

# Inspection Report

26 January 2023



## Magherafelt Manor Residential Home

Type of service: Residential

Address: 2 Pound Road, Magherafelt, Tyrone, BT45 6NR

Telephone number: 028 7930 0284

[www.rqia.org.uk](http://www.rqia.org.uk)

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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> Mr Stuart Johnstone	<b>Registered Manager:</b> Ms Siobhan Conway  <b>Date registered:</b> 17 July 2017
<b>Person in charge at the time of inspection:</b> Ms 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 ensuite 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 26 January 2023, from 10 am to 4.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and 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.

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 to them in a respectful and pleasant manner.

Residents said that they were happy in the home and the staff helped them when they needed help. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents and their relatives confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

One new area requiring improvement was identified regarding the dining experience.

RQIA were assured that the delivery of care and service provided in Magherafelt Manor was safe, effective and compassionate and that the home was well led. 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, 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.

The findings of the inspection were discussed with Ms 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, "yes all is fine, I have no complaints," and "all is ok we are well looked after."

We spoke with two residents' relatives; who told us "I am very content, very happy with the care that is delivered." Some relatives' comments were shared with the manager for further action.

Staff commented that the home was "a lovely place"; one staff member told us "I love working here." All staff spoken to confirmed 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.

No additional feedback was provided by residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments described Magherafelt Manor as being "a home away from home" and of having a "loving, caring environment."

#### 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 19 and 21 October 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 29 (3) and (4)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 25.1	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>Not met</b>

<p><b>Stated:</b> First time</p>	<p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and is stated for a second time please see 5.2.1 for further detail.</p>	
<p><b>Area for Improvement 2</b>  <b>Ref:</b> Standard 12.9  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that all meals are covered during transportation.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> 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><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>

## 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.

The manager had a system in place to monitor staff’s professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated excellent knowledge of their roles and responsibilities regarding Adult Safeguarding and Deprivation of Liberty Safeguards (DoLS). A review of the homes training matrix confirmed that all mandatory training is up to date.

Staff said there was good team work and that they felt well supported in their role and with the level of communication between staff and management. One member of staff said, “the support is good here, our manager is excellent.”

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. 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.

Residents said, “we are one big happy family,” and “this is lovely, I am well looked after, I could not ask for any more. ”Residents’ relatives said “if there is ever any difficulty the staff ring me, they keep me well informed.”

Staff told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

However staff spoken to in one of the units had previously expressed concerns in relation to the staffing levels particularly in the mornings. During this inspection, staff continued to express these concerns. This was further evidenced during the inspection as staff remained under pressure to manage all the required duties in the morning shift. Details were discussed with the manager during feedback and an area for improvement was identified for a second time.

## 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. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents’ needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. For example, staff responded to one resident’s distress in a caring and compassionate manner, answering her questions and spending time reassuring her.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care; audits were carried out monthly and where appropriate, consent was gained for the use of these systems and processes.

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. For example, during the lunchtime meal one resident had spilt some dinner on her clothing and staff discreetly supported her to change her clothing and attend to her personal hygiene.

Where a resident was at risk of falling, measures to reduce this risk were put in place. 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.

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.

The dining experience was an opportunity of residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

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. The lunch meal was a pleasant and unhurried experience for the residents. Residents said “the food is very good,” and “lunch was lovely, I enjoyed it.”

In the Willow unit, the menu on display was not in a dementia friendly format and in the Cedar unit there was no menu on display. This was discussed with the manager for action and an area for improvement was identified.

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 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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents’ needs. There was evidence of a person centred approach throughout care records. 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. One residents’ relative told us “I am kept well informed of any changes or difficulties.”

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.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and individual residents’ care plans reflected this.

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. Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

Residents' relatives said "the place is always clean and tidy when I call, I have no concerns."

The environment was well maintained and a review of records confirmed that the required safety checks and measures were in place and regularly monitored. In some of the bedrooms bathroom cabinets appeared worn and the paint was chipped. The manager provided evidence that new cabinets had been ordered. Following the inspection the manager provided written confirmation that the cabinets had been replaced.

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 15 September 2022; this assessment resulted in no actions. Staff were aware of their training in this area, staff advised us that fire safety training was due to take place the following week and that they intended to attend this training. Staff showed excellent awareness of how to respond to any concerns or risks.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. 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.

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.

### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

Residents indicated that they were happy living in Magherafelt Manor. One resident told us, "it is lovely here, I am well looked after, I could not ask for anything more."

Staff discussed the importance of a person centred approach when it came to activities for the residents. An activities planner was made available to the residents and was on display in both lounges and in each bedroom. Activities on this planner included; arts and crafts sessions, poetry reading and pamper sessions.



Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. One visiting family member said “I always feel welcome when I call, communication is great.”

### 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. There was evidence of auditing across various aspects of care and services provided by the 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 commented positively about the manager and described her as supportive and approachable. Staff told us that there was good communication from management and everyone knew what was expected of them. Staff said “the manager is excellent, very supportive, “and “the support here is good, we have regular supervisions appraisals.”

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 operations 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 vulnerable adults. Staff presented as knowledgeable with regards to the safeguarding process and a review of the training records confirmed that staff had completed their mandatory safeguarding training.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address these concerns quickly. A review of the home’s record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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.

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. It was positive to note that when no relatives were available in the home during these visits, follow up phone calls were made to ensure that they had an opportunity to offer feedback; this is good practice. 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 Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1) (Alter as required)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\* The total number of areas for improvement includes one standard that has been stated for a second time and one standard which has been carried forward to the next inspection.

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be completed by:</b> 22 October 2021	The registered person shall ensure that the temperature range of the medicine refrigerator in Cedar Unit is accurately monitored each day  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  <b>Ref: 5.2.6</b>
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 25.1  <b>Stated:</b> Second time  <b>To be completed by:</b> From date of inspection	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>Ref: 5.1 and 5.2.1</b>  <b>Response by registered person detailing the actions taken:</b> Staffing levels within the Home have been reviewed and are appropriate to meet the dependency levels of the residents. Staffing levels will be subject to continuous review to ensure safe staffing levels remain to meet the dependency of the residents

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>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</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Menu Board is completed daily in the morning by staff and is then checked by the Home and Deputy Managers during their morning walkarounds. A Daily Menu is placed on all tables and this is monitored by the Home and Deputy Managers.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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