



Unannounced Care Inspection Report 10 September 2020



Milesian Manor Residential Home

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

www.rqia.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 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 residential care home registered to provide care for up to 20 residents.

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual: Brian Macklin	Registered Manager and date registered: Julie Wallace – 13 January 2020
Person in charge at the time of inspection: Julie Wallace	Number of registered places: 20 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.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 19

4.0 Inspection summary

An unannounced inspection took place on 25 August 2020 from 09.35 hours to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

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
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julie Wallace, manager and Christine Thompson, regional operations manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this 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 15 residents and four staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. One questionnaire was returned within the correct timeframe from a relative. Comments are included in the main body of the report.

A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell Us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- staff competency and capability assessments
- staff training matrix
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last premises inspection were not reviewed as part of this inspection and are carried forward to the next premises inspection.

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 previous inspection(s)

The most recent inspection of the home was an unannounced premises inspection undertaken on 3 April 2020. The quality improvement plan from the previous inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

There were no areas for improvement identified as a result of the last care inspection 3 December 2019.

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (q) Stated: First time	The registered person shall ensure that the proposed new ground floor kitchen gas appliances are installed & commissioned by a gas safe register certified engineer and that fire safety controls are installed compliant with the fire safety consultant recommendations. Kitchen services shall comply with EHO recommendations.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed at this inspection and is carried forward for review at the next inspection.	

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. 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 noted that the rota detailed the full names and grades of staff.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all work together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- “There is a very calm atmosphere in the home. I feel well supported and there is good teamwork.”
- “There is really good teamwork. We have had additional training on hand hygiene and IPC. This home is very good; there is safe care provided.”
- “I feel well supported in my work.”

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

We reviewed the staff training matrix and confirmed this was maintained on an up to date basis.

6.2.2 Infection prevention and control procedures

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

Staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We observed that staff used PPE according to the current guidance. Staff confirmed that updated training was provided.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

A folder was available for staff to assist and support them with the management of COVID-19. This included up to date guidance and regional and local policies and protocols.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

We observed that staff offered the residents choice and took their preferences into account when providing care and assistance. Staff knowledgeably discussed individual resident’s likes and dislikes, communication needs and the difficulties that wearing masks presented for residents with communication difficulties and how these were managed.

Residents spoke positively about life in the home. Some comments made by residents included:

- “I love it here; they are very kind to me. I feel very safe.”
- “I think it’s very good in here; the home is spotlessly clean.”
- “This is a great place. We are so well looked after. The staff are very good and kind; they get me as much tea and coffee as I want. They know me well.”
- “I am well looked after; content and comfortable.”

One comment made on a returned questionnaire was:

- “As a family we could not be happier with the care and compassion shown to my relative since they came to Milesian Manor.”
- Staff spoke of the importance of communication with families due to limited visiting at present; they were helping residents to keep in touch via alternative methods such as Face Time and phone calls and found this was generally working well. At present visiting arrangements are in place in a designated area of the home and on a scheduled basis.

We observed residents engaged in their own activities such as; watching TV, knitting, reading or chatting to staff. Other residents were working with the activity therapist in making a fairy garden. The activity therapist advised that she was involving the residents in this project as each resident will have their own painted fairy house in the garden. The activity therapist was very aware of each resident’s likes, dislikes and strengths and was easily able to redirect a resident when this was required. The staff also shared about a number of residents going to watch a film in the cinema located in the nursing home. They talked about how the residents participated in this and the level of fulfilment as a result.

We observed the serving of lunch and found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of residents’ dietary preferences.

6.2.4 Care records

We reviewed three care records. The care records contained assessments of needs, care plans and associated risk assessments including the management of falls. Care records were individualised and written in a person centred manner.

However we noted that care plans were not always accurate so as to direct the care required. In one care record reviewed we identified a resident who had experienced weight loss. There was no care plan in place to manage this. In a second care record we identified where a report from a speech and language therapist made a recommendation regarding the consistency of food and fluid, however the care plan in place recorded a different consistency. In this same record there was no care plan in place for the management of oedema. This was identified as an area for improvement to ensure care plans reflect the needs of the residents, are reviewed and updated accordingly and reflect recommendations from the multi professional team.

The records were written in a professional manner and used language which was respectful of residents. Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.5 Environment

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, bathrooms, a lounge, dining areas and storage areas. All areas within the home were observed to be odour free and clean.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. Walkways throughout the home were kept clear and free from obstruction. Residents had access to a safe outdoor space.

6.2.6 Governance and management arrangements

There is a clear management structure within the home and the manager was available throughout the inspection process. The manager confirmed that she undertakes a daily walk around the home in order to ensure she is apprised of the current situation. All staff spoken with commented positively about the manager and described her as supportive and approachable. Comments from staff were:

- "I feel well supported by the manager and by the company."
- "The manager is doing very well; she is very good and supportive."
- "I feel well supported in my work and the manager is very approachable."

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures.

A system of audits was in place in the home. Examples of such audits reviewed were, environment, clinical equipment, hand hygiene, the management of IPC, safeguarding, complaints and accidents and incidents. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits dated 24 June 2020, 20 July 2020 and 28 August 2020 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home. We observed a range of activities being provided in the home

Areas for improvement

One area for improvement was identified during the inspection in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. Feedback from residents evidenced that they were very satisfied with the standard of care being provided. Staff comments were positive and they stated they were supported in their roles.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Wallace, manager and Christine Thompson, regional operations manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (q)</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that the proposed new ground floor kitchen gas appliances are installed & commissioned by a gas safe register certified engineer and that fire safety controls are installed compliant with the fire safety consultant recommendations.</p> <p>Kitchen services shall comply with EHO recommendations.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.2</p> <p>Gas appliances were installed and commissioned by a gas safe register certified engineer on 3rd July 2020. Annual service of all gas equipment was then carried out in July 2020, and new ignition and ionisation probes were fitted in August 2020.</p> <p>Kitchen services comply with Environmental Health recommendations.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2020</p>	<p>The registered person shall ensure care plans accurately reflect the needs of the residents, are reviewed and updated accordingly and reflect recommendations for the multi professional team.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The identified care plan was immediately updated to reflect care requirements and reflect recommendations from relevant professionals. Care plan reviews are ongoing throughout the home.</p>

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



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