



# Unannounced Inspection Report 6 February 2020



## Milesian Manor Residential Home

**Type of Service: Residential Care Home**  
**Address: 9 Ballyheifer Road, Magherafelt BT45 5DX**  
**Tel No: 028 7963 1842**  
**Inspector: Paul Nixon**

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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. The residential care home is on the same site as a registered nursing home.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Macklin Care Homes Ltd</p> <p><b>Responsible Individual:</b> Mr Brian Macklin</p>	<p><b>Registered Manager and date registered:</b> Mrs Julie Wallace</p> <p>13 January 2020</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Julie Wallace</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.</p> <p>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> 20</p>

### 4.0 Inspection summary

An unannounced inspection took place on 6 February 2020 from 09.50 hours to 13.40 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections and 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 the management of medicines, the environment and the dining experience.

It was positive to note that the areas for improvement from the previous medicines management inspection had been met and there were no areas for improvement identified during this inspection.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them 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 Mrs Julie Wallace, 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

No further actions were required to be taken following the most recent care inspection on 3 December 2019.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

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

During the inspection we met with six residents, two residents' representatives, the manager and four members of care staff.

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:

- ten residents' personal medication records and medicine administration records
- care plans for the management of distressed reactions
- staff medicines management training and competency assessment records.

Areas for improvement identified at the last medicines management inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 care and medicines management inspections

Areas for improvement from the most recent medicines management inspection (IN031094) dated 19 November 2018		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that residents have a continuous supply of their currently prescribed medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Systems had been reviewed to ensure a continuous supply of medicines for residents. There were no medicines out-of-stock.	
<b>Area for improvement 2</b> Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that antibiotics are obtained without delay.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Three currently prescribed acute antibiotic courses were reviewed. They had been obtained without delay.	
<b>Area for improvement 3</b> Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that medicine administration records are fully and accurately completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The sample of ten residents' medicine administration records reviewed had been maintained in a satisfactory manner.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that written confirmation of medicines regimes is obtained for new residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The medicine records belonging to the most recently admitted resident to the home were reviewed. Written confirmation of the medicines prescribed had been obtained from the GP practice.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall closely monitor the administration of bisphosphonates to ensure they are administered as prescribed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The four bisphosphonates audited had been administered as prescribed.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 10 <b>Stated:</b> First time	The registered person shall ensure that the records relating to the management of distressed reactions are fully and accurately completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The records belonging to three residents who were prescribed medication for administration on a "when required" basis for the management of distressed reactions were reviewed. In each instance there was a written care plan and the reason for and effect of administration were recorded.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that the training and competency of those staff with responsibility for managing medicines is reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The training and competency of those staff with responsibility for managing medicines had been reviewed.	

There were no areas for improvement from the most recent care inspection (IN034891) on 3 December 2019.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

We arrived in the home at 09.50 hours and were greeted by the manager and staff who were helpful and attentive. Residents were mainly seated in the lounges whilst others remained in bed, in keeping with their personal preference or their assessed needs.

Observation of the delivery of care evidenced that staff attended to residents needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by residents.

A sample of ten residents' personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

#### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.4 Is care effective?

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

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and for medicine changes. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues.

We reviewed the lunchtime meal experience. Lunch commenced at 12.30 hours. Residents dined at the main dining area or at their preferred dining area such as their bedroom or the lounge. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Residents who required to have their meals modified were also afforded choice of meal. Food was served from a heated trolley when residents were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to residents’ dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. Residents consulted spoke positively of the food provision.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between residents and staff and the assistance provided by staff to ensure that residents enjoyed a nutritious meal.

**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.**

Staff demonstrated a detailed knowledge of residents’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with six residents confirmed that living in the home was a positive experience. Comments included:

- “I am looked after more than well. Staff are very good. The food is like home”
- “I am looked after very, very well. All of the staff are good. I am happy with the food. I get my medicines.”
- “I am happy here; no issues.”
- “I am happy with the care. Staff are good. The food is good. I get my medicines.”

Two visitors were mostly positive about the home and the care provided. Comments included:

- “The staff are very nice, helpful, friendly and welcoming. The home is always clean and tidy. Everything is well presented. There is good communication.”
- “This is a great home. My only issue is that I think there is not enough staff.”

Of the questionnaires that were issued, three were returned from residents or relatives. The responses indicated that they were satisfied with all aspects of the care. However, one respondent raised concerns about several aspects of care; these concerns were shared with the manager.



Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 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.**

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff confirmed that if they had any concerns, they could raise these with the manager. All staff spoken to stated that they enjoyed working in the home.

There were robust arrangements in place for the management of incidents. Staff confirmed that they knew how to identify and report incidents. Medicines related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Regarding the Deprivation of Liberty Safeguards, the manager advised that all staff had received the appropriate level of training. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place to comply with the new legislation.

### Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	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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