The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Magherafelt Manor Residential Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 15 September 2026

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:	Amanda Mitchell
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 residents who are living with dementia. Residents are accommodated in single bedrooms with a range of communal areas throughout the home and residents have access to an enclosed garden.

There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.

2.0 Inspection summary

An unannounced care inspection took place on 15 September 2026 from 9.55am to 4pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to review the previous areas for improvement identified by RQIA following the last inspection on 12 August 2025: and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

The home was found to be clean and bedrooms were tastefully personalised with items which were important to residents.

Residents were observed to be comfortable within their environment and praised the meal provision.

This inspection resulted in no new areas for improvement being identified. One previous area for improvement was assessed as being met by the provider. Three areas for improvement in relation to medicines management were carried forward for review to the next inspection.

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 resident's, 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

Discussion with residents evidenced that they were satisfied with the care provided to them in Magherafelt Manor Residential Home. Comments made included: "happy enough," "it's a lovely place in here," and "I feel safe and well cared for."

It was observed that residents were offered choices throughout the day and were supported to make their own decisions.

Staff spoken with confirmed that there was good teamwork and staff morale was good. Staff reported that the care provided was of a good standard and the residents can get anything they wanted. Staff advised that they were supported in their roles by the manager.

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.

Staff said there was good team work and that they felt well supported in their role and that the staffing levels were adjusted accordingly.

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. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the residents at all times.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. 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 resident choice in how they wanted to engage socially with others.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. This was particularly evident when staff provided reassurance to a resident who became anxious.

Discussion with the manager provided assurances how the risk of falling and falls were managed within the home. The manager confirmed the home was utilising the Post-falls guidelines for care homes which would be seen as best practice guidance.

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

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support and assist residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and caring interactions were noted.

Staff wore aprons when serving or assisting with meals and were found to be very knowledgeable in regards to residents' meal preferences and dislikes. Residents praised the meal provision in the home.

The importance of engaging with residents was well understood by the manager and staff. There was a range of activities provided for residents. An activity schedule was on display in the communal area offering a range of individual and group activities such as arts and crafts or baking, music activities, hairdressing or seated exercise.

On the day of the inspection the residents were involved a jigsaw activity. The activity therapist was mindful to include residents and moved around to provide support depending on abilities. There was a lot of positive encouragement noted during this activity.

Residents also had opportunities to watch television or engage in their own preferred activities. Arrangements were in place to meet patients' 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.

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

The home was clean, tidy, fresh smelling and well maintained. Residents' bedrooms were personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The corridors displayed photos of activities completed by the residents and light music played in the background.

Systems and processes were in place to manage infection prevention and control which included 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. Mrs Siobhan Conway is the registered manager of the home.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a 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 in the home.

The records of compliments were retained and included compliments such as "What struck me the most was the way in which all members of staff interacted with the residents, the kindness shown to residents and relatives alike and the genuine love you all show for the people in your care."

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*	2*

* the total number of areas for improvement includes three areas which are carried forward for review at the next inspection.

This inspection resulted in no new 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.

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 (Dec 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.

The Regulation and Quality Improvement Authority

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