

Inspection Report

18 April 2023



Milesian Manor Nursing Home

Type of Service: Nursing Home
Address: 9 Ballyheifer Road, Magherafelt, BT45 5DX
Tel no: 028 7963 1842

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Macklin Care Homes Ltd Registered Person Brian Macklin | Registered Manager: Beauty Babi – not registered |
| Person in charge at the time of inspection: Beauty Babi - Manager | Number of registered places: 46 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. |
| 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. | Number of patients accommodated in the nursing home on the day of this inspection: 44 |
| Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 46 patients. The home is divided over two floors. The Ballyheifer dementia unit is on the 1 st floor and the Moyola general nursing unit, is on the 2 nd Floor. There is a Residential Care Home which occupies the first and part of the second floor and there is a separate registered manager for this home. | |

2.0 Inspection summary

An unannounced inspection took place on 18 April 2023, from 9.15am to 5.30pm 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.

Patients were well presented in their appearance and spoke positively about their experiences of living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and interactions with staff.

It was evident that staff promoted the dignity and well-being of patients and were knowledgeable of patients' individual wishes and preferences to deliver safe and effective care.

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

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 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

We spoke with patients, staff and a visitor individually or in small groups. Patients said the meals were "lovely" and told us "I'm fine here thanks" when asked about living in the home.

A visitor was positive in their comments about the home environment and staff communication stating "the place is always clean" and "they keep us informed of what is happening".

No completed questionnaires were received following the inspection from relatives or staff members.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 7 April 2022 | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (7) Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

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| Area for improvement 2 Ref: Standard 16 Stated: Second time | The registered person shall ensure that all complaints are taken seriously and dealt with promptly and effectively | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Area for Improvement 3 Ref: Standard 29 Stated: First time | 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. | Carried forward to the next inspection |
| | 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. | |
| Area for Improvement 4 Ref: Standard 29 Stated: First time | 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. | Carried forward to the next inspection |
| | 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. | |
| Area for improvement 5 Ref: Standard 30 Stated: First time | The registered person shall review the management of insulin to ensure that: <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. | Carried forward to the next inspection |
| | 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. | |

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| Area for Improvement 6 Ref: Standard 41 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence not all required recruitment checks had been completed to ensure staff were recruited correctly to protect patients. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training levels showed good compliance. Additional training was available in dementia care and lifestyle core values.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

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.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. 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. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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. In addition, patient care records were maintained which accurately reflected 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. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' individual care needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example; supervision and bed rails.

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 for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. The menu format and location was not suitable for patients to read and the menu displayed was not consistent with the meal served. An area for improvement was identified.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were reflective of the patients' current dietary needs and the staff recognised this was important to ensure patients received the right consistency of diet.

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.

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 were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. 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.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and 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 tidy and warm, however, cleaning and maintenance was required to some bedrooms and communal areas in the home. An area for improvement was identified.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were 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.

It was observed that not all chemicals had been locked away in a hairdressing room. This was brought to the attention of staff for immediate action. An area for improvement was identified.

There was evidence throughout the home of snacks and drinks available, access to a cinema and kitchen area and that the décor of the home included reminders of the local area.

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.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

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.

5.2.4 Quality of Life for Patients

Discussion with staff confirmed that patients 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 birthday parties with family or friends in their room or one of the lounges.

Minutes of patient meetings evidenced that patients were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients 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.

There was a range of activities provided for patients by staff. As said previously patients had been consulted/ helped plan their activity programme. The range of activities included music, singing, movies, one to one, pamper sessions and games.

Staff recognised the importance of maintaining good communication with families. Staff assisted patients to make phone calls. Visiting 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 Beauty Babi has been the manager in this home since 26 June 2022 and has applied to become the registered 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.

It was noted that the record of staff supervision and appraisal, staff and patients' meetings and the record of the registration checks for staff registered with the Northern Ireland Social Care Council (NISCC) were mixed with the records of the adjoining residential care home. This was discussed with the management team and a separate record is to be kept of all records for the nursing home staff and patients. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

A patients' relative spoken with said that they knew how to report any concerns and said they were confident that the person in charge would address this. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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 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 |
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| Total number of Areas for Improvement | 3 | 5* |

* the total number of areas for improvement includes three which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Beauty Babi, manager and Christine Thompson, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27(2)(d) Stated: First time To be completed by: With immediate effect | <p>The registered person shall ensure all parts of the nursing home and kept clean and well maintained.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: audits are being done every month and spot checks done weekly to ensure there is consistency with cleanliness . Senior care assistants have been appointed and will be able to manage that the units and bedrooms are tidy and clean</p> |
| Area for improvement 2 Ref: Regulation 14(2)(a) Stated: First time To be completed by: With immediate effect | <p>The registered person shall ensure all parts of the nursing home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The hairdressing room has lockers in there and spot checks are being done to ensure that there are no chemicals left outside . The senior care assistants and the nurses on the floor are going to ensure the chemicals are locked away . Spot checks being done to ensure there is consistency in this</p> |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 20</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2023</p> | <p>The registered person shall keep in the home and maintain a separate record of staff and patient meetings, NISCC registration and supervision and appraisals which is pertinent to the nursing home.</p> <p>Response by registered person detailing the actions taken: Records for staff and meetings for staff and residents have been separated going forwards . Supervisions and appraisal have now been separated to reflect just nursing floor</p> |
| <p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p> | |
| <p>Area for improvement 1</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 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>Ref: 5.1and 5.2.1</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>Area for improvement 2</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: 5.1and 5.2.1</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>Area for improvement 3</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 and 5.2.3</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> |

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| <p>Area for improvement 4</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure all recruitment checks are completed prior to staff taking up their post.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Each staff member who is newly recruited is having their checks done and all placed in one folder in the home for easy access. All information to be in one folder and routine checks to be done prior to commencing work that we have all the required information. Any new competency booklets to be easily accessible when required and to be placed in a staff competency folder</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure the correct daily menu is displayed in an appropriate size and location for patients to see.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The menu is currently being revised and when completed there is plans to have bigger pictorial menu's on an A1 which would be big enough for all residents to see and will be in the kitchen for all residents to see</p> |

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