

# Unannounced Follow Up Care Inspection Report 20 August 2017



## Magherafelt Manor

Type of Service: Nursing Home  
Address: 22 Pound Road, Magherafelt, BT45 6NR  
Tel No: 02879 300284  
Inspector: Ruth Greer

[www.rgia.org.uk](http://www.rgia.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**

Magherafelt Manor is a care home registered to provide care for 65 persons in total. Thirty four patients assessed as requiring nursing care and 31 residents assessed as requiring residential care.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly (acting)	<b>Registered Manager:</b> Siobhan Conway
<b>Person in charge at the time of inspection:</b> Deborah Donaldson, Nurse in Charge Siobhan Conway, Registered Manager, joined the inspection	<b>Date manager registered:</b> 31 March 2015
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> Total number of registered beds: 34  Comprising: 22 – NH-DE 12 - NH-I, NH-PH, NH-PH(E)

### 4.0 Inspection summary

An unannounced inspection took place on 20 August 2017 from 9 30 to 12 00.

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.

As a result of serious concerns, in relation to the well-being of patients in a nursing home operated by Runwood Homes Ltd, a lay magistrate issued an order to cancel that home's registration. This inspection was undertaken to provide an assurance that appropriate arrangements were in place for the safety and well-being of patients accommodated in Magherafelt Manor which is also operated by Runwood Homes Ltd.

The following areas were examined during the inspection:

- management arrangements
- care delivery
- staffing arrangements
- equipment
- behaviours that challenge
- environment
- fire safety

Patients said they were happy in the home and confirmed that they were well cared for.

One patient stated -:

“The girls (staff) are great.”

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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with 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 inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 16 May 2016. No further actions were required following that 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 previous care inspection report

During the inspection the inspector met with 12 patients and eight staff. There were no visiting professionals and no patients’ visitors/representatives.

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 23/24 May 2016

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

### 6.2 Review of areas for improvement from the last care inspection dated 23/24 May 2016

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

## 6.3 Inspection findings

### Management arrangements

The registered manager of the home is Siobhan Conway. At the beginning of the inspection the registered manager was off duty and the home was being managed by Deborah Donaldson who was the nurse in charge. The registered manager joined the inspection approximately an hour later. The registered manager and the nurse in charge have been in those positions since the home's initial registration. The home is sub divided into two residential care units and two nursing units. There were registered nurses in charge of the nursing units and senior care assistants in charge of the residential units. All senior staff have competency and capability assessments in place which confirm their ability to manage the home in the absence of the registered manager. A representative from the organisation in control completes a monthly monitoring visit report. The most recent took place on 31 July 2017.

### Care delivery

Staff who spoke with the inspector were knowledgeable about their role and of the needs of the patients in their care. The nurse in charge confirmed that she was familiar with the out of hours arrangements for dealing with accidents, incidents and any emergency situation. Patients looked well and were relaxing in their rooms, chatting with staff, reading, listening to music or watching television. A relaxed atmosphere permeated the home and patients were calm and at ease in their surroundings. A good rapport was noted between patients and the staff. Nutritional assessments were in place for all patients and weights were recorded on a monthly basis or more often where a need has been identified. Referrals were made to specialist services, G P's, Speech and Language Therapists and Dieticians where a need had been identified. The nurse in charge confirmed that one patient was having wound care for a skin tear. A care plan was in place for the treatment as prescribed by the G P. The nurse in charge advised that no patients had pressure wounds.

Discussion with staff and observation of care practice demonstrated patients were treated with dignity and respect. There was evidence that patients were listened to and communicated with appropriately.

## **Staffing arrangements**

There was a total of 61 patients and residents in the home. The following staff were on duty to provide the care-

Registered nurses x 2  
Senior care assistants x 2  
Care assistants x 7  
Domestic x 3  
Catering x 2

The registered manager confirmed that agency staff are not used in the home except in an extreme circumstance. There were no agency staff on duty. The home maintains a bank of part time staff and the inspector spoke with one who reported that the care she provides, and sees provided, is of a high standard. Staff confirmed that they had access to regular training opportunities.

## **Equipment**

The call bell system was in working order and records showed that this was checked weekly. The most recent check was on 19 August 2017. The nurse in charge confirmed that pressure mats were in place for eight patients as a result of a risk assessment. Care plans were in place for the use of alert mats and records showed that they were checked on a weekly basis. All were reported to be in working order. The registered manager stated that the home stores several spare mats and in the event of a fault/failure the maintenance person on call would come to the home to replace the faulty mat.

## **Behaviours that challenge**

Staff demonstrated an awareness of dementia and associated behaviours. There was a calm atmosphere throughout the home and patients were engaged in a variety of low key activities. There was no evidence of any agitation or distress in patients. Staff were able to describe appropriate responses to behaviours which may be challenging. Staff were aware of responding and reporting arrangements for any incidents of challenging behaviours.

## **Environment**

Magherafelt Manor is a purpose built home which has been designed to meet the needs of people who are living with dementia and/or nursing care needs. All bedrooms are spacious and have en suite hygiene facilities. An inspection of the internal environment identified that there were no obvious hazards to the health and safety of patients, staff and visitors. The standard of cleanliness throughout the home was exceptionally high. The home was beautifully furnished and decorated and patients' bedrooms were personalised with photographs and mementoes. Communal areas had many visual displays of previous events in the home and there was appropriate signage as triggers to assist patients with dementia. There were no mal odours in any part of the home.

## Fire safety

There was a fire safety assessment in line with HTM84 undertaken on 4 August 2017. One recommendation had been made as a result. The registered manager advised that this had been addressed. All patients had a PEEPs assessment in place. These were reflective of the patients currently accommodated in the home and were most recently reviewed/updated on 18 August 2017.

## 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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