



# Unannounced Care Inspection Report 3 December 2019



## Milesian Manor Residential Home

**Type of Service: Residential Care Home**  
**Address: 9 Ballyheifer Road, Magherafelt BT45 5DX**  
**Tel No: 028 7963 1842**  
**Inspector: Laura O'Hanlon**

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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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards. August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 20 residents.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Macklin Care Homes Ltd</p> <p><b>Responsible Individual:</b> Brian Macklin</p>	<p><b>Registered Manager and date registered:</b> Christine Thompson – registration pending</p>
<p><b>Person in charge at the time of inspection:</b> Julie Wallace (new manager, on induction)</p>	<p><b>Number of registered places:</b> 20</p> <p>A maximum of 14 residents in category RC-DE accommodated on the Ground Floor and a maximum of 6 residents in category RC-I accommodated in 6 identified bedrooms (Nos 208 - 213) on the Second Floor. The home is also approved to provide care on a day basis to 2 persons in category RC-DE on the Ground Floor and 2 persons in category RC-I on the Second Floor</p>
<p><b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 18</p>

### 4.0 Inspection summary

An unannounced inspection took place on 3 December 2019 from 10.05 to 16.15.

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.

Evidence of good practice was found in relation to staff recruitment and training, interactions between the staff and the residents, the provision of activities, working relationships and teamwork in the home.

No areas requiring improvement were identified during this inspection.

Residents described living in the home as being a good experience/in positive terms.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' 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 Christine Thompson, acting manager and Julie Wallace, newly appointed 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 dated 27 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 27 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule
- two staff recruitment and induction record
- professional registration records
- a sample of audits
- three residents' records of care
- accident/incident records
- complaints/compliments records

- a sample of the monthly monitoring reports
- RQIA registration certificate
- staff competency and capability assessments
- fire safety records
- staff meeting minutes

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 last care inspection dated 27 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 (1) (d) <b>Stated:</b> First time	The registered person shall ensure that RQIA are informed of any incident in the home where medical advice or attention is sought.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the record of accident and incidents confirmed that these were managed and reported appropriately.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time	The registered person shall ensure that the potential obstruction in a hallway leading to a fire exit is reviewed. As part of this review the fire risk assessor should be informed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations during the inspection confirmed that there were no obstructions in the hallways of the home.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans are fully reflective of the care needs of the residents.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of three care records confirmed that care plans were reflective of the care needs of residents.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the following matters are addressed:</p> <ul style="list-style-type: none"> <li>• Care records should contain a recent photograph of the resident.</li> <li>• Care plans should be signed by the resident and or their representative.</li> <li>• Minutes of care management reviews should be retained in care files.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of three care records confirmed that the above matters were addressed.</p>	<p><b>Met</b></p>

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The atmosphere in the home was warm and relaxed with staff assisting and talking with residents in a friendly and respectful manner. Throughout this inspection residents told us that they were well cared for. Residents also advised that staff attended to their needs in caring and kind manner.

### Staffing and recruitment

We could see that throughout the day there was sufficient staff to meet the needs of the residents and this was reflected in the duty rota. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

We saw that competency and capability assessments were in place for staff in charge of the home in the manager's absence.

Two staff recruitment records were reviewed and maintained to a good standard containing all the necessary documents. Staff told us they completed an induction relevant to their roles and responsibilities.

### **Staff support**

Discussion with the staff confirmed that they felt supported in their roles. Staff told us they felt supported in their role within the home and that they could approach the manager at any time.

A system was in place for managing staff supervision and appraisal in accordance with the requirements. Staff told us that they felt comfortable about reporting concerns to the manager.

There was a system in place to monitor staff registration with the Social Care Council. This checked was checked by management on a monthly basis.

### **Staff training**

A programme of staff training was in place. This included mandatory training and additional training areas to meet residents' assessed needs. Staff spoke positively about the provision of training.

### **Safeguarding residents from harm**

Staff shared a good knowledge of safe guarding procedures and could describe how to raise a concern even in the absence of the manager. The manager was able to describe how safeguarding referrals would be made to the trust and who to contact.

### **Environment**

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal seating lounges were pleasantly furnished with comfortable seating. Residents' bedrooms were well equipped and personalised for each resident. Bathrooms and toilet facilities were clean and hygienic. Infection prevention aids and equipment were readily accessible.

Within the dementia unit, we observed in en-suite bathrooms, where residents had access to denture cleaning tablets, resident razors and toiletries. This is a concern due to the potential risk of ingestion or harm to residents. This was discussed with the management and was immediately addressed during the inspection. The management was asked to individually review the arrangements in regards to the management of residents' toiletries.

### **Fire safety**

There was an up to date fire safety risk assessment in place and the manager confirmed that the actions identified were already completed. Fire safety records confirmed that all staff had participated in fire safety drills.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and training.



## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

## Staff communication and teamwork

We could see that the residents were well cared for and that the staff responded well to help and support the residents. Staff communicated well and demonstrated good teamwork in meeting the resident's needs. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings, where concerns or information is passed on in relation to the care of residents. At the handovers staff also agree the delegated duties for the provision of care for each resident.

## Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents. The records of assessments, care plans and risk assessments were completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. For example, care plans referred to the updated dysphagia guidance. Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

## Effectiveness of care

General observations of care practices throughout this inspection found that care was delivered in person centred manner. For example, residents' comfort and social needs were facilitated by individual choice and wishes.

Residents were well groomed with clean fresh clothing. Glasses and walking aids appeared in good working order. Staff were able to tell us about the individual needs of residents and how these would be met in the home.

Staffing in the home is very stable which is to be commended. Interactions between the staff were friendly and supportive. One staff comment was:

- "There is good care provided in this home, we have long term staff members; there is good teamwork and everyone works well together."



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

### Compassionate care

Residents could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Some preferred to enjoy the company of one another in a communal sitting room, others chose to relax or partake in pastimes of choice.

Staff interactions were seen to be polite, friendly, warm and supportive. Choice was offered in the provision of residents' meals and snacks.

The staff had knowledge of residents' personal background and interests that helped them meet their social well-being. Residents' bedrooms were personalised to a good effect in that it added to residents' comfort, make-up and individuality.

Within the dementia unit a number of the residents were engaged in music activities with the activity therapist. The activity therapist was able to engage well with the residents and encourage their participation. The residents were listening to the story of Christmas from the bible and singing songs and carols. The residents appeared to enjoy this activity.

The activity therapist shared her aspirations to set up an intergenerational choir with the residents and the children from a local school. There are already strong links formed with the local schools and the children visit the home on a regular basis. This is to be commended.

We observed where there were a number of painted bird boxes displayed outside the home. One resident who enjoys painting had completed this task with the support of the activity therapist. There were also a number of residents at a local church service.

Comments made by residents during the inspection were:

- "The home is clean and welcoming."

- “The staff are very good.”
- “The staff are lovely. They are more than good to me. I was sick yesterday and they were checking on me all the time.”
- “It’s good in here. The food is good.”

Comments made by staff during the inspection included:

- “It is great working here. There is always enough staff on duty. I think it is great that we have a manager for the residential home.”
- “There is a good standard of care provided in this home; we are just like a wee family.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents, the provision of activities and the general observation of care practices and atmosphere in the home.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There is a new management structure in place within the home with the appointment of a manager to the residential home. The new manager is currently working through their induction. The new manager and the acting manager were available throughout the inspection process. All staff spoken with commented positively about the management and described them as supportive and approachable.

### Management and governance arrangements

The report of the visits undertaken by the provider’s representative dated 18 October 2019, 26 September 2019 and 15 August 2019 were reviewed. These reports confirmed good governance systems and robust action planning.

There was a sample of management audits reviewed during the inspection. Such audits included audits of environmental hygiene, kitchen and food audits and medication audits. These records were completed monthly and there were action plans in place to drive the required improvements.

## Management of accidents/incidents

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

## Management of complaints/compliments

There was a system in place for the management of complaints. Review of records confirmed that any issues raised were taken seriously and actioned by staff. Records were maintained accordingly.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintenance of good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	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.



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