bedrooms.

Staff said that staffing levels had improved, the manager was approachable and teamwork was good. Staff told us that they felt the recent increase in staffing levels at night was positive and they told us that it was a good help.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 1 and 2 December 2021 | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 19 (2) Schedule 4, 13 Stated: First time | The Registered Persons 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. | Carried forward to the next inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for Improvement 2 Ref: Regulation 13(1)(a) Stated: First time | The Registered Persons shall ensure that the information recorded on the handover sheets accurately reflects the assessed needs of each patient. | Not Met |
| | Action taken as confirmed during the inspection: A review of handover sheet evidenced inconsistencies in regard to some patients care plans and their International Dysphagia Diet Standardisation Initiative (IDDSI) requirements. This area for improvement has not been met and is stated for a second time. | |
| Area for improvement 3 Ref: Regulation 13(4) Stated: First time | The Registered Persons shall review the management of medicines for respite admissions to the home to ensure that they are confirmed in writing with the prescriber. | Carried forward to the next inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</p> | <p>The Registered Persons shall ensure that neurological observations are consistently completely in line with best practice.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that neurological observations were consistently recorded.</p> | <p>Met</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 10(1)</p> <p>Stated: First time</p> | <p>The Registered Persons must ensure that the home operates in accordance with the Statement of Purpose and ensure that, prior to the admission of a patient; the home is appropriately registered to provide the category of care required.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | <p>Carried forward to the next inspection</p> |
| <p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p> | | <p>Validation of compliance</p> |
| <p>Area for Improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> | <p>The Registered Persons shall ensure that assessments and care plans are reviewed on each admission to the home to ensure they identify any changes to the patients' needs and accurately reflect the assistance required.</p> <hr/> <p>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | <p>Carried forward to the next inspection</p> |

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| Area for improvement 2 Ref: Standard 4.9 Stated: First time | <p>The Registered Persons shall ensure that repositioning charts evidence that patients are repositioned in accordance with their care plan.</p> <p>The charts must contain the signature of both staff assisting the patient to reposition.</p> | Not met |
| | <p>Action taken as confirmed during the inspection:</p> <p>A review of repositioning records evidenced that these were not completed in keeping with best practice, for instance some charts did not indicate which patient was being referred to, some written entries were only made by one member of staff at the time of repositioning and some gaps in the recording of repositioning was noted.</p> <p>This area for improvement was not met and is stated for a second time.</p> | |
| Area for improvement 3 Ref: Standard 4.8 Stated: First time | <p>The Registered Persons shall ensure that care plans are updated to reflect changes to the wound dressings prescribed.</p> | Carried forward to the next inspection |
| | <p>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | |

5.2 Inspection findings

FTC Ref: FTC000173

Notice of failure to comply with regulation 20(1) (a) of The Nursing Homes Regulations (Northern Ireland) 2005

Staffing

Regulation 20.-(1) *The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of the patients-*

(a) *ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are as appropriate for the health and welfare of patients;*

In relation to this notice the following six actions were required to comply with this regulation:

The registered persons must ensure that:

- there is a robust system in place to clearly identify the number of staff required to meet the needs of the patients at night. In identifying staffing levels the number of patients accommodated, the dependency of patients and the layout of the building must be taken into account
- there are sufficient numbers of staff on night duty to respond to alerts/requests for assistance in a timely manner
- a system is in place to ensure that staff are effectively deployed to respond to the needs of the patients
- all night staff understand their roles and responsibilities during their shift
- night time medications are administered in a timely manner
- there is evidence of management oversight of the night time staffing arrangements to ensure that patients' needs are met.

Action taken by the registered persons:

A system had been developed to identify the number of staff required to meet the needs of the patients which also considered the layout of the building and the dependency of patients.

The planned staffing levels were confirmed at the beginning of the inspection and the recent changes to the staffing levels were confirmed. Staff spoke positively about the increased staffing levels and discussed how they assisted each other to ensure the patients care needs were met. The atmosphere in the home was calm and call bells were attended to in a timely manner.

Staff told us that an allocation sheet had been developed so that staff knew who was in each unit in the home and what staff were available to assist across the units. The allocation sheet was viewed on inspection and available for staff at the manager's office.

Staff spoken with had a good understanding of their roles and responsibilities during their shift and spoke positively in regard to the staffing review.

The nursing staff deployed within John Irvine House told us that the administration of evening medications to patients were likely to be completed by 10.30 pm and those patients who wished to go to bed were assisted whilst others chose to remain in lounge. It was good to note that the nursing staff responded in a positive manner to an I.T issue in other units to ensure the administration of medications were not unduly delayed.

During the inspection the deputy manager told us that the staffing levels had been revised following the previous inspection and that she herself had since completed a night shift and found staffing levels to be satisfactory. Staff also said that staffing levels had improved.

Following the inspection the manager discussed how the staffing levels were monitored on a daily basis and said that a tool to determine required staffing levels was being further developed for use in the home. While the manager told us how she reviewed the staffing levels and provided some evidence of how this was maintained, further improvement was needed; an area for improvement was identified.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

5.2.1 Care delivery

There was a calm atmosphere in the home at the time of the inspection; some patients were observed seated in the communal lounges, whilst others were observed sleeping comfortably or watching television in their bedrooms. Some patients were assisted to bed when offered or requested, while other patients chose to remain in the lounges.

A review of patient information recorded on staff handover sheets identified inconsistencies in relation to IDDSI recommendations. This was discussed with the manager and an area for improvement was stated for a second time.

Review of monthly monitoring visit reports highlighted that not all staff had completed manual handling training. Two staff were also observed using an unsafe manual handling technique when assisting a patient. This was immediately addressed by the inspector with the staff and reported to the deputy manager who also addressed this with the identified staff. An area for improvement was identified.

5.2.2 Managerial/governance arrangements

Since the previous inspection, there has been a change to management arrangements within the home; Sharon Smyth commenced her role as the Home's Acting Manager on 31 December 2021. RQIA have been advised that the Acting Manager has been appointed to this role pending recruitment of a permanent manager.

6.0 Conclusion

The inspection sought to assess if the home had taken the necessary actions to ensure compliance with the FTC notice (FTC Ref: 000173) issued by RQIA on 16 December 2022.

The outcome of this inspection concluded that the home had taken appropriate action to comply with the issued FTC notice. The importance of sustaining the progress made was stressed.

New areas for improvement were identified in relation to the manager's oversight of staffing levels and staff training; areas for improvement relating to staff handover sheets and the repositioning of patients were stated for a second time.

7.0 Quality Improvement Plan/Areas for Improvement

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 5* | 4 * |

*The total number of areas for improvement includes two that have been stated for a second time and five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Smyth, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with the Nursing Home Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 19 (2) Schedule 4, 13 Stated: First time To be completed by: | The Registered Persons 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. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |
| Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Ongoing from the date of inspection | The Registered Persons shall review the management of medicines for respite admissions to the home to ensure that they are confirmed in writing with the prescriber. Ref :5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |
| Area for improvement 3 Ref: Regulation 10 (1) Stated: First time To be completed by: Ongoing from the date of inspection. | The Registered Persons must ensure that the home operates in accordance with the Statement of Purpose and ensure that, prior to the admission of a patient, the home is appropriately registered to provide the category of care required. Ref :5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing from the date of inspection.</p> | <p>The Registered Persons shall ensure that the information recorded on the handover sheets accurately reflects the assessed needs of each patient.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: The new format of handover sheets will continued to be embedded in daily practice and audited by senior staff on a weekly basis</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection.</p> | <p>The registered person shall ensure that all reviews of staffing levels in the home by the manager are clearly recorded; this record should also include how the manager has given consideration to the number of patients accommodated, the dependency of the patients and the layout of the building.</p> <p>Ref:5.2</p> <p>Response by registered person detailing the actions taken: A dependency tool has been devolped within the group and can be reviewed on a regular basis by the home manager. As well as this a daily oversight of staffing needs record has been developed which provides evidence of staffing levels vs patient need on a daily basis</p> |
| <p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p> | <p>The Registered Persons shall ensure that assessments and care plans are reviewed on each admission to the home to ensure they identify any changes to the patients' needs and accurately reflect the assistance required.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p> | <p>The Registered Persons shall ensure that care plans are updated to reflect changes to the wound dressings prescribed.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing from the date of the inspection</p> | <p>The Registered Persons shall ensure that repositioning charts evidence that patients are repositioned in accordance with their care plan.</p> <p>The charts must contain the signature of both staff assisting the patient to reposition.</p> <p>Ref:5.1</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2022</p> | <p>Response by registered person detailing the actions taken: There has been supervision with night care staff and the importance of accurate record keeping especially time and signatures emphasised. This will continue to be audited on a weekly basis and any deficits addressed with individual staff</p> <p>The registered person shall ensure that there is a system in place which ensures that all staff receive manual handling training and that this training is embedded into practice.</p> <p>Ref: 5.2.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff have been advised to complete annual e-learning manual handling refresher training by 31st May 2022. Practical sessions are arranged across the group and will be facilitated face-to-face as Covid infection guidance allows</p> |

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