

Inspection Report

Name of Service:	Magherafelt Manor Residential Home
Provider:	Kathryn Homes Ltd
Date of Inspection:	12 August 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Ms Siobhan Conway
Service Profile – This home is a registered residential care home, which provides health and social care for up to 28 people living with dementia. The home is located on the first floor of the building and is divided into two units. The Cedar Unit can accommodate up to 16 residents and Willow Unit can accommodate up to 12 residents. Residents’ bedrooms all have en suite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area. There is a nursing home, which occupies the ground floor, and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 12 August 2025, between 9.15 am and 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 10 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review at the next medicines management inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with said that the staff were "lovely" and "all very kind." Comments included, "the staff are very nice," and "you could not get better care staff."

One visitor spoken with said, "It's lovely, the staff are excellent, they are very kind."

Staff said that they enjoyed working in Magherafelt Manor, staff said, "I enjoy my job, there is good support from the manager," and "there is good team work between all the staff here."

No additional feedback was received from residents, relatives or staff following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role, comments regarding the staffing levels in the home were shared with the manager for review.

Observation of the delivery of care evidenced that the number and skills of the staff on duty met residents' needs.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

A review of staff training indicated some staff had not attended fire evacuation drill training within the required timeframe; an area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, throughout the day staff were observed using encouragement and gentle, respectful humour to support residents to join in activities and to come for their meals.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents' choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to minimise this risk of falls were put in place to safeguard the resident.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement to full assistance from staff and the diet modified.

Observation of the lunchtime meal in the Cedar Unit confirmed that enough staff were present to support residents with their meal.

Staff understood that meaningful activity was not isolated to the planned social events or games. Residents were observed enjoying the afternoon activity of 'fit and fun.' Staff told us that a garden party had been arranged for later in the week.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable.

The home was designed to support residents living with dementia. For example, the home was well lit with contrasting colours throughout. The communal areas and bedrooms were designed to ensure that residents could navigate the home safely.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

Staff commented positively about the manager, referring to her as "very supportive."

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents and their visitors said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

* the total number of areas for improvement includes 3 that have been carried forward for review at the next medicines management inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (5 December 2024)	The registered person shall ensure that records of outgoing medicines are accurately maintained. Ref: 2.0 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: With immediate effect (5 December 2024)	The registered person shall ensure that obsolete medicines records are cancelled and archived promptly. Ref: 3.3.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 10 Stated: First time To be completed by: With immediate effect (5 December 2024)	The registered person shall ensure that the reason for and the outcome of administration are recorded on every occasion, when medicines are used on a 'when required' basis for the management of distressed reactions. Ref: 2.0 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 3</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2025</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have now completed a Fire evacuation drill. Home Manager will check the Fire Drill tracker Monthly and ensure that all staff attend a Fire Drill at least once a Year.</p>
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