

# Inspection Report

10 July 2024



## Magherafelt Manor Residential Home

Type of service: Residential Home  
Address: 22 Pound Road, Magherafelt, BT45 6NR  
Telephone number: 028 7930 0284

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kathryn Homes Ltd  <b>Responsible Individual</b> Mrs Tracey Anderson	<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 people living with dementia. The home is located on the first floor of the building and is divided into two units. The Cedar unit can accommodate up to 16 residents and Willow unit can accommodate up to 12 residents.</p> <p>Residents' bedrooms all have en suite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area.</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 10 July 2024, from 9.05 am to 5.15 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting and joking with them in a respectful manner.

Residents said that they were happy in the home and said that the staff were 'kind' and 'helpful'. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two new areas for improvement were identified regarding the staff duty rota and arrangements for formal staff supervision and appraisals.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team. Addressing the areas for improvement will further enhance the quality of care and services in Magherafelt Manor.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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.

The findings of the inspection were discussed with Mrs Siobhan Conway at the conclusion of the inspection.

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

Residents told us that they were happy living in the home. Residents' comments included, "I am very happy here, I have nothing to complain about, the staff are very good," and, "It's lovely here, we are so well looked after."

Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

All staff spoken to said that they felt well supported in their roles within the home and were all encouraged to complete any training relevant to their roles and responsibilities. Staff said that there was good teamwork and that staff all “supported each other.”

No additional feedback was received from residents, relatives or staff following 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?**

The last inspection to Magherafelt Manor Residential Home was undertaken on 2 November 2023; no areas for improvement were identified.

#### **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.

Review of records evidenced that inductions were completed for all staff working in the home, including agency staff, care staff, domestics, and catering. Discussion with staff confirmed that they found the inductions helpful and informative. Staff confirmed that they felt supported and were paired with more experienced staff so that they could become familiar with the policies and procedures in the home and with residents’ preferred routines.

There were systems in place to monitor staff registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that all staff were registered with NISCC or were in the process of registering.

The staff duty rota identified the staff working in the home, including the capacity in which they worked. However, in some cases the full name of the staff member on duty was not recorded. In addition, changes made to the duty rota did not always indicate clearly which date the staff member was working. This was discussed with the manager for action. An area for improvement was identified.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), Mental Capacity Act (MCA) and safeguarding.

Competency and capability assessments for those staff in charge of the unit when the manager was not on duty were carried out by the manager on a yearly basis.

There was no evidence that the manager had a plan in place for staff supervision or appraisals for 2024, an area for improvement was identified.

### 5.2.2 Care Delivery and Record Keeping

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. Detailed handover notes were made available to all staff at each shift changeover.

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. There was evidence of positive, respectful interaction between staff and residents.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise, music was playing and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents spoke positively in relation to the quality of the meals provided and the choice available. One resident said, "the food is very good, we can pick what we like."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records showed onwards referrals when concerns were raised with regards to significant fluctuations in weight.

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.

There was evidence of a person centred approach throughout care records. For example, care plans were detailed and contained specific information on each individual resident's care needs, their likes and dislikes and what or who was important to them. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' 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.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

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

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Corridors were clean and free from clutter or hazards. One resident said, "this place is always clean and tidy."

Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning stores and sluice rooms were appropriately secured. Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 10 October 2023.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with infections. For example, a review of records, observation of practice and discussion with staff confirmed that effective training on Infection Prevention and Control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

### 5.2.4 Quality of Life for Residents

The home was bright and welcoming, the atmosphere was warm and residents were observed to be seated comfortably in communal areas across the home, or their bedrooms based on their individual preference.

There was a range of activities provided for residents by staff including; social, community, religious and creative events. The activity schedule was on display for residents to observe and there was also evidence of activities taking place on the day of inspection, including a singalong. Some residents told us they preferred to be private and remain in their rooms, but felt supported by staff to have these wishes maintained.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Siobhan Conway has been the manager in this home since 17 July 2017.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents.

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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home. It was

established that good systems and processes were in place to manage the safeguarding and protection of adults at risk.

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. It was established that the manager had a system in place to monitor accidents and incident 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 the manager ensured that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of 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. These are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Siobhan Conway, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 10 July 2024	<p>The registered person shall ensure that the duty rota:</p> <ul style="list-style-type: none"> <li>• includes the first and surname of all staff</li> <li>• identifies clearly the date and time all staff are working.</li> </ul> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All duty Rota is to be changed only by the Senior care assistant in charge, Home manager or Deputy manager. This is clearly stated on rota and an email has been sent to all staff regarding this. This will be monitored and reviewed daily by the Home Manager/Deputy Manager.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24.2 & 24.5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2024	<p>The registered person shall ensure that a schedule is in place to plan and record staff supervision and appraisals.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The Registered person has set in place a time for Supervisions and appraisals. A schedule is in place and Staff have been completing their Supervisions and appraisals as per policy.</p>

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





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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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