



# Unannounced Care Inspection Report 15 October 2019



## Magherafelt Manor Residential Home

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

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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.

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 registered residential care home which provides care for up to 28 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Siobhan Conway 17 July 2017
<b>Person in charge at the time of inspection:</b> Siobhan Conway	<b>Number of registered places:</b> 28  A maximum of 12 residents accommodated in the Willow Suite and a maximum of 16 residents accommodated in the Cedar Suite.
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 27

### 4.0 Inspection summary

An unannounced inspection took place on 15 October 2019 from 10.10 to 15.45 hours.

The inspection was 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 communication between the residents and the staff, staff supervision and appraisal, provision of staff training and the management arrangements in the home.

One area requiring improvement was identified in relation to staff meetings.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	1

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

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedules
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate
- supervision and appraisal planners
- staff competency and capability assessments
- fire safety risk assessment
- NISCC professional registration checks

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 last care inspection dated 12 December 2018

The last inspection of the home was a pre-registration inspection on 12 December 2019. There were no areas for improvement generated from this inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival to the home we found that the most of the residents were already washed and dressed. The atmosphere in the home was considered warm and calm with staff assisting and conversing with residents in a friendly and respectful manner.

### Staffing and recruitment

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. The manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. No concerns were raised by residents or staff regarding staffing levels 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.

The manager confirmed that competency and capability assessments were in place for staff in charge of the home in the manager's absence. Two assessments were reviewed and found to be satisfactory.

Two staff recruitment records were reviewed. This confirmed that the required pre-employment checks including Access NI and references were completed for all new staff prior to commencement of employment in the home. Staff spoken with and review of records confirmed also that staff completed an induction relevant to their roles and responsibilities.

The manager explained that care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. Records available in the home confirmed this.

## **Staff supervision, appraisal and training**

Discussion with the staff confirmed that they felt supported in their roles. Staff stated that they could approach the manager at any time and any issues would be managed in a professional manner.

We saw that the manager had a system in place for managing staff supervision and appraisal in accordance with the requirements.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis. The manager advised that additional training was also provided for staff if required.

## **Safeguarding residents from harm**

The home had devised a new policy in regards to safeguarding residents from harm which was reflective of the Regional safeguarding policy and procedure. This policy was disseminated for staff to read and sign off when completed. This was good practice. Staff training in adult safeguarding was included within mandatory training records.

Staff shared a good knowledge of reporting mechanisms for raising concerns within the home. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse, even if the manager was not working in the home. The manager was able to describe how safeguarding referrals would be made to the trust and who to contact.

## **Management of falls**

Review of records and discussion with the manager confirmed that The Falls Prevention Toolkit was used in the home. Records contained falls risk assessments and associated care plans which were reviewed on a monthly basis or more often if required. Appropriate action was recorded following a fall including referral to multi-disciplinary teams and falls clinics.

## **Environment**

An inspection of the home was undertaken. Residents' bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be odour free and clean. There was a warm atmosphere in the home. Corridors and communal areas contained displays which were meaningful to the residents.

We noted that there one chair which was torn and therefore could not be effectively cleaned. This was discussed with the manager during the inspection. The chair was removed immediately and a new chair was ordered.

## **Infection prevention and Control (IPC)**

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment. Review of training records showed staff completed training in IPC. Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection and the importance of handwashing.

We observed areas of rust on one raised toilet seat. This was discussed with the manager and the raised toilet seat was replaced during the inspection.

**Fire safety**

The home had a current fire risk assessment in place dated 28 August 2019. There was no action plan required as a result of this assessment. Walkways throughout the home were kept clear and free from obstruction.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

**Areas for improvement**

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

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

**6.4 Is care effective?**

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

**Care records**

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. For example care plans referred to the updated dysphagia guidance.

Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home. It was noted that prompt and responsive action was recorded by staff should this be required.



## Staff communication and teamwork

The staff confirmed that there was good communication and team work in the home. The staff reported that they all work together for the benefit of the residents. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings.

The staff advised that during the staff handovers any concerns or information is passed on in relation to the care and treatment of residents. At the handovers staff also agree the delegated duties for the provision of care for each resident. Records of staff meetings were reviewed. It was noted that there was no entry recorded in relation to the attendees, the discussions that took place and any actions agreed. This was identified as an area for improvement to comply with the standards.

## Effectiveness of care

Residents were well dressed in clean attire. Glasses and walking aids appeared in good working order. Staff were able to describe the individual needs of residents and how these would be met in the home.

Lunch meals were observed and appeared appetising. Assistance and support was provided to residents where this was required. We could see that the portion sizes were good and there was a variety of drinks available. The residents said that they enjoyed the food in the home. Drinks and snacks were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

## Areas of good practice

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

## Areas for improvement

One area for improvement was identified in relation to staff meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 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.**

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.



## Compassionate care

In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Observations of staff during the inspection found that they were reassuring to residents and acted in a caring manner.

On the day of the inspection a number of the residents were engaged in singing with a staff member. The residents were able to actively participate and appeared to enjoy this activity. Some of the residents have their own duties within the home. For example a resident was assisting staff to organise the table for lunch. It was evident that this task was meaningful and important for this resident.

Some comments made by residents included:

- “The food is good but I want to go home.”
- “I think it’s great, the staff are very good.”
- “The staff are all very good.”
- “I am very content here, the home is clean and organised.”
- “The food is good.”
- “I really enjoy the singing.”

Staff comments included:

- “I love my work, everyone gets on well and we all work well as a team. I could go to the manager about anything. She is very professional and confidential. There is adequate staffing in place and whatever we need they provide it.”
- “There is good care provided here. The residents come first. We all communicate well with each other for the benefit of the residents. Safe care is provided here.”
- “I am very happy working here. I really enjoy the residents.”

A comment received from a relative on one returned questionnaire was:

- “The care and compassion our relative receives is exceptional and all the staff are amazing. To us as a family, this is what every care home should be like. We are so pleased that our relative is so happy, content and at peace with her surroundings.”

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing resident and their representatives.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 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.**

There is a clear management structure within the home and the manager was available throughout the inspection process. All staff spoken with commented positively about the manager and described her as supportive and approachable. All interaction between the manager and staff was relaxed and team work was evident.

### Management and governance arrangements

The manager retains oversight of the home. The manager confirmed that she undertakes a daily walk around and listens to staff handovers to ensure she is aware of what is going on in the home.

A system of audits was in place in the home. Examples of such audits included; care files, falls, mealtimes, accidents/incidents and mattresses. In addition the manager completes a monthly self audit which provides further oversight of training and development, health and safety and administration within the home. Where there were areas for improvement identified, actions plans were in place with timeframes.

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 report of the visits dated 13 September 2019, 9 August 2019 and 27 July 2019 were reviewed. These reports found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

### Management of accidents/incidents

An inspection of accidents and incident reports 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 inspected as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

## Management of complaints/compliments

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint 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 retained in the home and included such comments as:

- “We cannot put into words how thankful we are, nor express how much your team helped us through a very difficult time.”
- “We couldn’t speak highly enough of all they have done for our (relative).”

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements, management of complaints and incidents and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

## 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, registered manager and Karen Shannon, deputy 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 care 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 November 2019</p>	<p>The registered person shall ensure that the record of staff meetings includes a list of the attendees, the discussions that took place and any actions agreed.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff meeting going forward have a sign in sheet for staff attending. Discussions recorded and actions agreed.</p> <p>Staff meeting held on 19/11/19 discussions/actions agreed and recorded.</p>

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



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