



Unannounced Post-Registration Care Inspection Report 12 June 2018



Milesian Manor Nursing Home

Type of Service: Nursing Home (NH)
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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 23 persons.

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual: Brian Macklin	Registered Manager: Caitriona Bridghin Doole
Person in charge at the time of inspection: Registered Nurse S Lobin.	Date manager registered: 25 April 2018
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.	Number of registered places: 23 Patients to be accommodated on the First Floor and 7 identified bedrooms (Nos 201 - 207) on the Second Floor.

4.0 Inspection summary

An unannounced post registration care inspection took place on 12 June 2018 from 09:40 to 15:00 hours.

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.

The inspection assessed operational progress within the nursing home since the last pre-registration care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, and the home's environment; communication between patients, staff and other key stakeholders; governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to staffing, notifications to RQIA, management of falls within the care records, fire safety, infection prevention and control measures and care records.

Patients described living in the home in very positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Cairiona Doole, registered manager who came on duty to receive feedback, and Christine Thompson, regional 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 16 April 2018

The most recent inspection of the home was an announced pre-registration care inspection undertaken on 16 April 2018. There were no further actions required to be taken following the most recent 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 unannounced care inspection conducted on 5 April 2017
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous unannounced care inspection conducted 5 April 2017
- the previous inspection reports from the unannounced care inspection conducted on 5 April 2017 and the announced pre-registration care inspection conducted on 16 April 2018.

During the inspection we met with eight patients individually and with others in small groups, seven staff and one patient's visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed in the foyer at the visitor's sign in book.

The following records were examined during the inspection:

- duty rota for all staff from 4 May to 11 May 2018
- 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
- incident and accident records from 1 April 2018 to 8 June 2018

- one staff recruitment and induction files
- three patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 April 2018
- the home's Statement of Purpose.

Areas for improvement identified at the last unannounced 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 the most recent inspection dated 16 April 2018

The most recent inspection of the home was an announced pre-registration care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last unannounced care inspection dated 5 April 2017

This Quality Improvement Plan was issued in respect of the previous Milesian Manor Nursing Home and the inspection conducted on 5 April 2017.

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 13 (7) Stated: First time	The registered provider must ensure that wooden skirting boards, wooden architraves and radiators covers are sealed to ensure they can be effectively cleaned in line with infection prevention and control guidance.	Met
	Action taken as confirmed during the inspection: The building and registering of the new nursing home in April 2018 ensured that this area for improvement was met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.1 Stated: First time	The registered provider should ensure that a detailed plan of care for each patient is generated from a comprehensive, holistic assessment commenced on the day of admission and completed within five days of admission to the home.	Met
	Action taken as confirmed during the inspection: Review of care records and discussion with staff evidenced that this area for improvement had been met.	
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered provider should ensure that care plans are reflective of the assessed needs of patients and of recommendations made by healthcare professionals.	Met
	Action taken as confirmed during the inspection: Review of patient care records in relation to the management of modified diets and weight management evidenced that this area for improvement had been met.	

There were no areas for improvement identified as a result of the pre-registration inspection conducted on 16 April 2018.

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 regional manager and nursing staff confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 4 to 11 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Discussion with nursing and care staff evidenced that staffing arrangements for patients on the second floor required support from colleagues working in the residential care home to provide care to patients. During the pre-registration inspection the need to ensure staffing arrangements for the nursing home was separate from the residential, home was emphasised. Therefore, due to

the level of confusion/concern expressed by nursing and care staff and the evidence that residential care home staff were supporting nursing home staff to deliver care to patients; an area for improvement, under regulation, was made.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Milesian Manor. Comments made included:

“It’s lovely here.”

“How could you not be happy here.”

“I like it here, it is very pleasant – great place.”

We also sought the opinion of patients on staffing via questionnaires. None had been returned within the timescale for inclusion in this report

We also had the opportunity to speak with one relative who spoke very positively regarding the care their relative received. We also sought relatives’ opinion on staffing via questionnaires. None were returned within the timescale for inclusion in this report

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records from 1 April 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from April 2017 to 30 May 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained as required however, at least three notifications had not been notified to RQIA in accordance with Regulation 30. Accidents records reviewed did evidence that staff had taken the appropriate action in response to the accidents and the registered manager agreed to notify RQIA retrospectively. An area for improvement under regulation was made appropriately and notifications were submitted in accordance with regulation.

Discussion with the regional manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the nurse in charge and the regional manager there was evidence of proactive management of falls. However, within the care records reviewed post falls analysis were not available, in accordance with best practice guidance and minimum standards (Standard 22 of The care Standards for nursing Homes); and the patients' care plans did not reflect their current and assessed needs in relation to falls. Details were provided during feedback and an area for improvement under the standards was made.

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 warm, decorated to a high standard, fresh smelling and clean throughout. Patients, one visitor and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, one fire refuge point on the first floor staircase had a black recliner type chair stored in it. RQIA were informed by email, from the registered manager, on 12 June 2018 at 16:01 hours that the chair had been removed. An area for improvement under the care standards was made.

In one store it was observed that oxygen cylinders were stored. The nurse in charge confirmed that the oxygen cylinders were stored in the treatment room. There was no signage indicating that oxygen was stored in either room. An area for improvement, under the care standards was made.

Treatment rooms were situated within the nurses' office. While the main office door was maintained locked the treatment room door was not. Advice was provided to ensure that treatment rooms were maintained locked unless in use.

Generally infection prevention and control practices (IPC) were adhered to. However hoists and slings were observed to be stored in bathrooms where there was a toilet, which is not in keeping with IPC regional guidance. Dispensers for aprons and gloves were available throughout the home but the management team were asked to review if additional PPE stations were required to help reduce the distance staff had to travel to access PPE. In addition the management team were asked to review the decision not to place alcohol hand gel dispensers throughout the home and to seek advice from the local trust's infection prevention and control nurse. An area for improvement under the care standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, and the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to staffing arrangements, notification to RQIA, management of falls, fire safety practices and infection prevention and control measures.

	Regulations	Standards
Total number of areas for improvement	2	4

6.5 Is care effective?

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

Review of three patient care records evidenced that, with the exception of the management of falls; care plans were in place to direct the care required and care plans reflected the assessed needs of the patient. Care records were difficult to navigate due to the retention of information no longer relevant. It was agreed with the management team that care files would be reviewed, old information archived and the files reorganised to ensure the reader can find pertinent information.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and the visitor spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

We arrived in the home at 09:40 hours and were greeted by staff who were helpful and facilitated the inspection process. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff confirmed that a relevant /appropriate activity programme was implemented and that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients were observed enjoying a game of bingo or socialising while watching the bingo game progress.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate photographs, the provision of clocks and prompts for the date. Signage for communal rooms was not in place. The regional manager confirmed that signs had been received but were not as required and had been reordered.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"We are so grateful for all the care and attention you have given..."

"Thank you for all the care and attention my ...received."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Milesian Manor was a pleasurable experience. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We also provided ten questionnaires for patients; none were returned within the timescale.

Ten relative questionnaires were provided; none were returned within the timescale.

Staff were asked to complete an on line survey, we had no responses received before the issue of this report:

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

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.

The certificate of registration issued by RQIA was displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were recorded. We advised that two lines on the duty rota should be used to evidence the difference between the hours worked as the registered manager and the hours worked as the nurse in charge of the nursing home. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the regional manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records.

Discussion with the regional and registered managers and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.

Discussion with the regional and registered managers and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies. An area for improvement regarding notification of events occurring in the nursing home was made in section 6.4.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

No new areas for improvement were identified within this domain 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 and Christine Thompson, regional 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 20 (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>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.</p> <p>The delivery of care in the nursing home must not be supported by residential home staff.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Meeting held to inform staff of the structure of staff within the nursing home. Staff from the residential home also informed that they are not to support nursing home residents.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that RQIA are notified with events occurring in the nursing home in accordance with regulation.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Robust reporting system put in place to ensure registered person is informed of reportable events. All reportable events now sent through to RQIA. Regional Manager audits the notifiable when carrying out her monthly visit.</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 22</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>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</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff met with in accordance with post falls analysis. Supervision completed to ensure that nurses are aware of minimum care standards and best practice guidelines in relations to post falls analysis. Standard procedure now in place for all falls within the nursing home.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 48</p> <p>Stated: First time</p>	<p>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.</p> <p>Ref: 6.4</p>
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<p>To be completed by: Immediate action required.</p>	<p>Response by registered person detailing the actions taken: All refuge points within the home are kept free from equipment. Staff informed of importance of keeping these areas free from equipment and clutter. the chair which had been placed there was removed on the day of the inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that oxygen is stored securely and signage is in place.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Oxygen stored securely in nurses station with signage of the treatment room door The signs had been put up in the treatment wall instead of on the treatment room door.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>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.</p> <p>Advice should be sought from the Trust's IPC nurse.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Alcohol gel available at front foyer and handwashing sinks for effective infection control are placed throughout the home. PPE stations are available and accessible throughout the nursing home.</p>

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



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