

# Inspection Report

10 July 2024



## Magherafelt Manor Nursing Home

Type of service: Nursing Home  
Address: 22 Pound Street, Magherafelt, BT45 6NR  
Telephone number: 028 7930 0284

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation:</b> Kathryn Homes Ltd</p> <p><b>Responsible Individual:</b> Mrs Tracey Anderson</p>	<p><b>Registered Manager:</b> Mrs Siobhan Conway</p> <p><b>Date registered:</b> 31 March 2015</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Siobhan Conway</p>	<p><b>Number of registered places:</b> 37</p> <p>A maximum of 22 patients in category NH-DE accommodated in the Sycamore Suite and a maximum of 15 patients in categories NH-I, NH-PH, NH-PH(E) accommodated in Hawthorn Suite</p>
<p><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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 37</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 37 patients. The home is divided into two separate units on the ground floor; the Sycamore suite provides care for people living with dementia and the Hawthorn suite which provides general nursing care. Patients have access to communal lounges, dining rooms and outdoor space.</p> <p>There is a residential care home which occupies the first floor and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 9 July 2024, from 9.05 am to 5.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Magherafelt Manor nursing home was effective and compassionate and that the home was well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Siobhan Conway, Registered Manager at the conclusion of the inspection.

## 4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect. One patient said, "I'd give the home top marks". Other patient comments were shared with the Manager for her appropriate action.

Two relatives spoken with on the day of the inspection said they had no complaints at all. A further relative did raise a number of issues and these were discussed with the Manager at the end of the inspection for her appropriate action. One relative questionnaire was also received and the comments shared with the Responsible Individual to address as appropriate.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care and teamwork. Staff also felt they were well supported by the management team.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 June 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 21 <b>Stated:</b> Second time	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation. Records pertaining to the recruitment process must be accurately maintained to evidence the process is robust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that all nutritional supplements and thickening agents are stored securely.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 4.7 <b>Stated:</b> First time	The registered person shall ensure patients care records are appropriately reviewed and updated on the patient's re-admission to the home; for example, following a hospital admission.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a patients care records evidenced that some of their care records were reviewed but not all following return to the home after an admission to hospital.  This area for improvement is partially met and is stated for a second time.	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure pressure relieving mattress settings are effectively managed to meet the patients prescribed need.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	The registered person shall ensure that all areas of the home are effectively cleaned.  This is stated in respect to but not limited to: <ul style="list-style-type: none"> <li>• effective high level dusting of all areas.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained oversight of staff compliance with their training requirements.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. However, the duty rota was very difficult to read and interpret, this was discussed with the Manager and an area for improvement was identified.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

There was no evidence that the Manager had a plan in place for staff supervision or appraisals for 2024, an area for improvement was identified.

Staff said that they felt well supported in their role and found the Manager and Deputy Manager both to be accessible and approachable. Staff spoke positively on the teamwork in the home, and the patients consulted with spoke highly on the care that they received.

## 5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do. It was also observed that staff discussed patients' care in a confidential manner.

Patients were well presented in their appearance and told us that they were happy living in the home.

The serving of the lunchtime meal was observed in both units. Staff ensured that patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us that they enjoyed their meal. Unfortunately, the daily menu was not displayed in a suitable format within the Sycamore unit and was not displayed at all in the Hawthorn unit. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Review of a patient's care records who had recently returned to the home following an admission to hospital did not evidence that they had all been timely reviewed to ensure they continued to meet the patient's needs, an area for improvement was stated for a second time.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails or alarm mats.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well maintained.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were generally well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided, although shortfalls in staff practice were noted. Some staff members were observed wearing jewellery, the Manager provided assurance she would individually address this with the identified staff.

#### 5.2.4 Quality of Life for Patients

Staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed in communal areas advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. Activity records were well maintained which included the patient engagement with the activity sessions.

Staff were observed to be chatty, friendly and polite to the patients at all times and to communicate effectively with patients, including with those who had a cognitive impairment.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

#### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Siobhan Conway is the Registered Manager of the home.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care records, falls, wounds, accidents/incidents, complaints, the environment and IPC practices including hand hygiene.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager is the safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Systems were in place to ensure that complaints were managed appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

**6.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Siobhan Conway, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 10 July 2024</p>	<p>The registered person shall ensure patients care records are appropriately reviewed and updated on the patient’s re-admission to the home; for example, following a hospital admission.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All care records will be updated following a Hospital admission. This will be checked and reviewed by the Home Manager/Deputy Manager following admission back to the Nursing Home.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 July 2024</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All duty Rota is to be changed only by the Nurse in charge, Home Manager and Deputy Manager. This is clearly stated on rota and an email has been sent to all staff regarding this. This will be monitored and reviewed daily by the Home Manager/Deputy Manager.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2024</p>	<p>The registered person shall ensure that a schedule is in place to plan and record staff supervision and appraisals.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 July 2024</p>	<p><b>Response by registered person detailing the actions taken:</b> Registered person has set in place a time for Supervisions and appraisals. A schedule is in place and Staff are completing their Supervisions and appraisals as per policy.</p> <p>The registered person shall ensure that the daily menu is displayed in both dining rooms in a suitable format.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> White boards are now in place in both Nursing units. Staff will ensure that this is completed daily with the menu for the day. This will be checked daily by the Home Manager/Deputy Manager.</p>

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



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