

Unannounced Care Inspection Report

30 March 2021



Milesian Manor Nursing Home

Type of Service: Nursing Home
Address: 9 Ballyheifer Road, Magherafelt BT45 5DX
Tel No: 028 7963 1842
Inspector: Michael Lavelle

www.rqia.org.uk

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 46 persons.

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual(s): Mr Brian Macklin	Registered Manager and date registered: Mr Anthony Curran Date Registered: Acting - no application required
Person in charge at the time of inspection: Mr Anthony Curran – Manager	Number of registered places: 46 Maximum of 22 patients in NH-DE Category. The home is also approved to provide care on a day to six persons on the first floor and two persons on the second floor.
Categories of care: Nursing Home (NH) DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years I – Old age not falling within any other category	Number of patients accommodated in the nursing home on the day of this inspection: 40

4.0 Inspection summary

An unannounced inspection took place on 30 March 2021 from 10.40 am to 6.40 pm. Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and environment
- leadership and governance.

Patients said they were happy living in the home. Examples of comments provided are included in the main body of the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	6

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anthony Curran, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with eight patients and seven staff. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. Two questionnaires were returned within the timeframe for inclusion in the report.

The following records were examined during the inspection:

- staff duty rota for the week commencing 29 March 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for five patients
- accident and incident reports
- record of compliments
- records of audit
- a selection of monthly monitoring reports
- visiting policy.

Areas for improvement identified at the last care 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 previous inspection

The most recent inspection of the home was an unannounced premises inspection undertaken on 3 April 2020. The most recent care inspection of the home took place on 8 April 2019.

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 1 May 2019	<p>The registered person shall review and consider the staffing numbers within the nursing from 22.00 hours to ensure the needs of patients are met.</p> <p>Action taken as confirmed during the inspection: Review of the duty rota and observation of care delivery confirmed this area for improvement has been met.</p>	Met
Area for improvement 2 Ref: Standard 12.9 Stated: First time To be completed by: 1 May 2019	<p>The registered person shall ensure that the new national diet and fluid descriptors are implemented across care records.</p> <p>Action taken as confirmed during the inspection: Examination of care records evidenced this area for improvement has been met.</p>	Met
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: 1 May 2019	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • food is covered when being delivered to patients. • that condiments are available on dining table. • that, if required, reheating of patients' food records are maintained for kitchenette microwaves. <p>Action taken as confirmed during the inspection: Observation of the dining experience confirmed this area for improvement has been met.</p>	Met

Areas for improvement from the last estates inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (q) Stated: First time To be completed by: Prior to kitchen RQIA registration approval	The registered person shall ensure that the proposed new ground floor kitchen gas appliances are installed & commissioned by a gas safe register certified engineer and that fire safety controls are installed compliant with the fire safety consultant recommendations. Kitchen services shall comply with EHO recommendations.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed at the time this area for improvement was made, catering facilities were being managed from a pre-fabricated building. Discussion with the aligned estates inspector post inspection confirmed satisfactory information was received to evidence this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients’ needs. A review of the staffing rotas for the week of the inspection confirmed that the planned staffing levels were provided. Observations on the day of the inspection confirmed that patients’ needs were met by the staff on duty. Examination of the staffing rota identified it was not signed by the manager or a designated representative. The manager gave assurances that this would be addressed.

Patients expressed no concerns regarding staffing levels in the home.

Seven members of staff spoken with displayed commitment and empathy towards the patients; and they had a good knowledge and understanding of patients’ individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the COVID 19 pandemic on staff, patients and relatives. One staff member of staff highlighted staffing challenges although none were identified on the day of the inspection. Staff said that there was good team working and that there was effective communication between staff and management. Staff also told us the following:

“In my opinion the teamwork is brilliant. I consider the management very approachable. I could go to any of them. They are very helpful”.

“The teamwork is great. Everyone is hands on. We have an allocation sheet so everyone knows what to do. I love it here. I enjoy the residents. I feel as if we are all one. It’s a lovely home with great facilities. We have a good routine and good support from management”.

“I feel there are enough staff in the home at the moment. The girls really make my life a lot better. The communication in the team is very good. My induction was very good. I expected to have a difficult time. The staff took me through everything; they gave me excellent support”.

6.2.2. Care delivery

The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail. Their personal care needs had been met.

Staff were well informed with regard to patients’ needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

Patients told us:

“I am getting well taken care of. The staff are very attentive. What more could you want?”

“I am happy enough”.

“There’s not a thing wrong. I couldn’t complain. I’d like to be home but I can’t be”.

“They take good care of me. They are good girls”.

“The food is good”.

“I am happy here. So far so good”.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection; two were received within the timeframe for inclusion in this report. Both questionnaires were completed by staff who stated they were either satisfied or very satisfied with the care provided and that the care was safe, effective, and compassionate and that the home was well led. One staff member said,

“I would just like to say that working in Milesian manor has been a great step in my life, maturing me as a person and the both the managers and seniors and fellow care assistants are excellent and couldn’t wish for better staff”.

Review of the activities provided to patients confirmed none had been planned for the week of inspection. No activity planners were displayed in either unit. Staff confirmed the lifestyle co-ordinator would normally have a planner in place although they were on a period of planned leave. Activities were observed during the inspection. Some patients were enjoying arts and crafts while the lifestyle therapist played card games with others. Examination of activity records confirmed a variety of activities were delivered however, records were not consistently kept of all activities that were delivered with gaps in recording of up to 20 days noted. One staff member advised that they had assisted with visiting on some of the days they were allocated to provide activities. Activity and meaningful engagement was not consistently commented on patient’s daily progress notes. Staff should ensure that patients are aware when activities are being delivered and maintain accurate records. Activities should be planned and provision made for activities to be delivered in the absence of the lifestyle therapists. This was identified as an area for improvement.

We discussed the visiting arrangements in place during the current pandemic. The home had designated a lounge area and a visiting 'pod' had been put in place to facilitate safe visiting where social distancing could be maintained. Visitors had their temperatures taken on arrival at the home and were required to make a declaration regarding their health and that they were Covid-19 'symptom free'. There was ample PPE and hand sanitiser available for visitors. Management advised that in addition to the visiting pod care partners had been identified for many patients and their relatives along with video/phone calls. Managers' guidance had been developed to direct senior management in the progression of the care partner role. We asked the manager to ensure their visiting policy was updated to reflect current guidance on visiting and care partners from the Department of Health.

The dining experience was a well organised and an unhurried experience for patients. Patients enjoyed their meal either in the dining room or their bedroom in keeping with their choice. The food looked and smelled appetizing. Patients had a choice of two meals and both these options were available for those who required a modified diet. A weekly menu was displayed in the dining area on an A4 sheet. The manager should review the current menu to ensure it is in a suitable format for patients in both units. The food looked fresh, healthy and nutritious and appropriate portions were served. Choices of drinks were offered. Plastic tumblers were used at mealtimes for serving drinks to all patients although some glassware was available. The manager agreed to review the use of plastic tumblers to ensure patients who prefer to use glass are facilitated. Patients told us they enjoyed their meal and the food served in the home. Staff wore the appropriate aprons when serving or assisting with meals. Patients were observed to wear the same aprons as staff for the purpose of clothing protectors. This was discussed with the manager and identified as an area for improvement.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

"We can't thank you enough for the care you gave...We couldn't have asked for a better place for..."

"Just a note of appreciation on behalf of my family to say how pleased we are with the care and attention you are giving..."

6.2.3 Care records

We reviewed five patients' care records. A range of assessments, to identify each patient's needs, was completed on admission to the home; from these assessments, care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), tissue viability nurse (TVN) and dieticians also completed assessments as required. There was evidence within the records that recommendations made by other healthcare professionals were adhered to.

Some of the records reviewed contained repetitive nursing entries with some evaluations not reflecting the patient outcomes. Gaps in recording were identified in some repositioning records and night time checks with dates and times not consistently recorded. This was discussed with the manager who agreed to meet with registered nursing and care staff and focus on the qualitative element of the care records audit. An area for improvement was identified.

Management of challenging behaviours was reviewed. There was evidence from the incident book that incidents had been managed appropriately, however review of two identified patients

care records confirmed an assessment of patient need and associated changes to the patients plan of care had not been updated. The patient's plan should be kept under review and daily progress notes should accurately record actions taken and conversations had with the multidisciplinary team. An area for improvement was made.

Review of one patient's care records evidenced care plans had not been developed in a timely manner, to guide the staff in the delivery of daily care needs. Records of assessment of patient needs and associated risk assessments had been completed; however care plans had not been rewritten by registered nurses to guide staff on a daily basis. This was identified as an area for improvement.

Wound care, which was being provided to an identified patient, was considered. Wound care documentation evidenced that the TVN had been involved in the patients' care and treatment although no recommendations made by the TVN had been incorporated into the patients care plan. There was evidence that wound assessments and evaluation of care were not consistently recorded not in keeping with best practice guidance. An area for improvement was identified.

We reviewed the management of patients who had falls. Review of one unwitnessed fall record evidenced that the appropriate actions were taken following the fall in keeping with best practice guidance. Review of daily progress notes confirmed that registered nursing staff consistently completed and commented on the clinical and neurological observations taken after a fall.

Review of care plans did not provide assurances that patient care plans were developed in consultation with the patient or patient's representative. The manager agreed to meet with registered nursing staff to address this and include this in the care record audit.

6.2.4 Infection prevention and control (IPC) measures and environment

On arrival to the home we were met by a member of staff who recorded our temperature. We observed that hand sanitiser and personal protective equipment (PPE) were available at the entrance to the home. Signage had been placed at the entrance which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and hand sanitiser; no issues were raised by staff regarding the supply and availability of these. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Observation of staff practice throughout the day identified inconsistencies in staff knowledge regarding the correct use of PPE and when they should take an opportunity for hand hygiene. While most staff wore their face masks correctly, we saw some staff applying and removing PPE incorrectly. An area for improvement was made.

There was a good availability of hand sanitising gel throughout the nursing home. Audits, including hand hygiene and use of PPE, were completed regularly and identified non-compliance with best practice. It was pleasing to note the manager had increased the frequency of these audits to address these deficits.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be clean, warm, tidy and fresh smelling throughout. Any equipment in use was clean and well maintained. Fire exits and corridors were observed to be clear of clutter and obstruction.

6.2.5 Leadership and governance

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by senior staff. Staff commented positively about the manager stating they were available for guidance and support. Discussions were held with the manager in relation to a named patient. Management agreed to submit a variation application to RQIA with regards to the categories of care and keep RQIA updated regarding the situation.

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately.

Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies.

Discussion with staff and the manager confirmed that systems were in place for staff training. We discussed the low uptake of elements of mandatory training with the manager; particularly IPC, control of substances hazardous to health (COSHH) and deprivation of liberty (DOL) training. The manager must ensure that mandatory training for all staff has been completed in a timely manner to achieve 100 percent compliance. This was identified as an area for improvement.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, wounds, IPC, hand hygiene, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. Despite the deficits in record keeping, it was reassuring that these had been identified by senior management and an action plan was in place to address the areas that required improvement.

We examined the reports of the visits made on behalf of the responsible individual from December 2020 to February 2021. All operational areas and management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

Areas of good practice

Areas of good practice were identified in relation to care delivery. There were positive interactions between staff and patients throughout the inspection and patients looked content and well cared for.

Areas for improvement

Eight areas for improvement were identified. These related to planning and evaluation of care, infection prevention and control, activity provision, use of clothing protectors, record keeping and staff training.

	Regulations	Standards
Total number of areas for improvement	2	6

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were friendly and empathetic when responding to patients' individual needs. The home was clean, tidy and fresh smelling throughout. Management were available throughout the inspection and enjoyed the support of staff. A variation application regarding categories of care was submitted to RQIA following the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anthony Curran, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure care plans for the management of challenging behaviour accurately reflect assessed patient need and any recommendations from the multidisciplinary team. Care plans should be written in keeping with the assessed needs of the patient. Daily progress notes should accurately record actions taken and conversations had with the multidisciplinary team in keeping with best practice guidance.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: Care Plans have been updated to reflect incident highlighted during inspection. Learning shared in subsequent nurse meetings on the correct risk assessment and care planning process. Daily nursing notes to reflect additional care requirements. New electronic record system now in place so manager will audit these records to ensure that care records are reflective of the care being delivered.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the deficits highlighted in 6.2.4.</p> <p>Ref: 6.2.4.</p>
	<p>Response by registered person detailing the actions taken: Daily hand hygiene audits and donning and doffing audits are completed daily on nursing floors. Inspection findings cascaded to HCA teams at meeting. Process knowledge sessions in relation to IPC around the "5 moments of hand hygiene" and "7 steps of handwashing" have been shared during handovers.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2021</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. 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> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Activities review completed with Activities Co-ordinator. Activities Therapies allocated hours increased to reflect three full-time members of staff. Activities now forms part of new admission checklist. In the process of creating activities room on Nursing Dementia and General Nursing floors. Daily activities recorded in activities folder with a planned to move to Epic Care (Touch Care) in the coming week.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.25</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2021</p>	<p>The registered person shall ensure that dignified clothing protectors are provided for patients who require this form of provision.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Additional Dignity aprons on order.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure identified patients monthly care plan reviews and daily evaluation records are meaningful and patient centred. All entries in the identified care records should be contemporaneous, signed, dated and timed.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Care Plans for all nursing residents have been transferred to Epic care (electronic care records.) This has given staff a opportunity to review existing care plans and ensure that they are both meaning full and resident centred. Additionally, we and reintroduced a Care Plan review/Evaluation system. All Care Plans inputted on Epic Care will be reviewed by the senior Management team in Milesian. Named Nurse have been reallocated and process going forward shared in Nurses Meetings.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: New admission checklist implemented taking into consideration the points raised on inspection. Care plan for new resident will be reviewed after 24hrs, 1 week and 4 weeks post admission. Findings from inspection shared with RN team.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Wound protocol introduced. Individualised Wound tracker folders for each wound updated. Named Nurse for resident to review wound folder weekly. Care plans are commenced for any resident with a wound and noted in daily progress notes.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2021</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>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Training is reviewed on a monthly basis. Macklin Care Homes in the process of developing a group dashboard in relation to mandatory training. Nurse manager is booked to complete "Train the Trainer" in May. New onboarding process through HR with all mandatory training to be completed prior to taking up post. Throughout the pandemic it was not possible to carry out face to face sessions of training however this has been re-commenced with social distancing and training matrixes have been updated to reflect the training provided.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)