

Inspection Report

21 July 2022



Massereene Manor Residential Home

Type of service: Residential Care
Address: 6 Steeple Road,
Antrim, BT41 1AF
Telephone number: 028 9448 7739

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 Individual: Mrs Janet Montgomery	Registered Manager: Mrs Nuala McLaughlin – not registered
Person in charge at the time of inspection: Mrs Nuala McLaughlin	Number of registered places: 8
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 8
Brief description of the accommodation/how the service operates: <p>This home is a registered Residential Care Home which provides health and social care for up to 8 residents. Residents' bedrooms, the lounge and the dining room are all located over one floor.</p> <p>The home is under the same roof as Massereene Manor Nursing Home; the same manager manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 21 July 2022 from 9.50 am to 5.05 pm. The inspection was carried out by a care inspector.

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

Residents looked well cared for and said that living in the home was a good experience. It was observed that residents were relaxed and content in their surroundings and in their dealings with staff.

Staff said that they enjoyed working in the home. Staff were seen to treat the residents with respect and kindness.

There were no areas for improvement identified at the time of this inspection.

RQIA were assured that the delivery of care and service provided in Massereene Manor was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection all eight of the residents were consulted with. The residents said that they were well looked after and were satisfied there were enough staff to assist them. Residents spoke positively and warmly about their experience of living in the home. Comments made by residents included "it is excellent here", "the staff are magic, really helpful", "I absolutely love it here, I was very worried before I came in and now I have no worries ever" and "I have no worries, I am so comfortable and well looked after".

Staff spoke positively about their experience of working in the home and said they felt well supported. Comments made by staff included "I can go and speak to anyone more senior or on the team" and "I love it and teamwork is excellent".

A record of compliments and thank you cards received about the home was kept and shared with the staff team, this is good practice.

Two questionnaires were received from residents at the conclusion of the inspection. Both residents indicated that they were very satisfied with the care and services provided in the home.

Comments made by residents and staff were shared with the management team for information and action if required.

5.0 The inspection

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

The last inspection to Massereene Manor was undertaken on 18 January 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There was a system in place to monitor staffs' registration status with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. Staff said they felt well trained to carry out their role effectively.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff were seen to respond to requests for assistance in a caring and compassionate manner.

Staff were satisfied with staffing levels; they said that teamwork was very good and that the manager was approachable.

Residents were satisfied with staffing levels and said that staff were helpful and friendly.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs and preferred daily routine. Staff were observed to be skilled at communicating with the residents.

Staff respected residents' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to residents discreetly.

Residents' needs were assessed 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; these included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained and signed off by staff as having been regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Review of care records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral, for example to the physio, as a result of the post falls review.

At times some residents may be required to use equipment that can be considered to be restrictive, for example, key padded doors. It was established that safe systems were in place to manage this aspect of care.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them, for example, preference for a shower, preferred shoes to wear and how they liked to spend their time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Discussion with staff evidenced that none of the residents currently required a modified diet or full assistance with meals. Staff said that the residents were mainly independent with eating and drinking but could require more assistance or encouragement at times, for example, if they were unwell. Staff told us how they were made aware of residents' nutritional needs to ensure they received the correct consistency of diet and knowledgeably discussed the actions they would take if a resident displayed any difficulties with eating and drinking.

The dining experience was observed to be a pleasant opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. There was a choice of meals offered, the food was attractively presented and smelled appetising and portions were generous. Residents were offered regular drinks and snacks throughout the day. All of the residents said that they enjoyed the food on offer.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff told us that ensuring the residents' needs and wishes were met was very important to them.

Residents said that they felt well looked after by the staff. A resident said that "they look after me so well, I just have to ask for something and I get it".

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included review of bedrooms, bathrooms, communal areas, store rooms and the treatment room. The home was found to be clean, tidy, warm and fresh smelling throughout. Fire exits and corridors were clear of clutter and obstruction.

The home was attractively decorated. Residents' bedrooms were personalised with items that were important to them such as family photos, pictures and ornaments. Residents were encouraged to personalise the lounge with their own cushions and throws in order to make the room as homely and welcoming as possible.

Some minor environmental issues were brought to the attention of staff who immediately informed the home's maintenance man in order to ensure that timely action would be taken to resolve the issues. Following the inspection the manager confirmed with RQIA that the minor issues had been resolved.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Residents said that they were satisfied the home was kept clean and tidy.

5.2.4 Quality of Life for Residents

Discussion with residents and observations of the daily routine confirmed that they were able to choose how they spent their day. It was observed that staff offered residents choices throughout the day which included when to get up, what clothes they wanted to wear, food and drink options, and, where and how they wished to spend their time.

Review of records evidenced that residents and their relatives were provided with an opportunity to take part in meetings to share their views on aspects of the running of the home, for example, staffing, meals and activities.

There was a range of activities provided for residents by staff, for example, watching movies, going out for walks, church services, bun making, chair activities, arts and crafts and mocktail making classes.

Staff said that some residents liked to make their own drinks or help with washing the dishes after lunch. Staff recognised that being able to help with these tasks promoted a sense of usefulness and independence for these residents. Residents had their own personal cups and mugs for their hot drinks.

Staff were observed to take time to chat to the residents on a one to one basis throughout the day.

Staff said that this helped them to recognise any changes in a resident's usual form which might indicate a health issue requiring timely action or treatment. It was obvious that staff knew the residents well.

Visiting arrangements were in place as per the current guidelines in this area. There was a booking system in operation and staff were aware of who was due to visit and when.

Residents' social care needs were seen to be met by the staff on duty. The atmosphere was warm, welcoming and relaxed. Staff said "we want the residents to feel at home" and "it is such a nice wee homely unit, like a family".

Residents said that they had no worries or concerns and felt listened to by staff; they were confident that if they had any worries these would be sorted out. Residents comments included "I have no worries at all, it is lovely in here", "I just do whatever I want, whenever I want", "I have no worries, I am so comfortable and well looked after" and "I just do my own thing and staff help me if it need it".

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Nuala McLaughlin has been the manager in this home since 1 April 2022. RQIA had been informed of the change in management arrangements but a required notification had not been submitted. This was brought to the attention of Sharon Smyth, Community Services Lead, for action. The required notification was submitted to RQIA following the inspection.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Managing Director was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Nuala McLaughlin, Manager, and, Siobhan Brammeld, Social Care Lead, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care