Unannounced Care Inspection Report
28 February 2020

Magherafelt Manor Residential Home

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

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

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

4.0 Inspection summary

An unannounced care inspection took place on 28 February 2020 from 12.05 hours to 16.30 hours to assess progress with all areas for improvement identified in the home since the last care inspection.

Areas for improvement in respect of previous medicines management and premises inspections have also been reviewed and validated as required. This is discussed further in section 6.1.

Evidence of good practice was found in relation to communication between residents, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas requiring improvement were identified in relation to care records and management oversight.

Residents described living in the home in positive terms. Comments received from residents, people who visit them 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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Siobhan Conway, 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.

4.2 Action/enforcement taken following the most recent inspection dated 15 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 15 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 findings from the previous care, medicines management and premises inspections, 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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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

- staff duty rotas from 17 February 2020 to 1 March 2020
- staff training records specific to the Mental Capacity Act (Northern Ireland) 2016 Deprivation of Liberty Safeguards (DoLS)
- four residents' records of care
- governance audits/records
- minutes of staff meeting 19 November 2019
- a sample of medication records
- sub compartment floor plan and fire alarm zone plan of the first floor
- monthly monitoring reports from January 2020

Areas for improvements identified at the last care, medicines management and premises inspection were reviewed and assessment of compliance recorded as met.

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 15 October 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 25.8 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Review of minutes from the most recent staff meeting on 19 November 2019 evidenced that this area for improvement had been met.	

Areas for improvement from the last premises variation to registration inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 29.1 & 29.2 **Stated:** First time	The registered person shall liaise with the facility fire safety consultant plus fire detection & alarm system engineer to ensure that the boundaries of the fire alarm zones and fire safety sub-compartments are in alignment.	**Met**
	Action taken as confirmed during the inspection: Review of relevant documentation evidenced that this area for improvement has been met.	

Areas for improvement from the last medicines management post registration inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure that the administrations of medicines prescribed for administration at weekly intervals are closely monitored to ensure compliance with the prescribed instructions.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of medication records evidenced that this area for improvement had been met.	

6.2 Inspection findings

6.2.1 Staffing provision

On arrival to the home at 12.05 hours we were greeted by staff who were helpful and attentive and were confident in their delivery of care. Residents were seated within one of the lounges/dining rooms or in their bedroom, as per their personal preference. There was a pleasant and relaxed atmosphere observed throughout the home.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were compassionate, caring and timely.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of residents were met. We reviewed staffing rotas which evidenced that the planned staffing levels were adhered to. Discussion with the manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Comments included:

- "I love working here"
- "Lots of training"
- "Manager very supportive"
- "Very rewarding job"
- "We all work well as a team."

We reviewed staff training records specific to the Mental Capacity Act (Northern Ireland) 2016 Deprivation of Liberty Safeguards (DoLS) which evidenced that the majority of staff had completed level 2 training. Staff demonstrated a general knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with management or the senior carer in charge.

6.2.2 Resident health and welfare

Observation of the delivery of care evidenced that residents' needs were met by the levels and skill mix of staff on duty. We observed staff attending to residents needs in a caring manner and as promptly as possible.

Residents' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Residents and staff spoken with were complimentary in respect of the home's environment. This is discussed further in section 6.2.4.

Consultation with 11 residents individually, and with others in small groups, confirmed that living in Magherafelt Manor was a positive experience. Resident comments included:

- "Very happy. Wouldn't change a thing."
- "Staff are very friendly and willing to help."
- "Food is great."
- "Really happy here. Couldn't fault anyone."
- "Girls (staff) are very good here."

Resident representatives/visitors spoke positively in relation to the care provision in the home. They said:

- "Brilliant place."
- "Great care here."
- "Staff are very caring".
- "Fantastic place."
- "They treat the residents like their own family."

6.2.3 Care records

Review of a sample of resident care records evidenced that a number of care plans and risk assessments were not in place to direct the care required. On discussion with the manager and staff it was identified that several residents had a potential risk of choking due to a history of putting objects in their mouth. Gloves from wall mounted dispensers had been removed as a safety measure and stored in secure areas throughout the home. On review of care records we identified that risk assessments and care plans had not been completed in relation to these associated risks.

We further identified that residents who were prescribed once weekly medication did not have a care plan to direct staff. The level of assistance with personal care for one resident did not reflect what was documented within their care plan. We were unable to clearly read the details in one care record, where information had been scored out.

The above deficits were discussed in detail with the manager who acknowledged the shortfalls in the documentation and agreed to review these care records and to communicate with relevant staff the importance of accurately documenting the assessed needs of residents. Following the inspection the manager provided written confirmation that relevant care plans and risk assessments had been implemented. In order to provide the necessary assurances and to drive/sustain improvements an area for improvement was identified. This is discussed further in section 6.2.5.

6.2.4 General environment

As discussed in section 6.2.2 a review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. In general the home was found to be warm and comfortable throughout. However, on entering one of the lounges within the Cedar suite a malodour was evident with cushions missing from a number of armchairs and crumbs/debris observed on the floor and on furniture. A malodour was also evident within identified bedrooms. This was discussed in detail with the manager and the above areas including the carpets were cleaned during the inspection and the cushions were replaced. The manager agreed to monitor these areas during daily walk arounds and monthly audits and to replace carpets/furniture where necessary.

Observation of practice and discussion with staff evidenced deficits in infection prevention and control (IPC) practices. Although most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE), shortfalls were identified with some staff in relation to hand hygiene and the correct use of PPE. This was discussed in detail with the manager who agreed to address the deficits identified to ensure best practice guidance is adhered to and to monitor IPC practices during monthly audits and daily walk arounds. This is discussed further in section 6.2.5.

On review of the treatment room the floor was unclean. On discussion with staff it was evident that there was no system in place for the cleaning of the treatment room. This was discussed with the manager and following the inspection written confirmation was received that the treatment room had been cleaned and a once weekly cleaning schedule had been established. This is discussed further in section 6.2.5.

6.2.5 Management and governance arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

A number of audits were completed on a monthly basis by the manager and/or deputy manager to ensure the safe and effective delivery of care. Environment, IPC, care records and hand hygiene audits were carried out monthly and where deficits were identified an action plan had been implemented. The audits specific to the environment were documented "all units" which included both the nursing and residential home. A discussion was held with the manager around the effectiveness of the audits due to the issues identified during the inspection as mentioned above and to ensure that audits are specific to the residential home. In order to provide the necessary assurances and to drive/sustain improvements an area for improvement was identified.

Areas of good practice

Evidence of good practice was found in relation to communication between residents, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

Areas for improvement were identified in relation to care records and management oversight.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

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

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that care plans fully reflect the assessed needs of the residents. With specific reference to ensuring: • identified risks are assessed, documented, kept under review and revised at any time when necessary • care plans are implemented where a risk has been established • there is written evidence of consultation with the resident, care manager and the residents representative regarding identified risks and agreed plan of care Ref: 6.2.3.
	Response by registered person detailing the actions taken: Residents identified with a Risk of choking or placing objects in mouth have risk assessments and care plans put in place. These are reviewed monthly or if any changes occur. Plan of care is discussed with Care managers and next of kin. This is documented in multi-disciplinary notes and also during any care reviews. Staff are aware to observe all residents and if any risks are identified that they are assessed and plan of care is put in place.Audits ongoing for same.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 20 **Stated:** First time **To be completed by:** 28 March 2020	The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home. The registered manager must ensure: 1. Care records are reviewed regularly to ensure that they accurately reflect the needs of the resident 2. IPC practices are monitored during daily walk arounds and where deficits are identified the action taken is documented 3. A cleaning schedule is implemented for the treatment room and monitored during regular audits 4. Environmental audits are specific to the residential home Ref: 6.2.3, 6.2.4 and 6.2.5

	Response by registered person detailing the actions taken: All care records are reviewed regularly and reflect the needs of the residents. Home Manager continues to complete walk abouts daily, any issues are addressed with staff and actioned immediately. A Cleaning schedule is in place for treatment rooms and is audited weekly. Separate audits are in place for the residential units.

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

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