The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Massereene Manor**

Provider: **Hutchinson Homes Limited**

Date of Inspection: **01 July 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 Individual:	Ms Naomi Carey
Registered Manager:	Mrs Roisin Irwin

Service Profile –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.

There is a residential care home which occupies the ground floor in John Irvine House; this home has separate management arrangements.

2.0 Inspection summary

An unannounced inspection took place on 1 July 2025 from 9.30 am to 6.00 pm by two care inspectors. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One areas for improvement have been stated again. 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 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

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 patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). It was observed that within the NISCC documentation that some of the information was not up to date. This was discussed with the manager and an area for improvement was identified.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed and pleasant. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends. However, it was observed that a number of notifiable accidents had not been reported to RQIA. The manager agreed to submit retrospective notifications and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids. The menu displayed in a number of units was not reflective of the meal on offer or was it displayed in a suitable format. An area for improvement was stated for a second time.

Patients confirmed that activities took place in the home. An activities planner was available for review identifying planned morning and afternoon activities.

Patients were observed to enjoy the activity that was a country and western singer and were looking forward to a visit from an ice cream van in the afternoon.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff and choking risk assessments were in place.

Some care plans lacked sufficient detail to direct the care required, for example, dementia care plans and mobility care plans were inconsistently updated. This was discussed with the manager and an area for improvement was identified.

Deficits were also identified in regards to the updating of the wound care records. Details were discussed with the manager and an area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care.

Patient information was accessible on an unlocked computer and supplementary care records were observed easily accessible in a dresser in a dining area. This was discussed with the manager and identified as an area for improvement to ensure that General Data Protection Regulation (GDPR) was complied with.

3.3.4 Quality and Management of Patients' Environment Control

The home was mostly clean and tidy and patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Fire safety measures were in place to protect patients, visitors and staff in the home. Actions required from the most recent fire risk assessment had been completed in a timely manner.

Monthly infection control audits were completed to monitor the environment and staffs' practices. Personal protective equipment was readily available throughout the home. While the home was found to be visually clean, malodour was noted in three identified mattresses, manual handling equipment and the underside of a small number of raised toilet seats were not effectively cleaned. This was discussed with the manager and 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. Ms Roisin Irwin has been the Registered manager in this home since 10 May 2024.

Staff commented positively about the manager and described her as supportive, approachable and always available to provide guidance. The manager was supported by the deputy manager.

In the absence of the managers there was a nominated Nurse-in-Charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota and at the entrance to the home.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	3	3*

* the total number of areas for improvement includes one that have been stated for a second time

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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 1 July 2025	The registered person shall ensure that accidents / incidents are notified to RQIA without delay in accordance with Regulation 30. Ref 3.3.2
	Response by registered person detailing the actions taken: All accidents and incident are checked on a daily basis to ensure they are notified if appropriate
Area for improvement 2 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure sufficiently detailed patient centred care plans are in place for individual patients. This is stated in reference to care plans for patients living with dementia and mobility care plans. Ref: 3.3.3
	Response by registered person detailing the actions taken: All care plans have been personalised and they will be audited on a monthly basis to ensure ongoing compliance
Area for improvement 3 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** 1 August 2025	The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately and in accordance with legislative requirements, minimum standards and professional guidance. Ref:3.3.3
	Response by registered person detailing the actions taken: Wound management records have been reviewed and staff have been reminded to ensure advice from MDT is included in care plans. This will be audited monthly to ensure ongoing compliance
Area for improvement 4 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 1 August 2025	The registered person shall ensure that the infection prevention and control issues identified in this report are addressed. This is stated in reference but not limited to the malodourous mattresses, cleaning of manual handling equipment and raised toilet seats. Ref:3.3.4
	Response by registered person detailing the actions taken: A full review of the cleaning schedule has taken place and this will be monitored on an ongoing basis and equipment replaced if necessary

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** 1 September 2025	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. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: New pictorial menus are now in place in each unit, as well as a written option for residents to choose their meals. The Dining experience audit will be carried out regularly by the Home Manager and further improvements made if necessary
Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 1 July 2025	The registered person shall ensure that the NISCC register is up to date and reflective of all required information. Ref: 3.3.1
	Response by registered person detailing the actions taken: The NISCC register includes all information as staff renew their membership
Area for improvement 3 **Ref:** Standard 37.1 **Stated:** First time **To be completed by:** 1 July 2025	The registered person shall ensure that all patients' records are stored appropriately and not left accessible to persons who are not authorised to view them. Ref: 3.3.3
	Response by registered person detailing the actions taken: Staff are reminded to place records in locked storage provided for this purpose. Computers have all automatic screen savers in place

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