

Inspection Report

7 April 2022



Milesian Manor Nursing Home

Type of service: Nursing Home
Address: 9 Ballyheifer Road, Magherafelt, BT45 5DX
Telephone number: 028 7963 1842

www.rqia.org.uk

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 Christine Mabel Thompson – not registered</p>
<p>Person in charge at the time of inspection: Mrs Christine Mabel Thompson - Manager</p>	<p>Number of registered places: 46</p> <p>Maximum of 22 residents in NH-DE Category. The home is also approved to provide care on a day to 6 persons on the first floor and 2 persons on the second floor.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 33</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 46 patients. The home is divided into two units over two floors, Ballyheifer on the first floor which provides care for people with dementia and Moyolla on the second floor which provides general nursing care. Each floor provides communal dining and lounge areas and individual patient bedrooms.</p> <p>There is a mature garden and seating area for residents to use throughout the year.</p> <p>There is a Residential Care Home which occupies the ground floor and part of the first floor. The Manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 April 2022, from 9.45 am to 6.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and 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 tidy and patients were having breakfast in the dining room or having a lie in in their bedrooms.

Areas for improvement were identified and can be found in the Quality Improvement Plan (QIP) in section 7.0.

It was evident that staff promoted the dignity and well-being of patients while completing care and it was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Staff provided care in a compassionate manner asking patients about choice during personal care and throughout the day.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Milesian Manor Nursing Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 and 'Tell Us' cards were provided to give patients 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

Seven patients spoken with said they were happy in Milesian Manor and were happy with the care. No concerns were raised by patients.

Two relatives told us they were not satisfied with the level of communication from management in the home. This was discussed with the manager for her follow-up.

Staff comments varied from loving working in the home and good management support to a lack of staff cover and poor management support. This was also discussed with the manager for her to address.

We received two relative questionnaires and relatives confirmed that they were very satisfied with the care in Milesian Manor Nursing Home.

We received five responses to the on-line staff survey which indicating that staff were not satisfied with staffing levels or management arrangements. This was brought to the attention of the manager for follow-up.

A record of compliments received about the home was kept and shared with the staff team.

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 2 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1	The registered person shall ensure the fridge and microwave are cleaned; incontinence	

<p>Ref: Regulation 13(7)</p> <p>Stated: First time</p>	<p>pads and dressing packs are stored appropriately off the floor and in their packaging</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 14(2)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards. To their safety.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in the home. Arrangements for the provision of activities should be in place in the absence of the lifestyle therapists.</p> <p>A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 2</p> <p>Ref: Standard 12.25</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that dignified clothing protectors are provided for patients who require this form of provision.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 3</p> <p>Ref: Standard 4.9</p>	<p>The registered person shall ensure identified patients monthly care plan reviews and daily evaluation records are meaningful and</p>	Met

<p>Stated: Second time</p>	<p>patient centred. All entries in the identified care records should be contemporaneous, signed, dated and timed.</p>	
<p>Area for Improvement 4 Ref: Standard 4.1 Stated: Second time</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 5 Ref: Standard 21.1 Stated: Second time</p>	<p>The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team. Care should be delivered in keeping with the assessed needs of the patient. Wound assessment and evaluations should be in keeping with best practice guidance.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 6 Ref: Standard 39.4 Stated: Second time</p>	<p>The registered person shall ensure a system is developed to ensure compliance with mandatory training requirements. Updates in mandatory training should be delivered in a timely manner.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

<p>Area for Improvement 7</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nutritional care plans for residents prescribed a modified diet are reflective of the current SALT and IDDSI guidance. Records of prescribing and administration of thickening agents including the recommended consistency of fluids should be maintained.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for Improvement 8</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that updates to warfarin dosage regimes involve two members of staff. Obsolete warfarin dosage regimes should be removed from the current folder and archived appropriately.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 9</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall review the management of insulin to ensure that:</p> <ul style="list-style-type: none"> • each pen is labelled to denote ownership • the date of opening is recorded to facilitate audit and disposal at expiry. 	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for Improvement 10</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the number and ratio of staff on duty at all times meets the care needs of patients and is reflected on the duty rota.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

<p>Area for Improvement 11</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an accurate record of patients' weight, pressure mattress settings, fluid intake, repositioning records and wound care is recorded in patients care records.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was partially met. While most records were now up to date, repositioning records did not reflect the prescribed repositioning required by patients.</p>		
<p>Area for improvement 12</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure the up to date daily menu is displayed in an appropriate location for residents to view.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 13</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that systems are in place to discharge, monitor and report on the delivery of nursing and other services provided. This is in relation to auditing of care records, wound care and restrictive practices.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 14</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all complaints are taken seriously and dealt with promptly and effectively</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was partially met. Not all relatives who raised concerns had these investigated and responded to in line with the Milesian Manor's complaints policy.</p>		

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Additional training in Core Values, Dementia and Covid-19 was also provided.

Staff said there was good team work however, they were not all satisfied with the management arrangements in the home and the level of communication between staff and the person in charge in the absence of the manager. This was discussed with the manager following the inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Some staff told us at times staffing fluctuated in the home and they felt more under pressure and at other times staffing was stable. This was discussed with the manager for review. On the day of the inspection it was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said there was always enough staff around when needed and to provide activities. They had confidence in staffs' ability to provide good care.

Patients' relatives said there was always enough staff when they visited the home and staff were very caring to their relative.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. Care records showed that these patients were not always assisted as required to change their position regularly. This was discussed with the manager who agreed to review recording mechanisms and this area for improvement has been stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunch meal was a pleasant and unhurried experience for the patients.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records reviewed identified that care requirements were not always up to date and accurate for patients requiring catheter care and the modified diets for two identified patients. This was discussed with the manager and an area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained throughout.

For example; patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. There was evidence throughout the home of homely touches such as newspapers, magazines, snacks and drinks available and access to a cinema and pub.

Patients and patients' relatives were complimentary about the upkeep and cleanliness of environment and the comfort of their relatives.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

The home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA), however, staff were not wearing appropriate PPE when in a bedroom where a patient was isolating. Following discussion with staff PPE was fully applied to maintain IPC measures. Wipes were also noted to have been left on top of a bin in a bathroom. An area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance. Temperature checks and a health questionnaire were completed at the entrance to the home and visiting was pre-planned.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have friends in their room and take part in planned activities in the home.

Regular patient meetings were not taking place to allow patients the opportunity to influence decisions on the running of the home such as activities and the menu. This was discussed with the manager who agreed to put this in place and will be reviewed at the next inspection.

It was observed that patients were offered choices of how they wished to spend their day. Preference for getting up or staying in bed, what clothing they wished to wear and food and drink options were provided by staff.

Patients could watch movies in the cinema room or in their own bedrooms. A hairdressing room was available for patients to have their hair done and newspapers were provided on a daily basis for those who preferred this.

There was a range of activities provided for patients by staff including activities carers who encouraged patients to take part in a variety of activities including seasonal Easter crafts, musical memories, games, name that tune and movies.

Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Christine Mabel Thompson has been the acting manager in this home since 10 January 2022, while the home is currently recruiting for a manager.

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

Staff identified a lack of staff meetings to update them on the running and management of the home. This was discussed with the manager who agreed to restart meetings for all levels of staff. This will be reviewed at the next inspection.

Review of the home's record of complaints and discussion with relatives confirmed that these were not always recorded or responded to as directed in the homes Complaints Policy. This area for improvement has been stated for a second time.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, their representatives, the Trust and RQIA.

6.0 Conclusion

The home was well presented and comfortable. Patients and relatives were complimentary about staff and the care they provided. Patients were supported in their choices of how they wished to spend their time on a daily basis with activities provided throughout the day.

Staff concerns about staffing were raised with the Manager for review and patient and staff meetings are to be commenced.

Based on the inspection findings two new areas for improvement were identified. The areas for improvement are included in section 7.0 of the report.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	1	6*

* The total number of areas for improvement includes two that have been stated for a second time and three which are carried forward for review at the next inspection.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Areas for improvement and details of the Quality Improvement Plan were discussed with Christine Mable Thompson, Manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect Immediate action required	The registered person shall ensure that wipes are not stored on bins and that DOH Guidelines on isolation for newly admitted patients are followed including the use of PPE. Ref: 5.2.3 Response by registered person detailing the actions taken:
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for Improvement 1 Ref: Standard 4.9 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that an accurate record of patients' weight, pressure mattress settings, fluid intake, repositioning records and wound care is recorded in patients care records. Ref: 5.1 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 16 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that all complaints are taken seriously and dealt with promptly and effectively Response by registered person detailing the actions taken:
Area for Improvement 3 Ref: Standard 29 Stated: First time To be completed by:	The registered person shall ensure that nutritional care plans for residents prescribed a modified diet are reflective of the current SALT and IDDSI guidance. Records of prescribing and administration of thickening agents including the recommended consistency of fluids should be maintained. Ref: 5.1

With immediate effect	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.2.1</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that updates to warfarin dosage regimes involve two members of staff. Obsolete warfarin dosage regimes should be removed from the current folder and archived appropriately.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the management of insulin to ensure that:</p> <ul style="list-style-type: none"> • each pen is labelled to denote ownership • the date of opening is recorded to facilitate audit and disposal at expiry. <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.2.3</p>
<p>Area for Improvement 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that care records for catheter care and the modified diets for two identified patients are up to date and accurate.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p>

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



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