



Unannounced Care Inspection Report 8 April 2019



Milesian Manor Nursing Home

Type of Service: Nursing Home
Address: 9 Ballyheifer Road, Magherafelt BT45 5DX
Tel No: 028 79631842
Inspector: Lyn Buckley

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 23 patients. The nursing home is also registered to provide care on a daily basis to six persons on the first floor and two persons on the second floor.

3.0 Service details

<p>Organisation/Registered Provider: Macklin Care Homes Ltd</p> <p>Responsible Individual: Brian Macklin</p>	<p>Registered Manager and date registered: Caitriona Bridghin Doole 25 April 2018</p>
<p>Person in charge at the time of inspection: Caitriona Doole – registered manager</p>	<p>Number of registered places: 23 comprising: 16 bedrooms on the first floor and 7 bedrooms on second floor (201 – 2017).</p> <p>The nursing home is also registered to provide care on a daily basis to 6 persons on the first floor and two persons on the second floor.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. 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: 21</p>

4.0 Inspection summary

An unannounced inspection took place on 8 April 2019 from 09:40 hours to 16:00 hours.

The inspection assessed progress with any areas for improvement identified during and 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 described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Areas requiring improvement were identified in relation to staffing arrangements, management of nutrition and the mealtime experience.

Comments from patients, people who visit them and staff during and after the inspection, were sought and are included in the main body of this 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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Caitriona Doole, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 19 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home beside the sign in book.

The following records were examined during the inspection:

- staff duty rota from 1 – 14 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2018/19
- incident and accident records from 1 January 2019
- two staff recruitment and induction files
- three patient care records
- three patient care charts including fluid intake charts and reposition charts
- policy and procedure pertaining to the management of accidents/incidents
- a sample of governance audits/records
- complaints record for 2018/19
- compliments received during 2018/19
- a sample of reports of visits by the registered provider/monthly monitoring reports (delete as required) from 1 January 2019
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either 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 the most recent inspection dated 9 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

6.2 Review of areas for improvement from the last care inspection dated 12 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (a) Stated: First time	The registered person shall ensure that staffing arrangements for the nursing home are sufficient and understood by staff to ensure that the assessed needs of the patients in the nursing home are met by nursing home staff.	Met

	The delivery of care in the nursing home must not be supported by residential home staff.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	Action taken as confirmed during the inspection: Discussion with patients, staff and the registered manager, and a review of records evidenced that this area for improvement had been met.	Met
Area for improvement 2 Ref: Regulation 30 Stated: First time	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records evidenced that this area for improvement had been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: First time	The registered person shall ensure that in relation to the management of falls that care plans reflect the assessed needs of the patient and that post falls analysis are undertaken and acted upon as required, in accordance with best practice and minimum care standards.	Met
	Action taken as confirmed during the inspection: Review of patients' care records, accident and incident records and governance records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 48 Stated: First time	The registered person shall ensure that staff are aware of and adhere to fire safety requirements; particularly in relation to ensuring refuge points on staircases are kept free from equipment.	Met
	Action taken as confirmed during the inspection: Observation of the home's environment, discussion with staff and review of governance records evidenced that this area for improvement had been met.	

Area for improvement 3 Ref: Standard 30 Stated: First time	The registered person shall ensure that oxygen is stored securely and signage is in place.	Met
	Action taken as confirmed during the inspection: Observation evidenced that this area for improvement had been met.	
Area for improvement 4 Ref: Standard 46 Stated: First time	The registered person shall ensure that the availability and position of PPE stations; and the use of alcohol hand gels throughout the home is reviewed.	Met
	Advice should be sought from the Trust's IPC nurse.	
	Action taken as confirmed during the inspection: Discussion with the registered manager and observations evidenced that this area for improvement had been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We also asked staff, patients and their visitors about staffing levels. All those spoken with confirmed that there were enough staff on duty and that calls for assistance were responded to quickly. We did ask the registered manager to review the staffing arrangements from 22.00 hours to ensure patient care needs were met. An area for improvement was made.

We also reviewed the nursing and care staff duty rota which showed that the planned staffing levels were met each day and that if a staff member was unable to work their planned shift then 'cover' for them was sought.

One patient said, in relation to a care assistant, "This is my friend." Another patient spoke to us about the nurse in charge and said, "She is very good."

As part of the inspection we also asked patients, family members and staff to comments on staffing levels via questionnaires. We receive no responses from patients or staff. One family member did record their comments on staffing as follows:

We saw that staff were available in the lounges and in the dining rooms during the serving of the lunchtime meal. We saw staff responding to nurse call bells and assisting patients in their bedroom with their mid-morning tea or coffee and during the lunchtime. We saw patients being offered the choice of having their meal in the dining room or in their own bedroom.

We also saw that fire safety measures and infection prevention and control measures were in place 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.

We review staff recruitment records and can confirm that staff were recruited safely and in keeping with adult safeguarding requirements. The registered manager also had systems in place to ensure staff were competent and capable to do their job.

The home’s environment was clean, tidy, and comfortably warm throughout. Review of records and observations confirmed that systems were in place to ensure the home’s environment and staff practice met with infection prevention and control measures and fire safety requirements.

Areas for improvement

The following areas were identified for improvement in relation to review of the staffing arrangements from 22.00 hours.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with patients regarding the delivery of care. All those spoken with confirmed that they received the right care at the right time. For example, one patient said that they knew that the staff would do the right thing. They stated, “I’m not afraid because I know the staff will come.”

Staff spoken with were aware of how to respond to patients’ nursing care needs, for example, what to do when a patient had a fall, and how to manage care of a wound. Staff were aware of the national changes to food and fluid textures and the majority of staff spoken with had attended update training. However, the ‘older’ version of the texture descriptions was still in use within the care records reviewed. Details were discussed with the registered manager and the nurse in charge. An area for improvement was made.

As detailed previously we observed the serving of the lunchtime meal. The meal time experience was relaxed and staff were assisting patients in a sensitive, caring and timely manner. Patients spoken with said that they enjoyed the meals and that they had a choice but could also request various choices of food. We did discuss with the registered manager observations that staff did not cover food when they delivered it on trays to the lounges or to patients’ own rooms; that records for reheating patients’ food in kitchenette microwaves were not in place; and that in one dining room the staff had to ring to the main kitchen to get condiments. An area for improvement was made.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff.

Staff also confirmed that there continued to be effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns about patients’ care or a colleagues’ practice, they could raise these with the registered manager or with the nurse in charge of their floor.

We also reviewed three patients’ care records in relation to the management of falls, skin care, management of risks, management of nutrition, and wounds. The records confirmed that nursing staff ensured that patients’ records were up to date and reflective of patients’ nursing care needs. For example, when a patient had a fall the nursing staff reviewed the falls risk assessment and the care plan to ensure these were still appropriate and that any additional support available, from other healthcare professionals or from the use of equipment, had been considered or sought.

It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

Areas for improvement

Areas for improvement were identified in relation to the implementation of the national food and fluid descriptors across care records, and meals and mealtimes.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

When we arrived in the home we saw that patients were enjoying their morning tea/coffee with scones or biscuits, in one of the lounges, dining rooms or in their own room, and some patients had received their breakfast earlier and were having a ‘lie in’. Staff were providing support to patients as they needed it. It was clear that from watching the interactions between staff and patients that they knew each other well.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails, jewellery and those who preferred their jackets on. There was also a number of magazines/newspapers available as well as the television on low in the lounge on each floor.

Patients told us that they were receiving good care from friendly, caring, respectful staff. Comments made included:

“This is my friend.” – in relation to a care assistant who came into the room.
 “They are very good...they know me well”.

We reviewed letters received from family members about the care provided to their loved ones. Comments recorded included:

“Thank you for all your care and attention.”

“Thank you for all the care and attention my Aunt received while in the home.”

“Thank you so much for all the brilliant care and attention you gave to mum.”

We also provided questionnaires for patients and family members; none were returned.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There have been no changes in the management arrangements within the nursing home since the last care inspection in June 2018. The registered manager commented that she was supported by her senior managers and by her staff team. She said that she was very proud of her staff and of how they cared for the patients.

Patients spoken with confirmed they knew who the registered manager was and referred to her by her first name. They also confirmed that they saw the registered manager “out and about” the nursing home “every day”.

Nursing and care staff spoken with confirmed that they were well trained and supported by the management team. Staff were confident in their roles and with their responsibilities.

We reviewed a sample of management records which confirmed that robust systems were in place to ensure the safe and effective delivery of compassionate care.

In addition to the registered manager’s review of care; the registered provider also assured themselves of the quality of care in the home by conducting a monthly visit. A report of each visit was completed and available in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caitriona Doole, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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 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 41</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2019</p>	<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>Ref 6.4</p>
	<p>Response by registered person detailing the actions taken: Staffing has been reviewed in the nursing home from 22:00hrs. Staffing has been increased at night to ensure the patients needs are met.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2019</p>	<p>The registered person shall ensure that the new national diet and fluid descriptors are implemented across care records.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All care records have been updated in line with the new national diet and fluid descriptors. All staff have received training and a information file is available in the nurses station to refer to.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2019</p>	<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>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: New food covers and condiments have been provided for both kitchenettes. Temperature probe and record book in kitchenettes to be used if food requires reheating. Staff aware of reheating temperatures.</p>

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



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