



Unannounced Care Inspection Report 19 November 2019



Massereene Manor

Type of Service: Residential Care Home
Address: 6 Steeple Road, Antrim BT41 1AF
Tel no: 028 9448 7779
Inspector: Alice McTavish

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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 8 residents.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Janet Montgomery	Registered Manager and date registered: Anne McCracken Registration pending
Person in charge at the time of inspection: Siobhan Brammeld, Social Care Lead	Number of registered places: 8 The home is also approved to provide care on a day basis to 2 persons.
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 8

4.0 Inspection summary

An unannounced inspection took place on 19 November 2019 from 10.35 to 16.00 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, the home's environment, care records and to the person centred approach to care by staff.

Six areas requiring improvement were identified. These related to the staff duty rota, staff training records, records of staff registrations with their professional body, an audit of falls, communication at staff shift handovers and staff team meetings.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable within the home and in their interactions with other residents and with staff.

Comments received from residents and people who visit them during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Anne McCracken, manager and Siobhan Brammeld, Social Care Lead 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned by a resident's relative and no questionnaires were returned by staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 17 November to 7 December 2019
- staff training schedule and training records
- one staff recruitment and induction record
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from May to October 2019

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 last care inspection dated 29 March 2019

The last inspection of this home was a pre-registration inspection undertaken on 29 March 2019. No areas for improvement were identified during the pre-registration inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The people who live in this home said that there was always staff around to help them if they needed help, and that this included during the night. Staff on duty confirmed that staffing was safe and kept under review. There was care staff, laundry, kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight.

Staffing and staff recruitment

We saw that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We noted, however, that the hours worked by the home manager were not included on the duty rota, also that the rota did not use the 24 hour clock, hence staff duty hours were not always clearly recorded. This was identified as an area for improvement to comply with the Standards.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at a staff file to make sure that staff were properly recruited and that all pre-employment checks had been made. We found that the member of staff was properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a good induction to working in the home and that they received regular supervision. We saw that there was a system in place for planning supervisions and annual appraisals with staff. All senior care staff had an assessment of their competency and capability to ensure that they can take charge of the home when the manager was not on duty.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. We noted, however, that the training records for the staff in the residential care home were not held separately to the records for the nursing home. This was identified as an area for improvement to comply with the Standards. Staff told us that the care staff received training in all of the core areas every year. This is good practice.

Staff told us that they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice. We looked at the records kept by the manager of staff registrations. We noted that these records were not held separately for staff who worked in the residential care home; there was also limited evidence of regular checks by the manager that staff were correctly registered. This was identified as an area for improvement to comply with the Standards.

Safeguarding residents from harm

Staff were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The person in charge was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair and the home presented as being bright and comfortable for residents and their visitors. Residents told us that they liked their rooms and felt they had their own space and privacy.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, supervision and appraisal and the home's environment.

Areas for improvement

Three areas were identified for improvement. These were in relation to the staff duty rota, the staff training records and the records of staff registrations with their professional body.

	Regulations	Standards
Total number of areas for improvement	0	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The person in charge described a robust assessment and admissions process before residents could be admitted to Massereene Manor. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. Staff described how there was good working relationships between professionals and how this contributed towards the correct care for residents.

The person in charge told us about falls management in the home and we were assured that staff responded correctly when falls occurred. We looked at the system used to audit falls in the home. We saw that the records logged details such as date and time but there was limited evidence of any analysis of the circumstances of falls. This made it difficult for senior staff to identify any patterns or trends and to therefore consider actions to reduce the likelihood of further falls. This was identified as an area for improvement to comply with the Standards.

The person in charge told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were reviewed regularly to ensure that they were accurate and up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and regular review of care records.

Areas for improvement

One area was identified for improvement. This was in relation to comprehensive audit of falls which occur in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing, joking and dancing with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff. We saw that when a resident became distressed, staff were able to offer appropriate comfort and support.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as residents' favourite foods, how they like to be helped with care and what activities they liked. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who had a sensory disability and with those who sometimes needed additional reassurance or support.

Activities

Staff told us about the range of activities available and how staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. An activities co-ordinator was employed in the residential home and in the adjacent nursing home. On the day of the inspection we saw that residents were engaged in music and some were dancing with staff. A programme of available activities was displayed. Residents said that they enjoyed the activities on offer.

Resident involvement

We looked at the minutes of residents' meetings and saw that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. We saw that although these meetings were not held very regularly, there was evidence that staff regularly engaged with individual residents to establish their views and preferences for areas such as activities, food and drinks. Staff told us that this approach worked best for the residents in the home. Advice was provided to staff regarding how this engagement with individuals or small groups could be better captured to demonstrate active resident involvement.

The person in charge advised that there would be a satisfaction survey completed annually for the residential care home by residents, their family members and staff; a summary report would be prepared to reflect views on the care, services and facilities in the home.

A resident told us “I am very well looked after here”. We spoke with two residents’ relatives who made the following comments:

- “The girls (staff) are fabulous! They are very attentive to mum and I can see, when I visit every day, that they treat all the residents very well. We can go home after a visit content that she is well looked after and that she is happy. The staff will let us know if there is anything wrong.”
- “I come here to visit at all times of the day and evening and I always find (my relative) to be well resented, clean and tidy. She is always content and well cared for. I think this is a good place.”

A resident’s relative commented on a returned questionnaire “I had many sleepless nights worrying about the decision about care for my (relative). A great weight has been lifted off my shoulders. The stressful situation made easier by the welcoming, warm and caring attitude of Anne the manager and all staff in the home. The ‘can do’ attitude shines, e.g. no set time for breakfast, cooked breakfast available after a lie in (observed many times), care taken to ensure clothes match...my dog endorses this as he visits(my relative) frequently and even has his own water bowl!”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the dignity and privacy afforded to residents, listening to and valuing residents and their relatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The person in charge described how the manager made sure she was satisfied that the home ran well. The manager completed audits of areas such as accidents and incidents and hand hygiene and looked for any ways in which these areas can be improved. The manager made sure that staff were properly supported to do their jobs through providing the correct resources, support and training. The manager made sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks were completed.

Complaints and Compliments

The manager dealt with any complaints raised by residents or their family members. We looked at the records of complaints saw that they were managed appropriately. Residents' relatives told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. Some compliments received were as follows:

- "We are writing to let you know how much we appreciate the care and attention you gave to (our relative) during her time in your care. The care you gave to her was above and beyond."
- "A massive thank you to all the staff for the care for (my relative) during her time with you...When I say 'cared for' I mean you gave her love and security, showed her compassion and friendship, and in the short time she was with you, you got to know her so well. Her transfer to (nursing care) was done with great sensitivity...and the staff were exemplary in their care and devotion to her needs and those of the family at a difficult time."

Accidents and incidents

The person in charge told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Communication

The person in charge described how information was exchanged about residents at each staff shift handover to ensure good communication and continuity of care. We looked at the written records of these handovers and saw that they usually offered comprehensive information. We noted that an accident had occurred to a resident. Although the accident was managed appropriately, the details of the accident were not passed to staff coming on to the next shift. The necessity to ensure good communication was discussed with the person in charge; this was identified as an area for improvement to comply with the Standards.

The person in charge advised that staff meetings were held and that this was useful for the sharing of information about any issues arising and any best practice guidance. We looked at the minutes of staff meetings and saw that such meetings were not held with the required frequency. This was identified as an area for improvement to comply with the Standards.

Visits by the registered provider and accompanying reports are designed to ensure governance and oversight by senior management of the running of the home. The manager advised us that since Massereene Manor residential home was registered as a home separate to the adjacent nursing home, these visits would be completed separately in future.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and maintaining good working relationships.

Areas for improvement

Two areas were identified for improvement. These were in relation to the system of communication at staff shift handovers and to the frequency of staff team meetings.

	Regulations	Standards
Total number of areas for improvement	0	2

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 and Siobhan Brammled, Social Care Lead. 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • the hours worked by the home manager are included on the duty rota • the rota uses the 24 hour clock <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Residential Care Home has a rota which uses the 24hour clock and the Home Manager is included on the rota.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure that the staff training records for the residential care home are held separately to the training records for the nursing home.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The staff training records are filed and kept in the Residential Care Home.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.3</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • the records of registration with NISCC for staff in the residential care home are held separately to those for staff who work in the nursing home • an audit of staff registrations and annual fee payments is carried out regularly <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The records of registration with NISCC for staff are kept in the Residential Care Home. A system is in place to check staff registrations with NISCC.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure regular and systematic analysis of any falls which occur in the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Residential Care Home has a system in place to regularly and systematically review any falls that occur.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure robust arrangements for details of any significant events to be communicated to staff commencing on the next working shift.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A handover which is written and detailed is given by the Carer during changes of shift.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that staff team meetings take place on a regular basis and at least quarterly.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Residential Care Home has and plan to hold regular staff meetings and minutes will be recorded.</p>

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



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