

Inspection Report

Name of Service:	Massereene Manor
Provider:	Hutchinson Homes Limited
Date of Inspection:	8 October 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 Limited
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.</p> <p>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 8 October 2024 from 9.30 am to 6.00pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 6 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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

However, as a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A meeting with the Intention to Issue Two Failure to Comply notices was held on 18 October 2024. Based on the information provided to RQIA,

during this meeting, the decision was made to issue the two Failure to Comply notices (FTC); in relation to the governance and management arrangements for the home and the management of risk to patients that had the potential to cause harm. Reference: FTC000226 and FTC000227.

Details of our enforcement procedures and the notices issued can be found on our web site www.rqia.org.uk

In addition to the FTC notices issued, the Quality Improvement Plan (QIP) issued has eight areas for improvement in total; four new areas for improvement, two under the standards that have been stated for a second time and two which have been carried forward for review at a future inspection.

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.

Comments made by staff were "The team work is good here" and 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.

A review of the staff registrations with the Northern Ireland Social Care Council (NISCC) evidenced that one staff member was not appropriately registered. Confirmation of registration was received following the inspection. An area for improvement was identified.

It was observed that staff responded to requests for assistance in a caring and compassionate manner.

Patients told us staff were friendly. Staff said there was good team work and that they felt well supported in their role and that they were mostly satisfied with the staffing levels, all comments made were passed to the manager for consideration.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences; and were 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.

It was observed that 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.

Any patient assessed as being at risk of falls, had measures in place to reduce this risk. However, examination of care documentation for patients who had experienced a fall evidenced that neurological observations were not consistently recorded. This was discussed at the meeting with RQIA and the required actions to bring the home into compliance are included in the failure to comply notice.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patient care records relating to pressure area care evidenced that the recommended frequency of repositioning recorded in the charts and care plans were accurately maintained. However, gaps in the recording of the repositioning records was observed. This was identified as an area for improvement.

Observation of the lunch time meal experience, evidenced that in two units the daily menu was not appropriately displayed. An area for improvement was stated for a second time.

Staff in one unit were observed not to be providing explanations to patients as to what drinks they were giving them. Most patients were seated in the lounge for lunch and tables were not set. The choice of meals on offer was discussed with the manager, as all patients except one received the same meal. A review of the overall dining experience and particularly the inclusion of choice was required and an area for improvement was identified.

The weekly programme of social events was displayed on the noticeboards. However, activities were observed taking place in only one unit of the home. A review of the activity records evidenced that these were not meaningful and gaps of 7-8 days were also noted. An area for improvement was stated for a second time.

It was identified, by the inspectors, that the call bell system was not working in four bedrooms. This was brought to the attention of staff, but they were unsure of how the call bell system worked. This was concerning as staff knowledge of the call bell system was identified as an area for improvement during a previous 12 October 2023. It was also identified that no regular checks were in place to confirm the call bell system was working throughout the home. An area for improvement identified at the previous inspection has been subsumed into FTC notice FTC000227.

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.

In Adeline House, boxes of patient records were observed in the communal area of the Edenhill and Maplehill unit. This was identified as an area for identified.

3.3.4 Quality and Management of Patients' Environment Control

Many patients' bedrooms were personalised with items of importance to the patient.

Observation of the environment identified a number of concerns regarding the management of avoidable risks and patient safety for example, in Adeline House, we observed staff belongings able to accessed by patients, various food items were easily accessed throughout the home by patient requiring a modified diet and the hairdressing room was accessible in the Cherryhill unit. There was also access to hot water pipes in an unlocked store room in the Ladyhill unit. It was concerning that an area for improvement first identified on 15 June 2023 and again on 12 October 2023 and stated for a third time on 6 March 2024 had not been met. This area for improvement has been subsumed into FTC notice: FTC000227.

Review of records evidenced that systems and processes were in place to manage infection prevention and control (IPC). These included regular monitoring of the environment and staff practice to ensure compliance. However, some IPC deficits were noted, namely: a number of staff were observed not adhering to best practice guidance regarding hand hygiene. An area for improvement identified at the previous inspection has been subsumed into FTC notice: FTC000227.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Roisin Irwin has been the registered manager since 10 May 2024.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

The management team had processes in place to monitor the quality of care and other services provided to patients. Whilst there was a programme of auditing in place, it was not effective in driving the improvements required to achieve compliance resulting in repeated areas for improvement being issued. An area for improvement identified at the previous inspection has been subsumed into FTC notice FTC000226.

Nurse in charge competencies had not been completed for all nursing staff who were given the responsibility of being in charge of the home in the absence of the manager. This was discussed at the meeting with RQIA and the required actions to bring the home into compliance are included within the FTC notice FTC000227.

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	1	7*

* the total number of areas for improvement includes two under the standards that have been stated for a second time and two which are 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: 1 December 2024	<p>The Registered Person shall ensure there is a robust system in place to ensure staff's compliance with NISCC registration.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: NISCC checks to continue each month by the Home Manager. All new staff will be added to the matrix with details of their start date, date of application (done during induction), and progress of application will be documented.</p>
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	<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> <hr/> <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>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 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> <hr/> <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>
Area for improvement 3 Ref: Standard 12 Stated: Second time To be completed by: 1 November 2024	<p>The registered person shall ensure that a daily menu is displayed and offers patients a choice of meal at each mealtime.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Each resident is given a choice of meals each day; this is then check by the nurse and signed by them. Explanation is</p>

	documented if high numbers prefer same meal. Random checks are also carried out on menu choices by the home manager.
Area for improvement 4 Ref: Standard 11 Stated: Second time To be completed by: 31 December 2024	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. Ref: 3.3.2
	Response by registered person detailing the actions taken: Activity staff report daily to the Home Manager in relation to planned activities and involvement of residents. Epicare is also completed by activity staff and this is audited by the home manager to ensure notes are of the standard required and are meaningful.
Area for improvement 5 Ref: Standard 23 Stated: First time To be completed by: 31 December 2024	The registered person shall ensure that the records relating to repositioning are contemporaneously recorded. Ref:3.3.2
	Response by registered person detailing the actions taken: Staff nurse on each unit carries out repositioning audit twice daily any discrepancies can be noted quickly and rectified these audits are also given to the home manager who can check and help to make improvements not only in that unit but throughout the home.
Area for improvement 6 Ref: Standard 12 Stated: First Time To be completed by: 31 December 2024	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: 3.3.2
	Response by registered person detailing the actions taken: Dining room audits are carried out. Any improvements required are documented in action plan but now given to all staff in that unit as by way of group supervision all staff must sign that the supervision has been undertaken and this ensures shared learning for all staff.

<p>Area for improvement 7</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: From the day of inspection 8 October 2024</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored securely in accordance with the General Data Protection Regulation (GDPR) and best practice guidance and that records are not accessible to visitors to the home.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This has been actioned and two new lockable filing cabinets have been put in to each unit of the building.</p>

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