

Inspection Report

21 November 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

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual: Mr Brian Macklin	Registered Manager: Mrs Beauty Babi – not registered
Person in charge at the time of inspection: Anita Egwuenu until 10.15am Beauty Babi from 10.15 am	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: 45
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 into two units over two floors; the Ballyheifer Unit on the first floor which provides care for patients with dementia and the Moyola Unit on the second floor which provides general nursing care. There is a residential care home which occupies the ground floor and part of the first and second. There is a separate manager for this service.	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2023, from 9.30 am to 4.00 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.

Areas requiring improvement were identified and can be found in the Quality Improvement Plan (QIP) in section 6.0.

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.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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

Varied views were given from patients, visitors and staff about living, visiting and working in the home.

Patients spoke positively about the care in the home and said they were well looked after. Comments about the meals provided were complimentary with patients saying the food was nice.

Visitors said that they had no complaints about the care provided to their relatives, their relatives were always well presented and were happy with the cleanliness of the home, however, one relative said they thought staff could spend more one to one time with their relative to ensure they had enough to drink.

Staff commented that there was good team work, they received regular training and the management team were supportive, however, they also commented that at times they needed more staff to support patients with meals and during periods of being unsettled.

One visitor questionnaire was received and the relative confirmed that they were very satisfied that care was safe, staff were kind and the home was well organised. The visitor commented that they felt staff could check on their relative more often to ensure their safety.

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 18 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: First time	The registered person shall ensure all parts of the nursing home and kept clean and well maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14(2)(a) Stated: First time	The registered person shall ensure all parts of the nursing home to which patients have access are free from hazards to their safety.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This is discussed further in section 5.2.3. This area for improvement has been stated for second time.	

Area for improvement 3 Ref: Regulation 20 Stated: First time	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.	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 (December 2022)		Validation of compliance
Area for improvement 1 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 2 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 3 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 regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 4 Ref: Standard 38 Stated: First time	The registered person shall ensure all recruitment checks are completed prior to staff taking up their post.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 12 Stated: First time	The registered person shall ensure the correct daily menu is displayed in an appropriate size and location for patients to see.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2. This area for improvement has been stated for a second time.	

5.2 Inspection findings

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. Staff confirmed they had received an induction for their roles in the home.

Staff said there was good team work and that they felt well supported in their role, were satisfied with 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.

Staff told us that they felt at times there was not enough staff on duty to meet the needs of the patients. Visitors also said there were not enough staff around if you needed them.

These comments were shared with the management team for their action and review.

5.2.2 Care Delivery and Record Keeping

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.

Staff were observed to be prompt in recognising 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.

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.

The dining experience is an opportunity for patients to socialise with other patients. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

It was noted that a pictorial menu was displayed on one part of the divided dining area however patients could not see this from the other side of the wall. Not all the menu boards were displaying the correct menu for the lunch time meal. This area for improvement has been stated for a second time.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. It was noted that there were no care plans in place for daily activities for patients. An area for improvement was identified.

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

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 while the home was generally clean and well maintained, some areas of the home required cleaning and maintenance; this included hallways, bedrooms and communal rooms. 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. 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 the use of PPE had been provided.

A number of infection prevention and control (IPC) issues were identified in bathrooms, ensuites and a kitchen. This was discussed with the management team and an area for improvement was identified.

It was observed that a patient day room was locked as it was being used as a staff training room and storage area. This was discussed with the management team and an area for improvement was identified.

While generally chemicals were stored appropriately it was noted that a number of chemicals were not stored securely. This was brought to staff attention for immediate action. This area for improvement has been stated for a second time.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that those who were able could choose how they spent their day. For example, patients could spend time with family/friends in their room or one of the lounges.

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and food and drink options.

Patients' needs were met through a range of individual and group activities, such as social, community, cultural, religious, spiritual and creative events.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Beauty Babi is planning to become the registered manager.

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 incidents 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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	2*	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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 14(2)(a) Stated: Second time	The registered person shall ensure all parts of the nursing home to which patients have access are free from hazards to their safety. Ref: 5.1 and 5.2.3
To be completed by: With immediate effect (18 April 2023)	Response by registered person detailing the actions taken: Locks have been put in place to ensure safety of residents
Area for improvement 2 Ref: Regulation 13(7) Stated: First time	The registered person shall ensure the infection prevention and control (IPC) issues identified are addressed. Ref: 5.2.3
To be completed by: With immediate effect (21 November 2023)	Response by registered person detailing the actions taken: Bathroom area, kitchen and bedrooms have been locked at and areas identified have been noted and rectified

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: With immediate effect (24 June 2021)	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 and 5.2.1
	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 2 Ref: Standard 29 Stated: First time To be completed by: With immediate effect (24 June 2021)	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. Ref: 5.1 and 5.2.1
	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 3 Ref: Standard 30 Stated: First time To be completed by: With immediate effect (24 June 2021)	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. Ref: 5.1 and 5.2.3
	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 12 Stated: Second time To be completed by: With immediate effect (18 April 2023)	The registered person shall ensure the correct daily menu is displayed in an appropriate size and location for all patients to see. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Daily checks are done to ensure correct Menu is displayed . The menu's are being photocopied to have enough/ a copy for the 2 nd kitchenette as noted on the inspection

Area for improvement 5 Ref: Standard 4 Stated: First time To be completed by: With immediate effect (21 November 2023)	<p>The registered person shall ensure care plans for daily activities are in place and regularly reviewed.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Activities care plans are now in place for all residents .Nurses asre working with families so as to personalize them well</p>
Area for improvement 6 Ref: Standard 44 Stated: First time To be completed by: 30 November 2023	<p>The registered person shall ensure the premises are well maintained and remain suitable for their stated purpose.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The environmental audit is being done monthly and checks done daily , any issues areas noted not to be clean and upto statandard are recified immideately with housekeeping staff and care staff</p>
Area for improvement 7 Ref: Standard 44.3 Stated: First time To be completed by: With immediate effect (21 November 2023)	<p>The registered person shall ensure the nursing home including all spaces, is only used for the purpose it is registered.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The lounge that was locked has been cleared and made safe for use of residents</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
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