

Inspection Report

23 April 2024



Massereene Manor Residential Home

Type of service: Residential Home
Address: 6 Steeple Road, Antrim, BT41 1AF
Telephone number: 028 8448 7739

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Hutchinson Homes Limited</p> <p>Registered Person/s OR Responsible Individual Mrs Janet Montgomery</p>	<p>Registered Manager: Mrs Roisin Irwin – not registered</p>
<p>Person in charge at the time of inspection: Mrs Roisin Irwin</p>	<p>Number of registered places: 8</p> <p>A maximum of 8 residential beds in category RC-DE. The home is also approved to provide care on a day basis to 2 persons.</p>
<p>Categories of care: Residential Care (RC) DE – Dementia.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 8</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to eight 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 23 April 2024 from 10:05 am to 3.50 pm by a care inspector.

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

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 previous areas for improvement identified, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

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 was observed and how staff went about their work.

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

4.0 What people told us about the service

Residents told us they were happy with the service provided. Comments included; "the staff are very nice and helpful". Residents were positive about the cleanliness of the home and the care provided. Other comments included "the food is very good".

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

Relatives stated they were satisfied with communication and all aspects of the care provided. Comments made by residents, staff and relatives were shared with the management team for information and action if required.

Ten responses were received from the resident/relative questionnaires indicating that they were very satisfied with the overall provision of care in the home.

No responses were received from the staff questionnaires following the inspection.

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

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 23 November 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure that residents who are deemed to be at risk of falls have a detailed falls care plan in place and a risk assessment completed after each fall	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 31 Stated: First time	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.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of newly appointed staff recruitment records evidenced that reasons for gaps of employment and reasons for leaving were not always explored. It was also difficult to ascertain what references had been obtained. This was discussed with the manager and an area for improvement was identified.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

The staff duty rota reflected the staff working in the home on a daily basis. However, it was discussed with the manager that the correct designation of staff members should be clearly displayed on the duty rota, this will be reviewed at the next inspection.

It was observed that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the residents.

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.

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 and included any advice or recommendations made by other health professionals.

Where a resident was assessed as being at risk of falls, measures to reduce this risk had been put in place.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The majority of patients were observed to be eating the same meal option. This was discussed with staff and they confirmed that meal options were always available if the residents did not like the meal served. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided.

Staff advised that they were made aware of residents' nutritional needs. Deficits were identified in the recording of the recording of meals on the food charts. The importance of contemporaneous recording on these records was discussed with the manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents said that they were satisfied that the home was kept clean and tidy.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to residents' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring resident privacy during personal interventions.

The activity schedule was on display. Activities were provided which involved both group and one to one sessions. However, examination of activity records evidenced these lacked detail in regards to resident participation. This was discussed with the manager and identified as an area for improvement.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection. Mrs Roisin Irwin has been the manager since 4 September 2023.

Staff members 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 patients, care practices or the environment.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. Falls in the home were reviewed on a monthly basis to identify if any patterns or trends were emerging which could be counteracted, however a review of this audit evidenced that it lacked detail and was not consistent with the number of falls within the home. This was discussed with the manager and an area for improvement was identified.

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 community services lead was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. Some accident reports included the residents' temperature, pulse, respirations and blood pressure; these were not consistently recorded in all accident reports; this was identified as an area for improvement.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, 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.

There was a system in place to manage complaints.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	1	5*

* the total number of areas for improvement includes one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Roisin Irwin, registered 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 13 (1) (b) Stated: First time To be completed by: 31 May 2024	The registered person must ensure that there is a consistent approach with the recording of clinical observations following a fall or accident. Ref: 5.2.2
	Response by registered person detailing the actions taken: At present staff in the unit will not carry out clinical observations post fall/accident. Further discussion in relation to appropriate training will be held with management.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 23 November 2023	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. Ref: 5.1
	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.
Area for improvement 2 Ref: Standard 19 Stated: First time To be completed by: 23 April 2024	The registered person shall ensure that references are completed in full before staff commence working in the home and that gaps in employment and reasons for leaving are recorded. Ref: 5.2.1
	Response by registered person detailing the actions taken: The manager will ensure all references are completed in full and any gaps in employment recorded before staff commence work

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure food charts are contemporaneously and accurately recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This has been discussed with the team and staff will ensure menus are completed on the previous day to ensure kitchen staff can prepare meals in advance</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2024</p>	<p>The registered person shall ensure that a record is kept of all activities that take place, the names of the person leading each activity and the residents who participate.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: This has been discussed with the activity team and they are aware to record all activities in the appropriate section of the records, to ensure there is a clear overview of residents participation</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall review the current system of audits in place for falls to ensure that it is comprehensive in assuring the safe delivery of care and services.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: This has been discussed with the unit manager and a robust audit for falls is now in place to ensure all aspects of the incidents are recorded and action plans implemented if appropriate</p>

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