

Inspection Report

19 and 21 October 2021



Magherafelt Manor Residential Home

Type of Service: Residential Care Home
Address: 22 Pound Road, Magherafelt, Tyrone, BT45 6NR
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual: Mrs Andrea Feeney	Registered Manager: Mrs Siobhan Conway Date registered: 17 July 2017
Person in charge at the time of inspection: Mrs Siobhan Conway	Number of registered places: 28
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential care home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: <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; Cedar and Willow. Cedar can accommodate up to 16 residents and Willow can accommodate a maximum of 12 residents.</p> <p>Resident bedrooms all have ensuite facilities. All residents have access to communal spaces and an enclosed garden area outside.</p> <p>There is a Nursing Home located on the ground floor and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 October 2021 between 10.15 am and 4pm. A pharmacist inspector conducted an unannounced inspection on 21 October 2021 from 9.30am to 1.50pm. All inspection findings are combined into this report.

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, clean and free from malodour. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles with training and resources. Staff were seen to provide residents with the care required in a timely and compassionate manner.

Residents spoke positively about living in the home and said they felt well looked after. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Review of medicines management found that residents were being administered their medicines as prescribed. There were robust arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management.

Areas requiring improvement identified are discussed in the main body of the report.

RQIA were assured that the delivery of care and service provided in the home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team 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.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. We also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

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 and 'Tell Us' cards 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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

We met with 24 residents and five staff either individually or in small groups.

Residents told us that they were well cared for and that the staff were kind to them. They described staff as “good” and “very kind.” and said that they get help and assistance when they need it. Observation during the inspection indicated that residents’ needs were met.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff said that the manager was very approachable and that they felt well supported in their role. Staff spoken with said “We all get stuck in together, I enjoy coming to my work.”

No responses to the resident/ relative questionnaires or staff questionnaires were received.

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 16 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
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 form obstruction.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that all areas of the home were clear and free form obstruction.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with a range of mandatory training to enable them to carry out their roles effectively. Staff said that they were satisfied that their training needs were met.

Review of training records evidenced that mandatory training was provided in an online format but also face to face when required, for example, in fire safety awareness and moving and handling training.

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 was a system in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff spoken with expressed concern in relation to the staffing levels in one designated unit, particularly in the mornings. This was evidenced during the inspection when we observed that staff were under pressure to manage all of the required duties in the home. Staff said they were always busy and it was difficult to get everything done. This was discussed with the manager and identified as an area for improvement to undertake a review of the staffing arrangements.

Staff said teamwork was good and that the management team were approachable. Staff were seen to attend to residents' needs and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. We observed staff supporting residents when they were upset or redirecting residents when they were unsure as to what was happening around them.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. It was observed that staff respected resident 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.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. Where residents were at risk of falls; measures were put in place to reduce this risk such as alarm mats and crash mats.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home.

Appropriate supervision and support was readily available from staff. We spoke with the manager about displaying the menu in an appropriate format for residents to see. Residents could also choose to take their meals in their own rooms if they wished. We observed staff carrying plates of food uncovered to a residents' patient's bedrooms. This was identified as an area for improvement to ensure that all meals are covered during transportation.

Staff told us how they were made aware of residents' nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. Added to this, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

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

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.

Residents looked well cared for in that they were well dressed with attention to detail in regards to personal appearance.

Staff reported that they felt the care provided to the residents was of a high standard.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Fire exits and corridors were observed to be clear of clutter and obstruction.

We were advised that the home's most recent fire safety risk assessment was completed in October 2021. The manager is awaiting the report of the findings and confirmed that any areas for improvement will be actioned in a timely manner.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents, staff and care partners.

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 PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

We observed a store which contained confidential information to be unsecured. This was brought to the attention of staff and secured immediately. This was discussed with the manager who advised that going forward this would be monitored daily and included within the daily walk around the home.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and residents were seen to be comfortable, content and at ease in their environment and interactions with staff. Staff were seen to offer residents options regarding, for example, where to eat their meals, if they wanted to take part in activities and if they preferred to spend time in one of the lounges or in their own bedroom.

Staff were seen to be attentive to residents needs including their social well-being. Activities were facilitated either individually or in small groups. We observed some residents engaged in reminiscence activities with staff while others were quite content to watch television. One resident was being supported by a staff member to undertake some light duties in the home.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; "It's a great place," "they are good to me and I am well looked after" and "the staff are so good and so kind."

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 Registered Manager in this home since 17 July 2017. Staff demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patient care or staffs' practices.

Staff commented positively about the manager and described her as approachable and accessible. Staff also said that communication within the home was good and that they felt they were kept well informed.

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

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home. A record of compliments received about the home was kept and shared with the staff team; this is good practice.

It was established that the manager had a system in place to monitor 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.

The home was visited 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 available were for July and September 2021. Some of the information within this report referred to the nursing home and did not accurately reflect the situation in the residential home. This was identified as an area for improvement.

5.2.6 Medicines Management

The audits completed at the inspection indicated that the residents had received their medicines as prescribed. One audit produced an unsatisfactory outcome; this was discussed with the manager who gave an assurance that the administrations of the medicine would be closely monitored.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments. The residents' personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. A sample of these records was reviewed. The records were found to have been completed to the required standard. Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. The records inspected showed that medicines were available for administration when residents required them.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another. The management of medicines for two residents who had been admitted to this home were reviewed. Staff had been provided with a list of prescribed medicines from either the hospital or GP practice. The residents' personal medication records had been accurately written. Medicines had been accurately received into the home and administered in accordance with the prescribed directions.

Medicines must be stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error. The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located.

To ensure that medicines requiring cold storage are stored in accordance with the manufacturers' instructions, the refrigerator temperature must be maintained between 2°C and 8°C. Staff should record the temperature daily and then reset the thermometer. In Cedar Unit, the temperature range of the medicine refrigerator was not being accurately monitored. Whilst the current temperature recorded each day had been within the acceptable limits of 2°C and 8°C, the maximum and minimum temperatures had not been accurately read because the digital thermometer was not being reset by staff after the daily temperature readings. During October 2021, the maximum temperatures recorded had been within the range 20.0°C and 22.5°C and the minimum temperatures recorded had been within the range -2.0°C and -2.6°C. The thermometer was reset during the inspection and satisfactory temperatures were observed. The registered person must ensure that the refrigerator temperature is accurately monitored daily, the thermometer is reset and that corrective action is taken if temperatures outside the accepted range are observed. An area for improvement was identified.

Records were maintained of the disposal of medicines.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. In each unit, the receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. Robust arrangements were in place for the management of controlled drugs. The controlled drugs record book had been maintained to the required standard.

The records of four residents who were prescribed regular analgesia were reviewed; each resident had a pain management care plan and a pain assessment tool was used.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and its effect. The records belonging to four residents were reviewed.

Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available. The reason for and effect of administration were generally recorded

Care plans were in place when residents required to have their medication administered covertly.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. The audit system in place in this home helps staff to identify medicine related incidents.

6.0 Conclusion

Residents looked well cared for and spoke positively about life in the home. Staff were seen to treat residents with kindness and respect and to offer them choices about their care needs and how they would like to spend their day.

The home was clean and tidy. The environment was pleasant and welcoming for residents, staff and visitors. Staff responded to the needs of the residents and provided support in a timely way.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	3

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 (3) and (4) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that the visits undertaken on behalf of the registered provider are completed on a monthly basis, are unannounced and the detail recorded accurately reflects the current situation in the residential home.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Reg 29s are completed monthly and reflect the situation in the Residential Home.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 25.1 Stated: First time To be completed by: 19 November 2021	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Home Manager has placed adverts for Care assistant staff and is actively interviewing staff when applications are received. Recruitment has been slow in the last couple of months but we have been using agency staff where available and staff overtime to achieve the required staffing levels. We will continue to recruit and review staffing levels in line with residents needs and dependencies.</p>
Area for improvement 2 Ref: Standard 12.9 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that all meals are covered during transportation.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This has been addressed with staff and they are aware to ensure the meals delivered to Residents bedrooms have a plate cover in place. Spot checks by the Home/Deputy manager are undertaken daily.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the temperature range of the medicine refrigerator in Cedar Unit is accurately monitored each day.</p> <p>Ref:5.2.6</p>
<p>To be completed by: 22 October 2021</p>	<p>Response by registered person detailing the actions taken: Addressed with staff and staff are aware how to reset the fridge thermometer and report any abnormal reading to the Home/Deputy Manager. All readings are checked daily.</p>

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