



# Inspection Report

**Name of Service:** Burleigh Hill House Residential Home  
**Provider:** MD Healthcare Ltd  
**Date of Inspection:** 23 September 2024

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

## 1.0 Service information

<b>Organisation:</b>	MD Healthcare Ltd
<b>Responsible Individual:</b>	Mrs Lesley Catherine Megarity
<b>Registered Manager:</b>	Mrs Emeliza Insauriga
<p><b>Service Profile</b> – This home is a registered residential care home which provides health and social care for up to 21 residents. Residents’ bedrooms are located on the first floor. Residents have access to a communal dining room on the ground floor and communal lounges on both floors.</p> <p>The home is located within a nursing home and the Registered Manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 23 September 2024, from 9.20 am to 5.05 pm by a care inspector. Both the residential care home and the nursing home, which are separately registered but in the same building, were inspected on the same day.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced 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 established 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.

This inspection resulted in no areas for improvement being identified.

## 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.

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 told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. The residents were happy to engage with the inspector and talk about their experience of living in Burleigh Hill House residential home, they told us; "The staff are kind and the food is lovely", "I am happy enough" and "The staff couldn't do enough for you".

Relatives spoken with on the day of the inspection said; "The staff are excellent". One relative completed a questionnaire and commented; "The care and attention my father receives is second to none, there are fantastic staff at all levels and the care staff are fantastic".

Staff spoken with said that the home was a good place to work, they felt supported and reported that teamwork was good. Staff also commented positively about the manager and described them as very supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

### 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.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC). Competency assessments for the person in charge when the manager was not on duty had been completed for all relevant staff.

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.

#### 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.

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 resident choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were generally well managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they observed the resident closely after the fall and sought medical assistance if required. However, review of the falls documentation evidenced there was a misinterpretation of some aspects of the best practice guidance protocol; this was discussed with the manager who agreed to address and discuss this with the care staff.

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.

Observation of the lunchtime meal served in the main dining room confirmed that there were enough staff present to support residents with their meal, the food served smelt and looked appetising and nutritious. It was observed that staff had made an effort to ensure residents

were comfortable, had a pleasant experience and had a meal that they enjoyed. The residents commented positively about the food, one resident told us “You could lick the plate”.

The importance of engaging with residents was well understood by the manager and staff. The home has dedicated activity staff employed. A number of residents were observed in the lounge enjoying doing a word puzzle together. Observation of this planned activity confirmed that staff knew and understood residents’ preferences and wishes. The staff helped residents to participate in the activity and the residents appeared to enjoy it. Other residents were observed in their bedrooms with their chosen activity such as reading, listening to music, watching television or waiting for their visitors to come.

### **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**

Examination of the home’s environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, comfortable and welcoming. Residents’ bedrooms were tidy and personalised with items of importance to each resident, such as family photos and sentimental items from home. The manager advised of ongoing work towards the homes redecoration and refurbishment plan.

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.

Review of records and observations confirmed 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.

### **3.3.4 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Mrs Emeliza Insauriga has been the registered manager in this home since 23 January 2020.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

#### **4.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Emeliza Insauriga, manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and  
Quality Improvement  
Authority

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