

# Unannounced Care Inspection Report 19 April 2018



## Magherafelt Manor Residential Home

**Type of Service: Residential Care Home**  
**Address: 22 Pound Road, Magherafelt, Tyrone, BT45 6NR**  
**Tel No: 028 7930 0284**  
**Inspector: John McAuley**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with a total of 31 beds for residents living with dementia. The home is in a shared complex with a registered nursing home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual(s):</b> Gavin O'Hare-Connolly	<b>Registered Manager:</b> Siobhan Conway
<b>Person in charge at the time of inspection:</b> Siobhan Conway	<b>Date manager registered:</b> 17 July 2017
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 31

### 4.0 Inspection summary

An unannounced care inspection took place on 20 April 2018 from 10.15 to 13.20 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection sought 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 staff recruitment, induction, training and the home's environment. Other areas of good practice were found in relation to care records and communication between residents, staff and other key stakeholders, governance and maintenance of good working relationships.

No areas requiring improvement were identified.

Feedback from residents was all positive and complimentary about the provision of care, the kindness received from staff and the provision of meals.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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.

## 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 20 August 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 20 residents, five members of staff of various grades and the registered manager.

A total of 10 questionnaires were provided for distribution to residents' representatives for completion and return to RQIA. Information was also circulated to staff for to respond to electronic questionnaires. Three questionnaires were returned on time for inclusion to this report.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Two staff members' recruitment files
- Three residents' care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks) and complaints
- Infection control register/associated records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

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 the most recent inspection dated 20 August 2017

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 20 August 2017

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. An example of this was detailed in terms of how the home was meeting the identified needs of a resident(s) with distressed behaviours. No concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

An inspection of two completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained.

The registered manager and staff advised that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of two of these assessments was inspected and found to be maintained satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered manager and an inspection of two staff

members' personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. The personnel records inspected confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Discussions with care staff acknowledged their registration with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy and procedure was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

Restrictive practices employed within the home, notably a keypad entry system and alarm mats were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there were no outbreaks of infection within the last year. If there were to be these would be reported to the Public Health Agency, trust and RQIA with appropriate records retained.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Communal areas were comfortable and nicely facilitated. The sample of residents’ bedrooms viewed was found to be personalised and furnished. The home had a nicely appointed garden for residents to avail of.

Inspection of the environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date Legionella risk assessment in place dated 19 May 2017 and all recommendations had been actioned.

The registered manager and inspection of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date, with the last inspection being on 18 April 2018.

The home had an up to date fire risk assessment in place dated 4 August 2017. No recommendations were made from this assessment.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Respondents to the returned questionnaires described their level of satisfaction with this aspect of care as very satisfied/satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of three residents’ care records was undertaken. These were maintained in line with the legislation and standards. They included an up to date assessment of needs, life

history, risk assessments, care plans and daily/regular statement of the health and well-being of the resident. Care needs assessment and risk assessments such as manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

Care records were cumbersome to inspect with excess storage of information. However the registered manager reported that plans were in place to review and revise how these records are maintained.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents' representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident's representative.

Discussion with staff confirmed that a person centred approach underpinned practice. For example discussions with staff confirmed that they had knowledge and understanding of individual residents' needs, likes preferences and prescribed care. With such they were able to adopt care accordingly such as facilitating social needs of individual residents. This was observed during this inspection with good effect.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care reviews, accidents and incidents, complaints and the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visit reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and their representatives.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Respondents to the returned questionnaires described their level of satisfaction with this aspect of care as very satisfied/satisfied.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the core values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff and inspection of care records confirmed that residents' spiritual and cultural needs.

An inspection of a sample of residents' progress records found that issues such as pain or discomfort had a recorded statement of care/treatment given and effect of same.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were friendly, warm and supportive.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Discussion with residents and observation of care practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example it was observed how staff responded to residents' needs with confused behaviours in manners which diffused increased distress.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included quality assurance audits, care review meetings and day to day contact with management.

Discussion with residents, staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. The activities coordinator was engaged with enthusiasm in group activity with residents. This planned programme of activities was enjoyed by those residents who choose to participate.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met with 20 residents in the home at the time of this inspection. In accordance with their capabilities, all confirmed/indicated that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere in the home.

Respondents to the returned questionnaires described their level of satisfaction with this aspect of care as very satisfied/satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and general observations of care practices.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager confirmed that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Discussion with the registered manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. No expressions of dissatisfaction or complaint was reported to been received. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

A falls audit tool was in place. This is analysed on a monthly basis with an action plan disseminated to staff. This is good practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. All staff had recently completed training in dementia and communication which they thought was very beneficial and thought provoking.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The reports of January, February and March 2018 were inspected and found to be maintained in informative detail with good evidence of governance.

Discussions with the registered manager confirmed that there was learning from complaints, incidents and feedback was integrated into practice and fed into of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents' Guide.

Discussion with the registered manager identified that she had good understanding of her role and responsibilities under the legislation.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Respondents to the returned questionnaires described their level of satisfaction with this aspect of care as very satisfied/satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintenance of good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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