



Unannounced Follow-up Care Inspection Report 4 February 2019



Massereene Manor

Type of Service: Nursing Home (NH)
Address: 6 Steeple Road, Antrim BT41 1AF
Tel No: 02894487779
Inspector: Lyn Buckley

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 provider 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 nursing home registered to provide nursing and residential care for up to 74 persons.

3.0 Service details

Organisation/Registered Provider: Massereene Manor Responsible Individuals: Mrs Naomi Carey Mrs Janet Montgomery	Registered Manager: See below
Person in charge at the time of inspection: Mrs Anne McCracken	Date manager registered: Anne McCracken - registration pending
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. Residential Care (RC) DE – Dementia.	Number of registered places: 75 comprising: 61 – NH - DE, MP and MP(E) 10 – RC – DE 3 – NH - 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 4 February 2019 from 10:50 to 13:30 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection focused on assessing the level of the progress and compliance with the areas for improvement identified during the last care inspection on 7 and 8 November 2018.

We can confirm that all areas of improvement identified during the November 2018 inspection have been complied with.

There were no areas for improvement identified during this inspection.

Patient and relatives commented positively regarding the care delivered, staffing and management of the home. 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.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Anne McCracken, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 7 and 8 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 and 8 November 2018.

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 we spoke with seven patients individually and with others in small groups, two patients' relatives and seven staff. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution by the manager. A poster was provided for display in the staff room inviting staff to provide feedback to RQIA on-line. The inspector also provided the manager with 'Have we missed you' cards which were to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was provided for display on the front door.

The following records were examined during the inspection:

- nursing and care staff duty rotas from 27 January to 10 February 2019

- report from monthly quality monitoring reports undertaken in January 2019 in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- governance records pertaining to falls and infection prevention and control practices/measures
- three patients' care records pertaining to the management of falls and pressure area care
- three records of induction for agency staff.

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 the most recent inspection dated 7 and 8 November 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 7 and 8 November 2018

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: Second time	The registered person shall ensure that staff adhere to good practice in relation to the use of personal protective equipment (PPE) such as aprons and gloves, the storage in areas where there is a toilet and the cleaning of contaminated toilets outside usual housekeeping hours.	Met
	Action taken as confirmed during the inspection: Observations, review of audit records and discussion with the manager and staff evidenced that this area for improvement has been met.	

Area for improvement 2 Ref: Regulation 14 (2) Stated: Second time	The registered person shall ensure that cleaning chemicals are securely stored in accordance with COSHH requirements.	Met
	Action taken as confirmed during the inspection: Observations and discussion with the manager and staff evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that monitoring is in place to ensure staff adhere to the homes' and regional policies in relation to infection prevention and control measures and practices. This includes but is not limited to adherence to the removal of jewellery and nail varnish before commencing duty in the nursing home.	Met
	Action taken as confirmed during the inspection: Observations, review of audit records and discussion with the manager and staff evidenced that this area for improvement has been met.	
Area for improvement 4 Ref: Regulation 20 (3) Stated: First time	The registered person shall ensure that any nurse given the responsibility of being the nurse in charge of the home in the absence of the manager is deemed competent and capable to do so; and that records of the assessment of this are maintained.	Met
	Action taken as confirmed during the inspection: Review of the nursing and care staff duty rotas and discussion with the manager and deputy manager evidenced that this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: Second time	The registered person shall ensure that patients' care plans and risk assessments are updated post falls.	Met
	Action taken as confirmed during the inspection: Review of patients' care records and discussion with nursing staff evidenced that this area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that care plans in place to manage pressure area care and wound care.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of patients' care records and discussion with nursing staff evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that reports of visits undertaken on behalf of the responsible individual provide evidence of a review of the previous action plan and that areas of concern raised by relatives/visitors are reported to the manager/nurse in charge.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the report for January 2019 and discussion with the manager evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the staff duty rotas clearly records:</p> <ul style="list-style-type: none"> • the full name of each staff member, including any agency staff employed • the capacity in which they worked; that is as a nurse/care assistant/agency nurse/agency care assistant • the hours they worked. <hr/> <p>Action taken as confirmed during the inspection: Review of staff duty rotas evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall review the home's audit processes/governance system to ensure it is robust and effective in identifying deficits in the delivery of care and services.</p> <p>Where deficits are identified there is clear evidence of the action taken to address them.</p>	Met

	<p>Action taken as confirmed during the inspection: Discussion with the manager and deputy manager and review of audit records pertaining to falls and infection prevention and control practices/measures evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 6 Ref: Standard 47.3 Stated: First time</p>	<p>The registered person shall ensure that staff receive training in COSHH.</p> <p>Action taken as confirmed during the inspection: Observations, discussion with the manager, staff and review of training records evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 7 Ref: Standard 39.1 Stated: First time</p>	<p>The registered person shall ensure that records pertaining to the induction of agency staff are completed in full.</p> <p>Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 8 Ref: Standard 16.11 Stated: First time</p>	<p>The registered person shall ensure that all complaints/expressions of dissatisfaction about the nursing home are recorded.</p> <p>Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced that this area for improvement has been met.</p>	Met

6.3 Inspection findings

6.3.1 Staffing Arrangements

We observed the morning head of unit/department meeting at 11:00 hours. This meeting is routinely held by the manager at 11:00 hours Monday to Friday. Staff from catering, housekeeping, administration, as well as nursing and care staff attended. Information was shared with the group and queries were responded to, advice was given and decisions made as required. The manager and staff confirmed that this meeting continued to be of benefit to them.

We reviewed the registered nursing and care staff duty rotas from 27 January to 10 February 2019. Staffing levels were maintained as planned and observation confirmed that the care delivered by the number and skill mix of staff on duty was safely and effectively meeting the needs of patients.

Discussion with the manager confirmed the processes put in place to ensure staffing levels were maintained and that patients received safe and effective care.

Two patients' relatives, spoken with, confirmed that they were very satisfied with the staffing levels.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Consultation with stakeholders

We spoke with seven patients individually and with others in small groups. Patients able to express their opinion said they were content and comfortable. Other patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We spoke with two patients' relatives. As stated previously the relatives said that they were very satisfied with the care their loved ones received and that staff were kind, caring, respectful and attentive.

We provided 10 patient questionnaires and 10 for patients' relatives/representatives for distribution by the manager: one questionnaire from a relative was returned within the timescale indicated. The relative indicated that they were satisfied that care was safe, effective and compassionate. They indicated that they were less satisfied that the service was well led and commented that they "had to complain to the manager".

In keeping with the Department of Health's guidelines for managing complaints, anyone with a complaint about a care home should raise their concerns with the care home in the first instance and where necessary they may wish to involve the local health and social care trust. As stated previously in Section 6.2, we reviewed the home's complaint record and discussed complaints/expressions of dissatisfaction about the nursing home with the manager. We

evidenced that records were maintained, as required, and the manager was aware of the detail of each of the complaints/concerns recorded.

We spoke with seven staff; staff commented positively regarding the day to day management of the home, training provided and staffing levels.

Any comments from patients and patient relatives/representatives in returned questionnaires received after the issuing of this report will be shared with the manager for their information and action as required.

We also provided a poster for staff inviting them to provide feedback to us on line. However, no responses were received.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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