

# Inspection Report

2 November 2023



## Magherafelt Manor Residential Home

Type of service: Residential Care Home  
Address: 2 Pound Road, Magherafelt, Tyrone, BT45 6NR  
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kathryn Homes Ltd  <b>Responsible Individual</b> Mr Stuart Johnstone	<b>Registered Manager:</b> Mrs Siobhan Conway  <b>Date registered:</b> 17 July 2017
<b>Person in charge at the time of inspection:</b> Mrs Siobhan Conway	<b>Number of registered places:</b> 28
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 28
<b>Brief description of the accommodation/how the service operates:</b> <p>This home is a registered Residential Care Home which provides health and social care for up to 28 persons who are living with dementia. The home is divided into two units; Willow accommodates up to 12 residents and Cedar accommodates 18 residents. Accommodation is provided in single bedrooms with en suite facilities. Residents have access to communal areas and a safe outdoor space.</p> <p>There is a Nursing Home which occupies the ground floor and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 2 November 2023 from 10.20 am to 4pm by a care inspector.

The inspection assessed progress in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care delivery and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships.

The home was found to be welcoming, clean and free from odours.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

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.

Staff were observed to be friendly and approachable. Staff were found to be knowledgeable of the needs of individual residents, and were observed to be compassionate and caring in their interactions with residents.

No areas requiring improvement was identified during this inspection.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Residents provided positive feedback about living in the home. Residents advised that they felt well cared for, enjoyed the food and that staff were nice. Residents stated that this was "a good place" and the staff were "kind and good" to them.

Relatives and visitors spoken with described the staff as helpful and accommodating to their loved one. They advised that there was good communication and felt that staff were very approachable.

Staff reported that there was good team work and that any concerns could be raised with the manager. Staff raised some concern about the staffing arrangements in one unit and this was shared with the manager at the conclusion of the inspection.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 26 January 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for Improvement 1</b> Ref: Standard 32 Stated: First time	The registered person shall ensure that the temperature range of the medicine refrigerator in Cedar Unit is accurately monitored each day	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> Ref: Standard 25.1 Stated: Second time	The registered person shall ensure that a review of the staffing arrangements is undertaken in the Cedar Unit. In particular, this review should focus on the care delivery in the mornings.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> Ref: Standard 12.4 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each meal time	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager. Arrangements were in place to ensure that staff appraisals and supervision were completed.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on each shift and the manager's hours were recorded. Staff reported that there was good team work and that they felt well supported in their role.

In discussion with staff during the inspection, they reported that at times there were insufficient staff on duty in one particular unit in the home. Review of records and discussion with the manager confirmed that the resident dependencies and staffing arrangements are reviewed on a regular basis. The manager confirmed that they would continue their system of regular review and where required the staffing levels would be adjusted accordingly.

Residents spoken with, reported that staff were responsive to their needs and did not express any concerns in seeking support from staff reporting: "It's great in here" and "I feel very safe."

Relatives and visitors advised that the staff were caring and accommodating in the home; stating that this was a good place.

### 5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed 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.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Care records regarding skin integrity and risk of falls were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed. It was noted that the post fall protocol and current best practice were adhered to.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, SALT or the dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual resident's needs including, for example, their daily routine preferences. Staff respected residents' privacy and dignity by offering personal care to residents discreetly. It was also observed that staff discussed residents' care in a confidential manner.

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.

Residents were observed to be offered a selection of drinks, scones and biscuits from the mid-morning tea trolley by staff.

The serving of the lunchtime meal in the dining room was observed. The daily menu was displayed showing residents what is available at each mealtime. Staff had made an effort to ensure residents were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to residents' rooms. There was a variety of drinks available.

Residents wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. Adequate numbers of staff were observed assisting residents with their meal appropriately, in an unhurried manner.

Residents confirmed that they enjoyed their meal.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The internal environment of the home was comfortably warm and clean throughout.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.



Corridors and fire exits were clear from clutter and obstruction. The most recent fire safety risk assessment which was completed on 5 October 2023; no recommendations were made as a result of this assessment.

Throughout the home there was evidence of accessible personal protective equipment (PPE) and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct PPE and to adhere to the correct food hygiene and infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Residents**

The atmosphere was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

Discussion with residents, relatives, visitors and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The programme of activities was displayed advising residents of forthcoming events. Residents' needs were met through a range of individual and group activities such as musical events, Halloween pumpkin carving and arts and crafts.

Staff were observed sitting with residents in small groups and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.

Comments recorded showed that residents enjoyed the activities they attended.

#### **5.2.5 Management and Governance Arrangements**

There had been no change in the management of the home since the last inspection. Mrs Siobhan Conway is the registered manager of this home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed to ensure the necessary improvements were made.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

## **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Siobhan Conway, Registered Manager, as part of the inspection process and can be found in the main body of the report.





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