The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Massereene Manor Residential Home

Provider: Hutchinson Homes Limited

Date of Inspection: 22 November 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 Person:	Ms Naomi Carey
Registered Manager:	Mrs Siobhan Brammeld
Service Profile – This home is a registered residential care home which provides care for residents living with dementia for up to 8 residents. There are a range of communal areas throughout the home and residents have access to an enclosed garden. There is a separate registered nursing home which occupies the same site.	

2.0 Inspection summary

An unannounced inspection took place on 22 November 2025 from 9:30 am to 1:45 pm by a care inspector.

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 18 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider. One area for improvement will be stated again and one area for improvement will be reviewed at the next inspection. 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 residents, 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

Residents told us they were happy with the care and services provided. Comments made included "it's lovely here, you couldn't ask for better" and "staff treat me well and the food is great".

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Questionnaires returned from residents included comments such as "I like how nice and welcoming the staff are to my family and friends when they come to visit" and "I feel safe as I can trust my carers".

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

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff. Questionnaires returned from relatives included comments such as "The care is excellent, staff are attentive and patient" and "Nothing is ever too much trouble".
Following the inspection, no 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 residents. There was evidence of robust systems in place to manage staffing.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences; and were prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

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. Staff also offered residents choice in how and where they spent their day or how they wanted to engage socially with others.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing and the atmosphere was calm, relaxed and unhurried. Residents were seen to be enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The atmosphere throughout the home was warm, welcoming and friendly. Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of residents and individuals. Activities planned for the week included sing-a-longs, foot massage, reminiscence and arts and crafts. Arrangements were in place to take some of the residents out to a pantomime in a local school.

For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music, watch television, or engage in their own preferred activities.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

Many residents' bedrooms were personalised with items importance to the resident. Bedrooms and communal areas were suitably furnished and comfortable.

Observation of the environment identified concerns regarding the maintenance of resident safety. For example, in the dining room, there was an unlocked cabinet with tea and coffee and an unlocked fridge with access to food and fluids. In a small number of bedrooms, there was access to toiletries. This area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Siobhan Brammeld has been the registered manager for this home since November 2024.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to residents. A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care.

The home was visited each month by a representative of the responsible individual (RI) to consult with residents, their relatives and staff and to examine all areas of the running of the home. Review of the reports completed evidenced that a number of the reports reviewed did not have a meaningful action plan. An area for improvement was identified.

Review of records evidenced that staff meetings were not being held regularly within the home. An area for improvement was identified.

Residents said that they had confidence that any complaint would be managed well.

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

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*	3*

* the total number of areas for improvement includes one regulation that been stated for a second time and 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 Siobhan Brammeld, 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 14 (2) (a) **Stated:** Second time **To be completed by:** 22 November 2025	The registered person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety. Ref: 3.3.4 **Response by registered person detailing the actions taken:** All storage areas in the home to which residents have access are now secured and compliance monitored by the Home Manager
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
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: 2.0 **Response by registered person detailing the actions taken:** This has been actioned and in place through the Pillpac system. Compliance is monitored by the Home Manager

Area for improvement 2 **Ref:** Standard 25.8 **Stated:** First time **To be completed by:** 31 January 2026	The registered person shall ensure that staff meetings for all grades of staff are held a minimum of quarterly. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Home Manager has completed staff meetings since this inspection and will continue on a regular basis
Area for improvement 3 **Ref:** Standard 20.11 **Stated:** First time **To be completed by:** 31 January 2026	The registered person shall ensure that the monthly monitoring report has a meaningful action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. Ref: 3.3.5
	Response by registered person detailing the actions taken: This has been discussed with the individual completing the Reg 29 to ensure that a meaningful action plan with a timeframe is recorded

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

The Regulation and Quality Improvement Authority

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