

Inspection Report

22 April 2024



Milesian Manor Residential Home

Type of service: Residential
Address: 9 Ballyheifer Road, Magherafelt, BT45 5DX
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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	Registered Manager: Mrs Julie Wallace
Registered Person/s OR Responsible Individual Mr Brian Macklin	Date registered: 13 January 2020
Person in charge at the time of inspection: Mrs Julie Wallace	Number of registered places: 32 There shall be a maximum of 32 residents in category RC-DE. The home is also approved to provide care on a day basis to 2 persons in category RC-DE on the Ground Floor and 2 persons in category RC-I on the Second Floor.
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 31
Brief description of the accommodation/how the service operates: <p>This home is a registered Residential Care Home which provides health and social care for up to 32 residents. The home is divided in two units over two floors. Lime Tree on the first floor is an eight bedded all male unit and Oak Leaf on the ground floor is a 24 bedded unit for both males and females.</p> <p>Residents' bedrooms all have ensuite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area.</p> <p>There is a Nursing Home which occupies the same building with a separate registered manager.</p>	

2.0 Inspection summary

An unannounced inspection took place on 22 April 2024, from 9.20 am to 4.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that they were happy in the home and the staff helped them when they needed help. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two new areas for improvement were identified regarding the updating of risk assessments to reflect residents wishes and abilities with regards to call bells in their bedrooms and hand hygiene.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team. Addressing the areas for improvement will further enhance the quality of care and services in Milesian Manor.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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 residents, 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 residents 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 Mrs Julie Wallace, manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "Yes all is fine thank-you," and "yes I am well, the girls are lovely." Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

All staff spoken to said that they felt well supported in their roles within the home and were all encouraged to complete any training relevant to their roles and responsibilities.

No additional feedback was received from residents, relatives or staff following the inspection.

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 6 April 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to cleaning fluids. Ref: 5.2.3	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 24.2 Stated: First time	The registered person shall ensure that all staff have formal recorded supervision no less than every six months. Ref: 5.2.1	Not met

	<p>Action taken as confirmed during the inspection: This area for improvement was not met and is stated for a second time.</p> <p>Please refer to 5.2.1 for details.</p>	
<p>Area for improvement 2 Ref: Standard 12.10 Stated: First time</p>	<p>The registered person shall ensure that residents presenting with a choking risk do not have access to food which could be potentially harmful to them.</p> <p>This is with specific reference to the safe storage of food and drink</p> <p>Ref: 5.2.2</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	

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 residents.

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.

There were systems in place to monitor staffs' registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that all staff were registered with NISCC or in the process of registering.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One member of staff told us, "I like working here, it is a good staff team."

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), Mental Capacity Act (MCA) and safeguarding. However, staff training in relation to working with people who may display behaviours that challenge was out of date for some staff.

This was discussed with the manager during feedback who provided us with assurances that this training had been arranged for these staff. Therefore, an area for improvement was not identified at this time and this will be reviewed at the next inspection.

A number of staff had still not received any planned formal supervision within this calendar year. This was discussed with the manager after the inspection who agreed to begin a planned programme of supervision with all staff. An area for improvement was identified for the second time.

Staff told us that the residents' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day. For example, staff were observed spending time with residents, supporting them to make choices as to when to come for lunch, where to sit and what activities to take part in.

Residents and staff spoken to expressed no concerns regarding the staffing arrangements in the home.

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 residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff showed excellent communication skills when communicating with residents; they were understanding and sensitive to residents' needs. For example, when residents became anxious or upset staff adapted their communication to suit the needs and preferences of the individual residents.

Staff in both units were noted to be prompt in recognising residents' needs and any early signs of distress, especially in those residents who had difficulty in making their wishes known.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents spoke positively in relation to the quality of the meals provided and the choice available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records showed onwards referrals when concerns were raised with regards to significant fluctuations in weight.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

There was evidence of a person centred approach throughout care records. For example, care plans were detailed and contained specific information on each individual resident's care needs and what or who was important to them. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

It was observed that, in some residents' bedrooms, there was no call bell lead in place for residents to summon assistance if and when required. The manager told us that some residents were unable to use these leads. The manager explained how this was managed and said that staff routinely carried out regular observations to ensure that all residents were safe and well. However, this was not detailed in the residents' care records and there was no formal protocol in place to guide staff in the absence of a suitable system. An area for improvement was identified.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place, and this was reflected the care plans viewed.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Any concerns raised by staff with regards to residents were recorded and addressed in a timely manner.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning stores and sluice rooms were appropriately secured.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 25 April 2023; actions from this assessment have signed off as being met.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with infections. For example, a review of records, observation of practice and discussion with staff confirmed that effective training on Infection Prevention and Control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed using PPE in accordance with the regional guidance. However; on the day of the inspection, staff did not take the opportunity to demonstrate hand hygiene measures at the appropriate times, for example, during the lunch time meal staff did not take the opportunity to use hand hygiene measures after physical contact with residents. This was discussed with the manager for action and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents and observation of practice confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day. Staff were observed taking time to stop to chat and joke with the residents throughout the day.

There was a range of activities provided for residents by staff and by visiting musicians to the home. The range of activities included 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 Julie Wallace has been the Manager in this home since 13 January 2020.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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

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 residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative of the registered provider to consult with residents, 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 residents, 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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julie Wallace, 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 Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for Improvement 1 Ref: Standard 24.2 Stated: Second time	<p>The registered person shall ensure that all staff have formal recorded supervision no less than every six months.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Formal supervisions have commenced.</p>
Area for improvement 2 Ref: Standard 5.5 Stated: First time To be completed by: 31 July 2024	<p>The registered person shall ensure that risk assessments reflect residents' preferences and abilities with regards to the use of call bell leads in their bedrooms.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: Identified residents have been reviewed, risk assessed and care plan updated to reflect use of call bell leads.</p>
Area for improvement 3 Ref: Standard 35.7 Stated: First time To be completed by: From date of inspection 22 April 2024	<p>The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff carryout effective hand hygiene measures at appropriate times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Hand hygiene discussed and audited with staff on a regular and ongoing basis.</p>

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