

Inspection Report

Name of Service: Massereene Manor Residential Home

Provider: Hutchinson Homes Limited

Date of Inspection: 18 & 19 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Hutchinson Homes Limited
Responsible Person:	Ms Naomi Carey
Registered Manager:	Mrs Siobhan Brammeld
Service Profile – This home is a registered residential care home which provides care for residents living with dementia for up to 8 residents. There are a range of communal areas throughout the home and residents have access to an enclosed garden. There is a separate registered nursing home which occupies the same site.	

2.0 Inspection summary

An unannounced inspection took place on 18 February 2025 from 10:30 am to 3:10 pm by a care inspector and on 19 February 2025 from 10:45 am to 1:15 pm by a finance inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. One area for improvement will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents told us they were happy with the care and services provided. Comments made included "the staff are terrific and so is the food".

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Questionnaires returned from residents included comments such as "Always someone around to help and support in a soft and kind manner" and "I feel safe and cared for".

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "The home is always nice and clean" and "The care is great and staff are approachable".

Following the inspection, no staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences; and were prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff also offered residents choice in how and where they spent their day or how they wanted to engage socially with others.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing and the atmosphere was calm, relaxed and unhurried. Residents were seen to be enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of residents and individuals. Activities planned for the week included sing-a-longs, hand massage, afternoon tea and nail therapy.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Review of the care records for identified residents who presented with distressed reactions evidenced that care plans lacked specific details of the care and support required. An area for improvement was identified.

The monthly evaluation of care was reviewed. Review of care records identified that the content of reviews and evaluations undertaken by care staff were found to be generic and had not been personalised for the resident. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

Many residents' bedrooms were personalised with items importance to the resident. Bedrooms and communal areas were suitably furnished and comfortable.

Observation of the environment identified concerns regarding the maintenance of resident safety. For example, in the dining room, there were unlocked cabinets with food items and an unlocked fridge with access to food and fluids. This was identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Siobhan Brammell has been the registered manager for this home since November 2024.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to residents. A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. However, care file audits were not being regularly carried out. This was identified as an area for improvement.

Residents said that they had confidence that any complaint would be managed well.

Compliments received about the home were kept and shared with the staff team.

3.3.6 Management of residents' finances & property

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies confirmed that the records were up to date. No valuables were held on behalf of residents at the time of the inspection on 19 February 2025.

Discussion with staff confirmed that no bank accounts were used to retain residents' monies and no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of residents were undertaken regularly. The records of the reconciliations were signed by two members of staff.

Discussion with staff confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the Trusts.

A review of a sample of records of purchases undertaken on behalf of residents showed that the records were up to date. Two signatures were recorded against each entry in the residents' records and receipts from the transactions were retained for inspection.

A review of a sample of records of payments to both the hairdresser and podiatrist evidenced that the records were up to date. Good practice was observed as the hairdresser and podiatrist had signed the records, along with a member of staff, to confirm that the treatments took place.

The procedure for undertaking transactions on behalf of one resident was discussed with staff. Following the discussion, staff agreed to implement a more robust system which would aid the audit process. This procedure will be reviewed at the next RQIA inspection.

A sample of records of one resident's monies forwarded to the home from a Health and Social Care Trust (Trust) was reviewed. The amounts recorded as received on behalf of the resident reflected the amounts on the records from the Trust.

A review of two residents' files evidenced that property records were in place for the residents. The records were updated with additional items brought into the residents' rooms and when items were disposed of. Staff were advised to ensure that the full details of the items were recorded, for example, type and make of television owned by the resident. This will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that policies and procedures for the management and control of residents' finances and property were available for inspection. Staff were advised to update the policies to include a procedure for on-line purchases. The policies will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that no transport scheme was in place at the time of the inspection on 19 February 2025.

No new finance related areas for improvement were identified during the inspection on 19 February 2025.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	4*

* the total number of areas for improvement includes one that has been carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 18 February 2025	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This has been reviewed and all hazards removed as well as cupboards secured to ensure safety</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 23 November 2023	<p>The registered person shall ensure that two staff members verify and sign the personal medication records when they are written and updated to state that they are accurate.</p> <p>Ref: 2.0</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>

Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 28 February 2025	The registered person shall ensure detailed and resident centred care plans are in place for those residents who present with distressed reactions. Ref: 3.3.3 Response by registered person detailing the actions taken: This has been reviewed and all care plans are in place and will be audited on a monthly basis to ensure compliance
Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: 31 March 2025	The registered person shall ensure that monthly care plan reviews are meaningful and resident centred. Ref: 3.3.3 Response by registered person detailing the actions taken: This has been reviewed, and discussed with staff to ensure all reviews moving forward are meaningful and patient centred. This will be audited on a monthly basis to ensure compliance
Area for improvement 4 Ref: Standard 20 Stated: First time To be completed by: 30 April 2025	The registered person shall ensure that there is a system in place to monitor the quality of residents' care records. Ref: 3.3.5 Response by registered person detailing the actions taken: This has been reviewed and the unit Manager is using a care plan audit and tracker to ensure a high standard of record keeping is maintained

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