

Unannounced Care Inspection Report

4 March 2021



Magherafelt Manor Nursing Home

Type of Service: Nursing Home

Address: 22 Pound Road, Magherafelt, BT45 6NR

Tel No: 028 7930 0284

Inspector: Gillian Dowds

www.rqia.org.uk

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 37 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Siobhan Conway 31/03/2015
Person in charge at the time of inspection: Siobhan Conway	Number of registered places: 37
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 34

4.0 Inspection summary

An unannounced inspection took place on 09 February 2021 from 09.15 to 18.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the internal environment and infection prevention and control (IPC)
- care delivery
- care records
- governance and management arrangements.

Patients spoken to were positive about their experiences living in Magherafelt Manor.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Siobhan Conway manager and Caron McKay regional 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with four patients and six staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. Three responses were received indicating they were satisfied with the service received in Magherafelt Manor. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received.

The inspector provided the manager with 'Tell us' cards to allow patients and their representatives who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas from 8 to 21 March 2021
- staff training records
- staff supervision schedule
- two staff recruitment files
- one staff induction record
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records including repositioning records,

- food and fluid intake charts and bowel monitoring records.
- cleaning schedules
- activities records
- staff nurse competency assessment
- RQIA registration certificate.

Areas for improvement identified at the last care 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 29 November 2019.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. The atmosphere in the home was calm and unhurried. Patients and staff spoken with indicated that they were generally satisfied with staffing levels in the home. However one staff member spoken to told us that they felt that the staffing levels in the Sycamore unit could be improved. All comments were passed to the manager to review and action as needed.

There was a system in place to monitor compliance with mandatory training and staff were reminded when training was to be completed.

Review of two staff recruitment record evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to monitor that staff were registered with the NISCC and NMC as required.

Staff spoken with commented positively about working in the home, they told us that teamwork was good and they felt well supported in their role even with the additional challenges that have arisen from the COVID-19 pandemic; comments included:

- “It’s been very different this year.”
- “Teamwork is very good we have consistent staffing.”
- “Siobhan (manager) is very good, if we have any problems we can go to her.”
- “It can be challenging but very rewarding.”
- “This year has been a learning curve.”
- “We are all like a family here.”
- “I absolutely love my job here”

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home and health declaration completed. The manager and staff confirmed that all staff and patients had a twice daily temperature check recorded. However records reviewed of the recording of staff temperatures indicated at times staff temperatures were recorded once instead of twice daily this was discussed with the manager and she agreed to address this.

Staff told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

We observed that staff carried out hand hygiene at appropriate times and we observed staff were compliant when wearing their masks. However on occasion staff did not take the opportunity to wear additional PPE such as gloves and/or aprons in accordance with the regional guidance. This was discussed with the manager and an area of improvement was identified.

6.2.3 The internal environment and infection prevention and control(IPC)

We reviewed the home’s environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. The home was clean, tidy and fresh smelling throughout. We observed a trolley with clean linen stored outside an identified bathroom. We discussed this with the manager who advised that storage options were limited however she told us that she would address this.

We observed the storage of hoists behind the doors in the corridors of the home when not in use. This was discussed with the manager and an area for improvement in relation to fire safety precautions was made.

We observed that the kitchen in the Sycamore unit was unlocked and a cupboard with cleaning chemicals was accessible. We also observed the identified hairdressing room was unlocked and a box of unnamed toiletries and some prescribed creams were accessible this was discussed with the nurse in charge. A lock was placed on the kitchen cupboard on the day of inspection and the box of toiletries was removed at the time of the inspection. This was discussed further with the manager on inspection and an area for improvement was identified.

We observed the storage of a trolley containing clean linen in a corridor outside a bathroom. We discussed this with the manager who told us that she would identify alternative storage for same. The manager agreed to address this and progress will be reviewed during the next inspection.

The manager told us that there was a system in place to ensure that frequently touched points, for example light switches and door handles, were cleaned regularly over the 24 hour period and deep cleaning was completed as required in addition to the regular cleaning schedule. We observed that cleaning of the touch points during the inspection and also a review of the cleaning schedules confirmed this.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect.

The manager advised us that visiting was facilitated in the allocated visiting room. Visitors booked appointments; staff meet them on arrival, assist with PPE and IPC measures and take them to the allocated visiting area. They also assist patients with window visits, virtual visiting and telephone calls.

The manager advised us that there was one care partner supporting their relative in the home. We reviewed the risk assessment in place.

Staff discussed the importance of effective communication and told us that every effort had been made during the COVID-19 pandemic to ensure that families were kept informed and up to date.

Patients' spoken to told us they were well looked after and staff were friendly;

- "I love it in here"
- "It is not a bad place at all."
- "It is excellent it couldn't be better."

6.2.5 Care records

We reviewed three patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SLT) and tissue viability nurse (TVN) where necessary.

Patients' weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example, prescribed supplements, were recorded.

We reviewed a sample of food and fluid intake charts. We observed in some of the food and fluid records reviewed a lack of specific detail in the record of the meal taken and for some patients only the main meals were recorded this was discussed with the manager who advised that the patients received drinks and snacks between meals.

Gaps were also identified in the recording of the patients' bowel monitoring charts. A lack of oversight of the bowel monitoring records by the registered nurses in the daily notes was observed. An area for improvement in relation to the supplementary care charts was made.

We reviewed the repositioning records in place for one patient. A review of the daily records of care evidenced that the patient was assisted to change their position 3-4 hourly by staff we observed that this care was recorded on a repositioning chart however there was no care plan in place to direct the care. An area for improvement was made.

A review of records evidenced that a system was in place to manage falls within the home in accordance to best practice guidance and falls were reported appropriately.

6.2.6 Governance and management arrangements

We reviewed a sample of governance audits, including those focused on infection prevention and control, and hand hygiene. Audits were in place to monitor the quality of the service provided. Where deficits were identified an action plan was developed to ensure improvements made.

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due. There was a system in place to monitor that staff were registered with the NMC or NISCC as required.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

Staff spoken to told us they felt supported in their role and that the manager was approachable.

While a review of records evidenced that Regulation 29 monthly monitoring reports were available we observed that whilst some patients and staff consultation was documented there was limited evidence of consultation with families. We discussed this with the manager and regional manager who advised us that they were developing ways of obtaining this feedback and discussed a recent relatives meeting that was held via zoom, telephone calls to families and also speaking to relatives during visiting. Progress of this will be reviewed during the next inspection.

Areas of good practice

Areas of good practice were identified in relation to staff interaction with patients and the staff awareness of their patients' needs. Areas of good practice were also identified in relation to the teamwork and the ongoing activities in the home.

Areas for improvement

Areas for improvement were identified in relation to use of PPE, fire safety precautions and patient access to chemicals. Further areas for improvement were identified in relation to ensuring a care plan is in place for patient repositioning and recording and oversight of supplementary care records.

	Regulations	Standards
Total number of areas for improvement	2	3

6.3 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

During the inspection patients were observed to be well presented and content in their surroundings. Staff were observed interacting with patients in a friendly and caring manner. Patients spoken to were positive about their experiences in Magherafelt Manor.

Areas for improvement were identified in relation to fire safety precautions, patient access to chemicals, ensuring a care plan is in place for patient repositioning and recording and oversight of supplementary care records.

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 and Caron McKay Regional 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4)(d)(iii) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that the corridors in the home are maintained free from any clutter or obstruction that would impede in the event of an evacuation of the home.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All hoists are now stored in a suitable area without causing an obstruction. Linen Trolley stored in the laundry and replenished when necessary and only when in use. All areas are clutter free.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure as reasonably practicable unnecessary risks to the health or safety of patients is identified and so far as possible eliminated. This is stated with regards but not limited to:</p> <ul style="list-style-type: none"> • Access to the kitchen area in the Sycamore unit • Access to and inappropriate storage of toiletries and creams in the hairdressers room <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The Kitchenette door is now closed at all times. Lock in place on kitchen cupboard. Cleaning products stored appropriately. All toiletries and creams removed from hairdressing room and stored appropriately, hairdressing room locked when not in use.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that the IPC training in the use of PPE is embedded into practice.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: This has been addressed with staff and all staff have completed their IPC training. IPC lead will monitor this. Also highlighted at Staff meeting on 15/04/21.</p>
Area for improvement 2	<p>The registered person shall ensure that supplementary care records are accurately recorded and the nursing staff evaluates the</p>

Ref: Standard 4 Stated: First time To be completed by: 5 May 2021	effectiveness of this care. This is stated with specific reference to the detailing on the food and fluid charts and the recording of the bowel charts. Ref: 6.2.5
	Response by registered person detailing the actions taken: All food and fluid charts are detailing specific food offered and how much taken from each category. i.e vegetables meat, potato etc. Snacks added to food and fluid charts. Staff Nurses are now recording in daily notes Bowel frequency and actions taken.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 5 May 2021	The registered person shall ensure a sufficiently detailed care plan is in place for those patients who require to be repositioned. Ref: 6.2.5
	Response by registered person detailing the actions taken: Repositioning care plan is in place.

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



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