

# Inspection Report

**Name of Service:** Massereene Manor  
**Provider:** Hutchinson Homes Ltd  
**Date of Inspection:** 3 January 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Hutchinson Homes Ltd
<b>Responsible Individual</b>	Ms Naomi Carey
<b>Registered Manager:</b>	Mrs Roisin Irwin
<p><b>Service Profile</b> – This home is a registered nursing home which provides care for up to 66 patients living with dementia. The home consists of two buildings, John Irvine House and Adeline House. There are three separate units in John Irvine House; Cherryhill, Holyhill and Ladyhill. There are two separate units in Adeline House; Edenhill and Maplehill. Patients have access to communal bath/shower rooms, day and dining rooms in each unit and all patients have access to an enclosed garden area.</p> <p>There is a residential care home which occupies the ground floor in John Irvine House.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 3 January 2025 from 09:30 am to 1.00 pm. The inspection was carried out by a care inspector.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notices (FTC Ref: FTC000226(E) and FTC000227(E)) issued on 23 October 2024 under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 10 (1) relating to the management and governance arrangements; and Regulation 14 (4) relating to arrangements in place for training staff to prevent patients being harmed or suffering abuse. The date of compliance for both notices to be achieved was 23 January 2025. A written request was received to RQIA from the responsible individual (RI) requesting that the inspection be brought forward.

All areas for improvement from the previous inspection were carried forward for review at the next inspection. No new areas for improvement were identified during this inspection.

During this inspection, there was evidence that sufficient improvements had been made to address the remaining actions stated within both of the notices.

### 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 patient'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

Patients told us they were happy with the care and services provided. Patients were settled and there was a calm atmosphere in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us they enabled patients to choose how they spent their day.

Staff said they were happy working in the home and they felt well supported by the manager.

No patient/relative or staff questionnaires were received within the timescale specified.

#### 3.3 Inspection findings

**FTC Ref: FTC000226 Notice of failure to comply with Regulation 10 (1) The Nursing Homes Regulations (Northern Ireland) 2005**

***Registered person: general requirements***

***Regulation 10. — (1)***

The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

**In relation to this notice the following six actions were required to comply with this regulation:**

1. a robust and comprehensive system of governance audits must be implemented effectively to identify any deficits in the delivery of nursing care or other services in the home; this should include, but is not limited to, audits for falls, environmental hazards, Infection Prevention and Control(IPC), call bell monitoring and the dining experience.
2. where deficits are identified through the audit process a time bound action plan must be developed to ensure the necessary improvements are addressed
3. the monthly monitoring reports in accordance with Regulation 29 are reviewed to ensure these are robust and include review of progress with meeting Areas for improvement identified in the Quality Improvement Plans
4. nurse in charge competencies are completed for all staff who take charge in the home in the absence of the manager and a plan for review is established
5. staff are to be trained in the use of the call bell system and how to detect and report faults; this training is embedded into practice
6. a robust system is in place to ensure that call bells are regularly checked and in good working order

**Action taken by the registered persons:**

The monthly monitoring reports in accordance with Regulation 29 were reviewed and a copy of the updated template to ensure progress with meeting the areas for improvement identified within the Quality Improvement Plan was demonstrated.

A review of records evidenced that all nurses who took charge of the home in absence of the manager had a nurse in charge competency completed.

All staff had received training in the use of the call bell system.

All other actions of this notice were assessed as compliant at the previous inspection.

**FTC Ref: FTC000227 Notice of failure to comply with Regulation 14 (4) The Nursing Homes Regulations (Northern Ireland) 2005**

***Further requirements as to health and welfare***

***Regulation 14. -(4)***

The registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.

**In relation to this notice the following eight actions were required to comply with this regulation:**

1. the falls policy and post falls protocol is reviewed to ensure it is accurate and clearly guides staff on the actions to take following a fall
2. registered nursing staff are provided with training relevant to their role and responsibilities in relation to the management of falls and the post falls protocol

3. staff can demonstrate their knowledge of the falls policy and post falls protocol commensurate with their roles and responsibilities.
4. falls are managed in accordance with the homes own falls policy in relation to the consistent recording of neurological/post falls observations
5. there is a robust system in place to minimise risks to patients which includes the safe management of food and fluids, hot surfaces, access to chemicals used for cleaning/hairstyling and access to equipment
6. the system to identify/recognise and manage various types of hazards to patients is clearly understood by staff commensurate with their role and responsibilities
7. there is a robust system in place to monitor and address staff practice in relation to inaction prevention and control practices
8. there is a robust system in place to ensure the practice of wedging or propping open of fire doors ceases.

#### **Action taken by the registered persons:**

The falls policy had been reviewed and staff spoken with were mostly knowledgeable regarding the action to be taken following a fall. There was evidence that registered nursing staff had completed training in relation to the reviewed post falls protocol.

All other actions of this notice were assessed as compliant at the previous inspection.

#### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	6*

\* the total number of areas for improvement includes six under the standards that have been carried forward for review at the next inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 13 September 2022	<p>The registered person shall ensure that a care plan is in place for each patient who is prescribed medication for the management of distressed reactions. The care plan should identify the parameters for the administration of the medication.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 13 September 2022	<p>The registered person shall ensure that a pain management care plan is in place for each patient who is prescribed medication for the treatment of persistent pain.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 November 2024	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent approach across both houses.</p> <p>Ref:2.0</p> <p><b>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.</b></p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2024	<p>The registered person shall ensure that the records relating to repositioning are contemporaneously recorded.</p> <p>Ref:2.0</p> <p><b>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.</b></p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2024</p>	<p>The registered person shall ensure that the mealtime experience is reviewed to ensure effective communication by staff to patients regarding meals, display of menus in an appropriate format and choice of what to eat and where to dine.</p> <p>Ref:2.0</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the day of inspection 10 December 2024</p>	<p><b>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.</b></p> <p>The registered person shall ensure that the staffs names on the duty rota reflect the names recorded in the NISCC register.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>

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