



Unannounced Care Inspection Report 16 February 2021



Magherafelt Manor Residential Home

Type of Service: Residential Care Home
Address: 22 Pound Road, Magherafelt, Tyrone, BT45 6NR
Tel No: 028 7930 0284
Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 28 residents.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Siobhan Conway – 17 July 2017
Person in charge at the time of inspection: Siobhan Conway	Number of registered places: 28
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 16 February 2021 from 09.55 to 15.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they felt safe in the home and that staff were kind to them.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 24 residents and six staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Staff duty rotas
- staff competency and capability assessments
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 28 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	<p>The registered person shall ensure that care plans fully reflect the assessed needs of the residents.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> identified risks are assessed, documented, kept under review and revised at any time when necessary care plans are implemented where a risk has been established there is written evidence of consultation with the resident, care manager and the residents representative regarding identified risks and agreed plan of care <p>Ref: 6.2.3.</p>	Met
<p>Action taken as confirmed during the inspection: We reviewed three care records and confirmed that appropriate care plans and risk assessments were in place which demonstrated that this area for improvement was met.</p>		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20 Stated: First time To be completed by:	<p>The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home.</p> <p>The registered manager must ensure:</p> <ol style="list-style-type: none"> Care records are reviewed regularly to 	Met

28 March 2020	<p>ensure that they accurately reflect the needs of the resident</p> <ol style="list-style-type: none"> 2. IPC practices are monitored during daily walk arounds and where deficits are identified the action taken is documented 3. A cleaning schedule is implemented for the treatment room and monitored during regular audits 4. Environmental audits are specific to the residential home <p>Ref: 6.2.3, 6.2.4 and 6.2.5</p>	
	<p>Action taken as confirmed during the inspection: An inspection of the environment and review of audit records confirmed that this area for improvement was met.</p>	

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home we were greeted by the manager who was helpful and attentive. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed.

During the inspection we could see that residents' needs were met promptly by the staff on duty. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the manager was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- "There are enough staff on duty each day. As a staff member I feel supported in my work. There is great team work. There is good communication among the staff team. Safe care is provided here."

- “This is a good staff team and there is good communication. We all help each other out. It’s a good team in here and I feel supported.”
- “The care provided here is very safe; everyone is well looked after. There is really good teamwork and there are enough staff on duty.”

We could see that the duty rota accurately reflected the staff working in the home and the manager’s hours were recorded. The rota recorded the full names and grades of staff and the person in charge of the home in the absence of the manager was clearly identified.

We reviewed staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). Review of this record confirmed this was maintained on an up to date basis.

There was an overview of staff training in place which included mandatory training and additional training where this was required. This was checked on a monthly basis by the manager.

6.2.2 Infection prevention and control procedures (IPC)

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

Staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed with attention to detail. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was calm, relaxed and friendly. Residents who were less well able to communicate were seen to be content in their surroundings. Residents spoke positively about life in the home, the staff and the food; they commented:

Some comments made by residents included:

- “I like it here; you can get anything you want.”
- “The food is really good. The carers are all very good to me.”

The staff told us that they recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone or video

calls with their families in order to reassure relatives that their loved one was well. Visiting arrangements were in place on a planned basis.

We observed residents engaged in quiz activities with the activity coordinator. Another group of residents were involved in music activities with a staff member.

We observed the serving of mid-morning snacks and found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of residents' dietary preferences.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

We noted within one care record where there was no care plan in place to manage the resident's nutritional needs. We discussed this with the manager during feedback. Confirmation was provided by the manager following the inspection to advise this care plan was in place. We also noted where a care plan contained contradictory information in relation to the monitoring of a resident's weight. The manager confirmed following the inspection that this care plan was amended accordingly.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

We discussed with the manager about the need to include all restrictive practices with the deprivation of liberty care plans.

6.2.5 Environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining rooms, storage areas and the treatment room. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised and the home was tastefully decorated. Equipment was found to be maintained in a clean condition.

We observed two large wheelchairs and a number of cardboard boxes located in a corridor area leading to a fire exit. We discussed with the manager about such areas needing to be clear and free from obstruction in the event of an emergency. The manager told us that they were waiting for these unused items to be collected. This was identified as an area for improvement.

6.2.6 Governance and management arrangements

There is a clear management structure within the home and the manager was available during the inspection process. Discussion with the manager evidenced that she felt well supported in her role. The manager confirmed that she undertakes a twice daily walk around the home so that she is appraised with everything. All staff spoken with commented positively about the manager and described her as supportive and approachable. One comment was:

- “I could easily raise an issue with the manager.”

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, environment, hand hygiene and care records. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports was undertaken. Review of these records evidenced that these were appropriately managed and reported.

A visit by the registered provider’s representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits for November 2020, December 2020 and January 2021 were reviewed. These reports were noted to have been completed in a robust and effective manner. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

One area for improvement was identified in relation to fire safety.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and residents appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of residents and how to access relevant services to ensure that the needs of residents are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Siobhan Conway, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all areas of the home are clear and free from obstruction. Ref: 6.2.5 Residents specialised chairs collected by the trust. Boxes have been moved and stored in a storage area that is not causing an obstruction.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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