

# Unannounced Care Inspection Report 9 January 2018



## Magherafelt Manor

**Type of Service: Nursing Home (NH)**  
**Address: 22 Pound Road, Magherafelt, BT45 6NR**  
**Tel No: 028 7930 0284**  
**Inspector: Lyn Buckley**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 34 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Mr Gavin O'Hare-Connolly	<b>Registered Manager:</b> Ms Siobhan Conway
<b>Person in charge at the time of inspection:</b> Claire O'Kane - acting deputy manager 09:45 to 10:20 hours Ms Siobhan Conway – registered manager: from 10:20 hours.	<b>Date manager registered:</b> 31 March 2015
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 34 comprising: 22 – NH-DE 12 – NH- I, PH, and PH(E)

### 4.0 Inspection summary

An unannounced inspection took place on 9 January 2018 from 09:45 to 15:30 hours.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff training and development; staff knowledge of their patients and staff interactions with patients and relatives; governance arrangements, quality improvement; effective communication and maintaining good working relationships.

An area for improvement under the regulations was identified in relation to infection prevention and control practices.

An area for improvement under the standards was identified in relation to care planning.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

Details of the Quality Improvement Plan (QIP) were discussed with Siobhan Conway, registered 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 3 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 October 2017. There were no further actions required to be taken following the most recent 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.
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing.
- the returned QIP from the previous care inspection.
- the previous care inspection report.

During the inspection the inspector met with eight patients individually and with others in groups, seven staff and one patient's visitor/representative. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed in the foyer of the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 14 January 2018

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patients' care records
- two patients' care charts such as food and fluid intake charts and reposition charts
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 most recent inspection dated 3 October 2017**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### **6.2 Review of areas for improvement from the last care inspection dated 20 August 2017**

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

## **6.3 Inspection findings**

### **6.4 Is care safe?**

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 1 to 14 January 2018 evidenced that planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with during the inspection did not raise any concerns regarding staffing levels or the quality of care delivered. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff, while busy, attended to patients' needs in a timely and caring manner.

We also sought patients', relatives' and staff opinion in regards to the quality of care via questionnaires and an online survey. At the time of issuing this report no responses from either questionnaires or the online survey had been received.

RQIA were assured from the review of records, observations of the care delivered and discussion with management, staff, patients and relatives that staffing levels were kept under review and adjusted as necessary, to ensure the assessed needs of patients were met.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to enable the regular monitoring of the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Staff confirmed that they were required to complete mandatory training which included face to face training and e-learning. Records confirmed that staff had completed training in areas such as moving and handling, adult safeguarding, first aid and fire safety. A schedule of training dates was in place to ensure full compliance with mandatory training requirements. For example, a moving and handling theory session was scheduled for the 18 January 2018 to ensure 100% compliance with training requirements. Records reviewed and discussion with staff also confirmed that additional training sessions such as specialist nutritional care and dementia awareness were also made available to enable staff to fulfil their role and function in the home. The management team were commended for their efforts to facilitate and support staff development and the training compliance levels.

Observation of the delivery of care evidenced that training, such as moving and handling, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the new regional safeguarding policy and operational procedures had been embedded into practice and named the safeguarding champion for the organisation. The registered manager confirmed that if they had concerns regarding a matter that may require onward referral to adult safeguarding, they would approach the adult safeguarding champion for advice/guidance and maintain records of any discussion held and action taken as required.

Review of four patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessment were reviewed regularly and informed the care planning process.

We reviewed the system and processes regarding the management and governance of accidents and/or incidents that occurred in the home. This review evidenced that accidents/incidents were managed and reported in line with good practice guidelines and DHSSPS standards. RQIA were notified of events in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, dining rooms, stairwells and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Staff spoken with were aware of their role and responsibilities regarding infection prevention and control (IPC) measures in relation to ensuring a clean environment and the use, storage and disposal of IPC equipment. However, observations identified the following areas for improvement in relation to IPC practices:

- bedpans and other equipment should be stored appropriately in sluice rooms rather than on the floor; in keeping with IPC best practice guidance
- incontinence pads should not be stored where there is a toilet; in keeping with IPC best practice guidance.

An area for improvement was made under the regulations.

Fire exits and corridors were observed to be clear of clutter and obstruction.

On the first floor during discussion with staff a corridor window blew wide open in the wind. Nursing staff moved to close the window quickly and we observed that the window restrictor had not been effective. The acting deputy manager asked that the maintenance person on duty to be called. While the maintenance person addressed this specific matter we checked a random sample of window restrictors throughout the home and found them to be operating as required. Before the conclusion of the inspection we checked that the identified window restrictor had been repaired and was working effectively. Details of this incident were shared with the aligned estates inspector for the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of staffing levels, staff training and governance arrangements for accidents and incidents occurring within the home.

### Areas for improvement

An area for improvement, under the regulations, was made regarding infection prevention and control practices.

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



## 6.5 Is care effective?

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

We reviewed four patients' care records in relation to the management of pressure area care, nutrition and falls. Patient records evidenced that nursing assessments and care plans reflected the assessed needs of patients and were kept under regular review.

Records indicated that, where appropriate, referrals had been made to healthcare professionals such as TVN, Speech and Language Therapists (SALT), dieticians, care managers and General Practitioners (GPs). Nursing assessments and care plans in respect of pressure area care and nutrition had been reviewed on at least a monthly basis and were reflective of recommendations made by healthcare professionals. One patient requiring the use of a therapy mattress and repositioning did not have a care plan in place. Following discussion with the registered nurse on duty we were assured that the care required was being delivered. However, an area for improvement, under the standards, was made.

A contemporaneous record to evidence the delivery of care was recorded for each of the areas reviewed. For example, repositioning and food intake charts were recorded accurately and had been evaluated.

There was evidence of regular communication with patients and/or their relatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided necessary information regarding each patient's condition and ongoing care needs.

Staff spoken with stated that there was effective teamwork and that each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

We also observed the delivery of care throughout the home and were assured that patients' needs were met. Discussion with the registered manager and a review of governance records evidenced that that systems and processes were in place to quality assure effective communication with patients, relatives, staff and other healthcare professionals.

Patients and the relative spoken with expressed their confidence in raising concerns with the home's staff/management.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was maintained.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture of the home which promoted a sense of teamwork, contemporaneous record keeping and effective communication between patients, staff and other key stakeholders.

## Areas for improvement

An area for improvement under the standards was identified in relation to care planning.

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

### 6.6 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.**

We arrived in the home at 09:45 hours and were greeted by staff who were helpful and attentive. Patients were observed enjoying a morning cup of tea/coffee and snack in either their bedrooms or communal areas in keeping with their personal preference. Some patients were also observed in bed, in adherence with their personal wishes and/or assessed needs. Patients had access to fresh water and/or juice depending on their preferred tastes while staff were observed assisting patients to drink as required.

Staff interactions with patients were observed to be compassionate, caring and timely. It was clearly demonstrated that staff had a detailed knowledge of patients' wishes, preferences and assessed needs and knew how to provide comfort if required. The staff knowledge of their patients and their interactions with patients and relatives, in person and on the telephone, were commended by the inspector.

Staff were aware of the requirements regarding patient information, confidentiality and issues relating to consent. Patients' records were appropriately and securely maintained as required.

Patients able to communicate their feelings stated that they enjoyed living in Magherafelt Manor and confirmed they were afforded choice, privacy, dignity and respect in relation to how they spent their day and the care delivered. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient questionnaires were issued; none were returned within the timescale for inclusion in this report.

We spoke with one relative during this inspection. The relative was complimentary regarding the staff's attitude and caring approach toward them and their loved one. The relative said they were confident that concerns raised would be addressed appropriately. Ten questionnaires for relatives were issued; none were returned within the timescale for inclusion in this report.

We also spoke with seven staff. Details of comments made by staff have been included throughout this report. A poster inviting staff to complete an online survey was provided. At the time of writing this report none had been completed.

Any comments received from patients, relatives and staff were shared with the registered manager for their information and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

We also reviewed a number of cards and letters received by the home from relatives.

Comments were very positive and included the following:

- "...thank you for the care and attention...received from all staff in the home. [They] could not have been in a better place for the last days of [their] life."
- "Thanks so much...for all the care and attention you paid to ... and the kindness you showed me..."
- "We would like to say thank you for all the wonderful care you gave...especially for making [their] last few days so much easier for [them] and us. The support you gave us did not go unnoticed and we will always treasure the special times we had with [them] in your home."

Observation of the serving of the lunch time meal in the Hawthorne Suite and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Staff demonstrated their knowledge of the SALT definitions of food textures, consistency of fluids and feeding techniques and access to this information as required.

### 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 patients 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

#### 6.7 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.**

The certificate of registration issued by RQIA and a current certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of records and observations confirmed that the home was operating within its registered categories of care.

Since the last care inspection the home has registered the residential beds as a separate residential care home. The registered manager, Siobhan Conway, is the registered manager for both the nursing home and the residential home. Discussion took place regarding the

separation of records to enable each service to meet their respective regulatory/legislative requirements.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns supported effective communication and engagement. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the governance arrangements regarding complaints, accidents/incidents, notification of events to RQIA, staff training, registration of staff with NMC and NISCC evidenced that the processes were effective.

We reviewed the reports from the unannounced visit undertaken on behalf of the registered provider. These visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Following the receipt of each report the registered manager devised an action plan to address any areas for improvement identified. The progress of the action plan was reviewed as part of the next visit.

Discussions with staff confirmed that there were "good working relationships" and they were enthusiastic about the home and the care they provided and believed they were "making a difference."

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff expressed confidence in raising concerns about patient care with the nurse in charge and/or the registered manager if necessary. In discussion patients and relatives were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

As a result of this inspection we were assured that that care was safe, effective and compassionate and that Magherafelt Manor was well led.

### **Areas of good practice**

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

### **Areas for improvement**

No new areas for improvement were identified within this domain.

	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, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2018	The registered person shall ensure that bedpans and other equipment are stored appropriately in sluice rooms and that incontinence pads are stored appropriately, where there is a toilet; in accordance with IPC best practice guidance.  Ref: Section 6.4  <b>Response by registered person detailing the actions taken:</b> All items are stored correctly in accordance with IPC best practice guidelines. New shelving put in place.
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2018	The registered person shall ensure that care plans are in place to direct staff on the management of pressure area care for the identified patient.  Ref: Section 6.5  <b>Response by registered person detailing the actions taken:</b> Care plan now in place to direct staff to the management of pressure care.



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