

Inspection Report 27 October 2021



Milesian Manor Residential Home

Type of Service: Residential Care Home
Address: 9 Ballyheifer Road, Magherafelt, BT45 5DX
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Macklin Care Homes Ltd</p> <p>Responsible Individual: Mr Brian Macklin</p>	<p>Registered Manager: Mrs Julie Wallace</p> <p>Date registered: 13 January 2020</p>
<p>Person in charge at the time of inspection: Mrs Julie Wallace</p>	<p>Number of registered places: 32</p> <p>There shall be a maximum of 32 residents in category RC-DE. 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>Categories of care: Residential Care (RC) DE – Dementia.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 25</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides social care for up to 32 people living with dementia. The home is divided into two units; Oakleaf on the ground floor accommodates up to 24 residents and Limetree on the first floor can accommodate a maximum of eight residents.</p> <p>Resident bedrooms are located over the two floors and include en suite bathrooms. Residents have access to communal lounges, dining rooms and a garden.</p> <p>There is also a registered Nursing Home within the same building.</p>	

2.0 Inspection summary

An unannounced inspection took place on 27 October 2021 between 10.15am and 5.45pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm, clean and well maintained. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles with training and resources.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Milesian Manor residential home.

Four areas of improvement were identified during this inspection in regards to the management of food thickening products, the staffing arrangements, the daily menu and an identified odour in the home.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Milesian Manor residential home and that the management team had taken relevant action to ensure the delivery of safe, effective and well led care.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' 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.

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

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

We met with 14 residents, seven staff and two visiting relatives either individually or in small groups.

Residents told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. Residents comments included “it’s a nice spot,” “they are very good in here,” and “we are well looked after.” There were no returned questionnaires and we received no feedback from the staff online survey.

Residents were observed taking part in various music activities which they enjoyed very much. Visiting and care partner arrangements in the home were ongoing and one resident described how they looked forward to the visits from their loved ones.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff said that the manager was very approachable and that they felt well supported in their role.

We spoke with two relatives during the inspection. They spoke positively about the care provision in the home. They believed that their loved one was well supported in the home and that staff were very attentive. They praised the activity provision in the home.

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 10 September 2020		
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.	Met
	Action taken as confirmed during the inspection: Discussion with the estates inspector following the inspection confirmed that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of three care records found that these accurately reflected the needs of the residents and were updated to reflect any recommendations from the multi professional team.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of a sample of employee recruitment records evidenced that robust systems were in place to ensure that residents are protected.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff spoken with expressed concern in relation to the staffing levels in one designated unit, particularly in the mornings. This was evidenced during the inspection when we observed staff to be under pressure to manage all of the required duties in the home. This was discussed with the manager and identified as an area for improvement to undertake a review of the staffing levels in accordance with the size and layout of the home and the dependencies of the residents.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the management team were approachable. Staff were seen to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that the staff were kind to them.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care and to knock on resident's bedroom doors to seek permission of entry. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided.

Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. We discussed with the manager about the need to ensure that the menu is displayed in an appropriate format for residents. This was identified as an area for improvement.

Staff told us how they were made aware of residents' nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. Added to this, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean and tidy. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

We observed food thickening products to be unsecured and accessible to residents in the kitchen/dining area which posed a potential risk to residents' health and wellbeing. This was brought to the manager's attention and identified as an area for improvement.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 27 April 2021. Email confirmation was provided following the inspection that any recommendations identified within this assessment were addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

We identified an odour within one bedroom. This was discussed with the manager and identified as an area for improvement.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Staff were seen to offer residents options regarding, for example, where to eat their meals, if they wanted to take part in activities and if they preferred to spend time in one of the lounges or in their own bedroom.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place with the activity therapists. We observed residents being invited to join in music activities and singing which they enjoyed very much. Later in the evening the residents were supported to participate in a themed party for Halloween.

Discussion with the activity therapist confirmed that there is a range of activities provided in the home. Recent activities included; pumpkin carving, baking mornings, music activities and facials for the female residents. Over the summer there were a range of events facilitated outside for the residents. The activity therapist shared her plans for a Christmas pantomime and musical events for the residents. This is to be commended.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Mrs Julie Wallace is the manager of Milesian Manor residential care home. Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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 residents' next of kin, their care manager and to RQIA.

The home was visited each month by registered provider's representative to consult with residents, 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 residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents were supported by staff to have meaning and purpose in their daily life in Milesian Manor residential care home; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents. Staff responded to the needs of the residents and provided support in a compassionate manner.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Julie Wallace, manager and Glen Best, Operations Director, 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 14 (2) (c) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that all unnecessary risks to the health, welfare of safety of residents, are identified and as far as possible eliminated.</p> <p>This refers specifically to food thickening products which should be stored in a secure manner.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: New lock added to designated cupboard for the storage of food thickening products.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 25.1 Stated: First time To be completed by: 30 November 2021	<p>The registered person shall undertake a review of the staffing levels in the residential home in accordance with the needs of the residents and the size and layout of the home.</p> <p>The outcome of this review should be forward to RQIA when completed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staffing levels have been reviewed in accordance to the size/layout of the home and will continue to be reviewed regularly.</p>
Area for improvement 2 Ref: Standard 12.4 Stated: First time To be completed by: 30 November 2021	<p>The registered person shall ensure that the daily menu in a suitable format for residents.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: New larger pictorial menu's have been implemented.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2021</p>	<p>The registered person shall ensure that the identified odour within a bedroom is addressed.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Odour within identified bedroom was addressed following feedback on the day of inspection.</p>
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