



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 11 May 2018



Magherafelt Manor

Type of Service: Nursing Home (NH)
Address: 22 Pound Road, Magherafelt, BT45 6NR
Tel No: 028 7930 0284
Inspector: Stephen O'Connor

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 provider 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

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Mr Gavin O'Hare-Connolly	Registered Manager: Ms Siobhan Conway
Person in charge at the time of inspection: Ms Siobhan Conway	Date manager registered: 31 March 2015
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 registered places: 34 comprising: 22 – NH-DE 12 – NH- I, PH, and PH(E) A maximum of 22 patients in category NH-DE accommodated in the Ground floor unit. A maximum of 12 patients in categories NH-I, NH-PH, NH-PH (E) accommodated in First floor unit.

4.0 Inspection summary

An unannounced inspection took place on 11 May 2018 from 09:50 to 12:55 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.

RQIA received information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes which included staff recruitment and selection processes, registration of staff with their professional body and that two of the registered homes were being used to conduct business in respect to another service.

This inspection was undertaken to provide assurance in relation to the management and governance arrangements within Runwood Homes and the safety and wellbeing of patients in Magherafelt Manor.

The following areas were examined during the inspection:

- the use of Magherafelt Manor to conduct business in respect to another service
- governance and management arrangements
- monthly quality monitoring visits by the registered provider or nominated representative
- recruitment and selection of staff
- registration of staff with their professional bodies

All staff spoken with stated that they had no concerns in relation to the management and governance arrangements within Runwood Homes and that they felt supported in their role.

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

	Regulations	Standards
Total number of areas for improvement	*1	*1

*The total number of areas for improvement have been carried forward for review at the next care inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Siobhan Conway, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 January 2018.

5.0 How we inspect

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

- 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 Ms Siobhan Conway, registered manager, Ms Claire O’Kane, acting deputy manager, two registered nurses, a care assistant and a senior care assistant who also undertakes reception duties.

The following records were examined during the inspection:

- three reports of monthly quality monitoring visits by an individual nominated by the registered provider
- three staff recruitment files
- staff registration with professional bodies.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 9 January 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and this will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 January 2018

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 9 January 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

6.3.1 Use of premises by unregulated service

The registered manager and acting deputy manager advised that the premises were not used to conduct business in respect to another service. They were not aware of the establishment being used to take bookings, meet clients/potential clients or undertake medical assessments.

6.3.2 Governance and management arrangements

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The registered manager outlined the management arrangements and governance systems in place within the home. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager confirmed that they felt supported in their role by senior management.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

6.3.3 Visits by registered provider

The registered manager confirmed that visits by the registered provider, or their nominated representative, were undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005; reports were produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan was

developed to address any issues identified which included timescales and person responsible for completing the action.

Review of the last three reports dated 16 February 2018, 22 March 2018 and 12 April 2018 evidenced that:

- the visits during February and March 2018 had been completed respectively by Heather Lyttle and Joanne Neville, registered managers of nursing homes within the Runwood Homes group and the visit during April 2018 had been completed by Amanda Leitch, head of quality and governance for Runwood Homes
- the reports contained the date of visit; the time commenced and the time concluded
- residents were spoken with as part of the visit
- staff were interviewed as part of the visit
- where areas for improvement were identified; an action was developed to address the issues
- areas for improvement previously identified are being addressed or in the process of being addressed
- there is a system in place to escalate areas for concern up through the governance structures within Runwood Homes.

6.3.4 Recruitment and selection of staff

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of three staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager advised that Access NI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that Access NI information was recorded and managed in line with best practice.

6.3.5 Registration of staff with their professional bodies

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Nursing and Midwifery (NMC) council.

Areas of good practice

There were examples of good practice found in relation to the quality of and level of detail within the monthly quality monitoring reports, the procedures in respect of staff recruitment, the arrangements to monitor and review staff registration with professional bodies and management and governance oversight arrangements.

Areas for improvement

No areas for improvement were identified during this inspection. As outlined in section 4.0 of this report, the areas for improvement from the previous care inspection on 9 January 2018 are carried forward for review at the next care inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection. Areas for improvement identified during the care inspection on 9 January 2018 were not reviewed and are carried forward to the next care inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 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: 6.2
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 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: 6.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.



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