

Inspection Report

Name of Service: Milesian Manor Nursing Home

Provider: Macklin Care Homes Ltd

Date of Inspection: 16 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Macklin Care Homes Ltd
Responsible Individual:	Mr Brian Macklin
Registered Manager:	Mrs Beauty Babi
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 46 persons. The home is divided into two units over two floors; the Ballyheifer Unit on the first floor which provides care for persons living with dementia and the Moyola Unit on the second floor which provides general nursing care.</p> <p>There is a residential care home which occupies the ground floor and part of the first and second floor. There is a separate manager for this service.</p>	

2.0 Inspection summary

An unannounced inspection took place on 16 November 2024, from 9.45 am to 5.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 4 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

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.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider. Three new areas for improvement were identified. Full details, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Everyone is good", "I have no issues the staff are attentive" and "The staff are very good",

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after and were observed to be at ease in the company of staff and to be content in their surroundings.

Relatives spoken with on the day of the inspection confirmed they were very happy with the care their loved one receives. One relative commented that "The staff are always very jolly".

We received a few comments regarding the temperature of the food, missing items of clothing and activity provision; these comments were shared with the management team for their appropriate action.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). Records showed that any nurse taking charge of the home had competency and capability assessments reviewed annually, to ensure they held the knowledge and skills required.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and it was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that they were kept busy and that staffing levels were satisfactory.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

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. Staff offered patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were mostly well maintained. However, it was identified that there was a pattern with some of the times of repositioning therefore, it was unclear if the times entered on the records were a contemporaneous reflection of the time the patient was repositioned. It was positive to note that the home management team had also identified this issue and had systems in place to address. This will be followed up on the next care inspection.

Discussion with the manager confirmed how the risk of falling and falls were managed and how referrals were made to other healthcare professionals if this was required. Patients who were at risk of falling had a care plan and risk assessment in place.

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 and their diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food in Milesian Manor.

The importance of engaging with patients was well understood by the manager and staff. The home has dedicated activity staff employed. A number of patients were observed enjoying a bun decorating session. Observation of this planned activity confirmed that staff knew and understood patients' preferences and wishes. The staff helped patients to participate in the activity and the patients appeared to enjoy it. A birthday celebration was also planned for the afternoon.

Other patients were observed in their bedrooms with their chosen activity such as reading, listening to music, watching television or waiting for their visitors to come.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned included games, art, birthday celebrations, cooking and music.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The atmosphere throughout the home was warm, welcoming and friendly. In general, the home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Some minor environmental deficits were discussed with the management team for action.

Within patient ensuite bathrooms the shelving within cabinets required a better clean. An area for improvement was identified.

A number of pieces of manual handling equipment, wheelchairs and food serving trolleys were observed not effectively cleaned. An area for improvement was identified.

It was disappointing that despite staff presence in a kitchenette area that a cupboard was left unlocked with access to food and fluid thickening agents. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Whilst the majority of staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Concerns were identified with an identified staff member's practice; this was brought to the manager's attention and addressed.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last care inspection; however, since 24 May 2024, Mrs Beauty Babi has been registered with RQIA as the manager of Milesian manor.

Staff commented positively about the manager and described her as supportive and approachable.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Beauty Babi, Registered 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 (4) (a) Stated: First time To be completed by: 16 November 2024	The Registered Person shall ensure that thickening agents are stored securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: All cupboards have locks on them and staff are all reminded daily during the morning brief and within our communication group that all cupboards to be locked at all times when not in use
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for Improvement 1 Ref: Standard 44.1 Stated: First time To be completed by: 17 November 2024	The Registered Person shall ensure that bathroom cabinets are kept clean. Ref: 3.3.4
	Response by registered person detailing the actions taken: Housekeeping staff have been reminded to ensure the cabinets are kept clean as they go along their daily routine
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: 16 November 2024	The Registered Person shall ensure manual handling equipment, wheelchairs and food serving trolleys are effectively cleaned. Ref: 3.3.4
	Response by registered person detailing the actions taken: Cleaning of wheelchairs and trolleys has been included in the daily Allocation sheet for staff to ensure they are cleaned in a timely manner

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