



Unannounced Care Inspection Report 27 November 2018



Milesian Manor Residential Home

Type of Service: Residential Care Home
Address: 8 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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 20 beds that provides care for older people and for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual(s): Brian Macklin	Registered Manager: Caitriona Bridghin Doole
Person in charge at the time of inspection: Caitriona Doole	Date manager registered: 25 April 2018
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	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.

4.0 Inspection summary

An unannounced care inspection took place on 27 November 2018 from 10.30 to 16.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified 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 communication among the staff team, the culture and ethos of the home and the provision of activities. Further evidence of good practice was available in regards to staff recruitment and induction.

Areas requiring improvement were identified in relation to fire exits, care records and the reporting of accident and incidents.

Residents and/or their representatives said:

- “I like it okay. The food is good and the staff are very nice.”
- “The home is lovely.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Caitriona Doole, registered 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: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager/person in charge, 16 residents, three staff, one visiting professional and two residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff competency and capability assessments
- Staff training schedule
- Three staff files
- Three residents' care files
- The home's Statement of Purpose
- Complaints and compliments records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

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 most recent inspection dated 16 April 2018

The most recent inspection of the home was an announced pre-registration inspection. There was no QIP issued at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 16 April 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The registered manager further advised that following the last inspection the staffing levels were reviewed and increased. Temporary staff were used in the home. The registered manager stated that the use of temporary staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. The registered manager was advised to ensure that the hours worked by the registered manager were recorded on the duty rota for the residential home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training was regularly provided. Schedules of training were reviewed during the inspection.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Three staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager and review of three staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry to the home, alarmed bedroom doors and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Discussion took place with the registered manager to consider the need to display notices promoting good hand hygiene throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The registered manager reported that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

It was established that there were no current residents in the home who smoked. The registered manager confirmed that a risk assessment and corresponding care plan would be completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 23 May 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

A number of fire extinguishers were observed in the staff office on the ground floor. This was discussed with the registered manager who confirmed that they were being wall mounted in secure compartments later that day. This was observed to be correct.

During the inspection of the environment it was noted that there were two large chairs for staff members located in a hallway leading to a fire exit. This could be a potential obstruction to residents in the event of an evacuation. This was discussed with the registered manager during feedback and following the inspection and identified as an area for improvement to review this practice and inform the fire risk assessor of this situation.

Residents, staff and residents’ visitors/representatives spoken with during the inspection made the following comments:

- “I feel very safe in here.” (resident)
- “The home is lovely.” (resident’s representative)
- “The staffing is good, we have no difficulties on this floor. I have my mandatory training completed.” (staff)
- “The staffing levels are really good since the care assistant shift was provided all day, it has really made a great difference.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, adult safeguarding, infection prevention and control and the home's environment.

Areas for improvement

One area for improvement was identified during the inspection to review the potential obstruction in the hallway and inform the fire risk assessor.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of three care records confirmed that they included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

In relation to one care plan reviewed it was noted where this resident had complex needs and was experiencing a current deterioration in their health. This care plan was not reflective of their current needs or recommendations made from professional assessments. This was identified as an area for improvement to ensure that care plans are fully reflective of the care needs of the residents.

The care records also reflected the multi-professional input into the residents' health and social care needs. It was further observed that care records did not contain a recent photo of the resident, that copies of care management review meeting minutes were not retained and care plans were not signed by the resident or their representative. This was identified as an area for improvement to ensure this was addressed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin and that referrals would be made to the multi-professional team to address any concerns identified in a timely manner.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents, staff and visiting professionals spoken with during the inspection made the following comments:

- "The food is good, we always get a choice." (resident)
- "The staff are very good to me." (resident)
- "The staff are welcoming and friendly. They are good at following through on instructions given." (visiting professional)
- "There is good communication among the staff team; we have a communication book and shift handovers. If anyone was off they would get a full report." (staff)
- "There is good staff morale and teamwork in place." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, residents and/or their representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents were talking excitedly about the activities completed with the local school children. Other activities in the home on the day of the inspection were a traditional music session and a carol service.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents, staff and residents' visitors/representatives spoken with during the inspection made the following comments:

- "I like it in here, I am content." (resident)
- "I really enjoyed the activities today." (resident)
- "The care provided to the residents is very good." (staff)
- "The home is lovely and warm." (resident's representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA. A range of policies and procedures was in place to guide and inform staff.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of the accident, incident and notifiable events identified incidents where the appropriate action was taken however RQIA were not appropriately informed. This was discussed with the registered manager and identified as an area for improvement. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons would be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- “Catriona is a great manager, very approachable and proactive.”
- Catriona is a very good manager and there is good staff morale.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in relation to the reporting of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Catriona Doole, registered 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 care 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	
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 28 November 2018	The registered person shall ensure that RQIA are informed of any incident in the home where medical advice or attention is sought. Ref: 6.7 Response by registered person detailing the actions taken: Staff trained on the completion of RQIA forms. Registered person now checks accidents/incidents at daily meeting.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.1 Stated: First time To be completed by: 27 December 2018	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. Ref: 6.4 Response by registered person detailing the actions taken: Potential obstruction no longer in hallway. Staff informed of importance of keeping fire exits free from obstruction.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 27 December 2018	The registered person shall ensure that care plans are fully reflective of the care needs of the residents. Ref: 6.5 Response by registered person detailing the actions taken: Named Senior staff informed of all areas in care plans to be updated. Audits being completed to ensure care plans are reflective of the residents care needs.

<p>Area for improvement 3</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 27 December 2018</p>	<p>The registered person shall ensure that the following matters are addressed:</p> <ul style="list-style-type: none"> • Care records should contain a recent photograph of the resident • Care plans should be signed by the resident and or their representative • Minutes of care management reviews should be retained in care files. <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Up to date photographs now in all care files.</p> <p>Staff informed of importance of liasing with family and resident during care planning process.</p> <p>All outstanding care reviews requested from the care managers, documented in multi disciplinary notes when minutes requested.</p>

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



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