

# Inspection Report

**Name of Service:** Milesian Manor Residential Home

**Provider:** Macklin Care Homes Ltd

**Date of Inspection:** 5 June 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Macklin Care Homes Ltd
<b>Responsible Person:</b>	Mr Brian Macklin
<b>Registered Manager:</b>	Mrs Julie Wallace
<b>Service Profile –</b>	
<p>This home is a registered residential care home which provides health and social care for up to 32 residents living with dementia. 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 en suite 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 5 June 2025 from 9.40 am to 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One area for improvement will be reviewed at the next medicines management inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents spoken with said that the staff were "nice" and "helpful." Comments included, "The staff help if I need it," and "I can't complain, everything is ok."

One relative spoken with said, "the staff are very good, there is good communication between us, we have no issues."

Staff said that they enjoyed working in Milesian Manor, staff said; "I enjoy working here, we have good support from colleagues and management," and "this is a good place to work, the manager is very good."

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

#### **3.3 Inspection findings**

### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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, some staff supported residents to attend the morning activity, while other staff supported residents in the lounges or in their own bedrooms.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, during the morning activity and throughout the lunch time experience staff were observed using encouragement and gentle, respectful humour to support residents to join in.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents' choice in how and where they spent their day or how they wanted to engage socially with others.

There was evidence that residents were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to minimise this risk of falls should be put in place. Examination of supplementary records showed inconsistencies in post fall observations. An area for improvement was identified.

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 and their diet modified.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned morning musical activity confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as listening to music or waiting for their visitors to come.

After the morning activity two residents told us, "that was great fun, I really enjoyed it," and "yes it was very good."

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hairdressing.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

### 3.3.4 Quality and Management of Residents' Environment Control

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

The home was designed to support residents living with dementia. For example; the home was well lit and spacious which ensured that residents could navigate the home safely.

Some chairs throughout the home were in need of replacing or re-upholstering, evidence was provided after the inspection that a plan was in place to have all chairs re-upholstered by October 2025. This will be reviewed at a future inspection.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

Residents, staff and relatives commented positively about the manager and described her as supportive and approachable.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2*

\* the total number of areas for improvement includes one standard that has been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022</b>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (2 July 2024)</p>	<p>The registered person shall ensure that all handwritten entries on medication administration records contain all of the necessary information and are verified and signed by two trained staff to ensure accuracy.</p> <p>Ref: 2.0</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 June 2025</p>	<p>The registered person shall ensure that all records are kept up to date, legible and accurate. This area for improvement relates to post fall observation records.</p> <p>Ref: 3.3.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> 24hr post falls form amended and reprinted to ensure clear documentation. Group Supervision on completion of form completed with Senior Care Assistants.</p>

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



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

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