

Inspection Report

Name of Service:	Massereene Manor
Provider:	Hutchinson Homes Limited
Date of Inspection:	23 June 2026

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/Responsible Person:	Mrs Sharon Smyth
Registered Manager:	Mrs Roisin Irwin
Service Profile – Massereene Manor 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 separate, registered residential care home which occupies the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 23 June 2026 between 9 am and 4.30 pm 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 1 July 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 patients 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 established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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. Please refer to Section 3.2 for more details.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 that living in the home was a good experience. They told us that the staff are 'lovely' and 'helpful'. Patients unable to communicate were observed to be smiling at staff when they interacted and appeared content.

Staff offered choices to patients 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.

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 a system in place to manage staffing. On review of recruitment records, the process of obtaining references for staff who already work in the home and moving into different roles e.g a care assistant to a register nurse requires review. The management team are taking this forward as a priority.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, engaging in activities, attending the hairdresser or listening to music.

Staff told us that there was good team work and that they felt supported by management. It was encouraging to hear that a number of nurses on duty started their employment in the home as care assistants and were supported by the home to obtain their nursing degree. Many of the staff are long standing and reported that it was a good place to work.

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. Staff confirmed that the handover was comprehensive and enabled them to carry out their role safely.

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 were observed using de-escalation techniques for distressed patients and orientating them where required. Their interactions were friendly and polite and the atmosphere of the home was observed to be calm.

Staff respected patients' privacy by their actions such as knocking on doors and by offering personal care to patients discreetly.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, buzzer mats were in place to alert staff if at risk patients who attempted to mobilise unassisted. Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service or reviewed by their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff safely and effectively supported those patients who required additional support with their meals. In the dining areas, there was an orientation board which displayed pictures of the meal being served that day; this is good practice especially for those patients living with dementia.

The importance of engaging with patients was well understood by the manager and staff. There are two activities co-ordinators in the home. An activities calendar displayed in each of the units for patients and families. There are daily activities in the morning and afternoon. There are additional activities for special events, for example there is an upcoming 'Cowboy' themed party and BBQ for the 4th of July.

Patients were encouraged to participate in planned activities or supported to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors. Patients were encouraged to attend the day room and some were observed reading the newspaper or completing an art activity.

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 are electronic and were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of painting and general maintenance happening during the time of the inspection.

It was positive to see the home's environment decorated with photos of patients in the units where they had undertaken activities and pictures of local places of interest.

The environment was considered for those living with Dementia with signs to help orientate them to place. There were reminiscence boxes outside patient rooms, however; only some of these were being used to display personal items important to the patient.

Management told us that they are undertaking a review of the environment and planning further enhancements to ensure it effectively supports those patients living with Dementia.

There was evidence of infection prevention and control measures in place. Staff were observed to be adhering to best practice in hand hygiene and using personal protective equipment (PPE) where appropriate.

The fire risk assessment was up to date, with no identified action plan.

3.3.5 Quality of Management Systems

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

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. The manager is supported by a deputy manager.

Review of a sample of records evidenced that a system was in place for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

A record of compliments was held, thanking the staff for the, '...care, attention and high quality of care...' for their relative.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews