

Inspection Report

Name of Service: Massereene Manor
Provider: Hutchinson Homes Ltd
Date of Inspection: 10 December 2024

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 Ltd
Responsible Individual:	Ms Naomi Carey
Registered Manager:	Mrs Roisin Irwin
<p>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.</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 10 December 2024 from 09:50 am to 6.00 pm. The inspection was carried out by two care inspectors.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notices (FTC Ref: FTC000226 and FTC000227) 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 10 December 2024.

The FTC Notices were issued following an unannounced care inspection of Massereene Manor on 8 October 2024.

During this inspection, there was evidence that a number of improvements had been made to address some of the required actions stated within both of the notices. However, sufficient evidence was not available to validate compliance with the FTC Notices. RQIA considered the inspection findings and a decision to extend the compliance date of the FTC notices. FTC Ref: FTC000226 (E) and FTC000227 (E), were issued with compliance to be achieved by 23 January 2025.

In addition to reviewing the FTC notices, three areas for improvement identified at the previous inspection were reviewed and assessed as met, the remaining areas for improvements were carried forward for review at a future inspection. One new area for improvement was identified in relation to staffs' recorded names on the duty rota and NISCC register.

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 is 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:

A sample of the governance audits reviewed evidenced that a system of audits was completed on a monthly basis including falls, infection prevention and control (IPC) dining audits and environmental audits. A system was in place for the monitoring of call bells also. However, in a small number of audits a date or signature of the person completing the audit was missing. The manager agreed to address this.

A time bound action plan was developed when a deficit was identified through the auditing process.

A monthly audit was in place for staff registration with the Northern Ireland Social Care Council (NISCC) however, some staff names recorded on the staff duty rota did not correlate with the staff names on the NISCC register. An area for improvement was identified.

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 not all nurses who took charge of the home in absence of the manager had a nurse in charge competency completed.

All staff had not received training in the use of the call bell system. However, there was a robust system in place to ensure call bells were regularly checked and in good working order.

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. However, there was limited evidence that registered nursing staff had completed training in relation to the reviewed post falls protocol.

Review of records evidenced that falls were managed in accordance with the homes falls policy and protocol.

There was a robust system in place of for the management of risk to patients such as management of foods, hot surfaces and chemicals. This was reviewed by management through daily walkabouts in each unit and monitored by the nurse in charge of each unit. Staff spoken with had a good understanding of what hazards were and the need to manage them safely.

No fire doors were observed to be wedged or propped open.

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	0	6*

* the total number of areas for improvement includes five 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.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 13 September 2022	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. Ref: 2.0
	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 4 Stated: First time To be completed by: 13 September 2022	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. Ref: 2.0
	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.

<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 1 November 2024</p>	<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>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2024</p>	<p>The registered person shall ensure that the records relating to repositioning are contemporaneously recorded.</p> <p>Ref:2.0</p> <p>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.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 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>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.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: From the day of inspection 10 December 2024</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: 3.3</p> <p>Response by registered person detailing the actions taken: All staff names accurate on off duty and NISCC register and will be checked ongoing through monthly audit</p>

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