

Inspection Report

Name of Service: Milesian Manor Nursing Home

Provider: Macklin Care Homes Ltd

Date of Inspection: 8 October 2025

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

1.0 Service information

Organisation/Registered Provider:	Macklin Care Homes Ltd
Responsible Individual:	Mr Brian Macklin
Registered Manager:	Mrs Beauty Babi
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 46 patients.</p> <p>The home is divided into two units over two floors.</p> <p>There is a separate registered residential care home which occupies the same site/building and is managed by a separate registered manager.</p>	

2.0 Inspection summary

This unannounced inspection took place on 7 October 2025, from 9am to 3.20pm. The inspection was conducted 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 the two areas of improvement identified by RQIA, during the last care inspection on 16 November 2024. These previous areas of improvement were reviewed as met.

The inspection found that safe, effective and compassionate care was delivered to patients and 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 patients and the staff were knowledgeable and trained to deliver safe and effective care.

Patients confirmed that staff were kind and caring.

One area of improvement was made as a result of this inspection. Full details of this area for improvement 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 patients, 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

In accordance with their capabilities, patients said that they were well cared for, staff were kind and attentive, they enjoyed the meals and the atmosphere in the home was good. One patient made the following comment; "The staff are very good and very kind and very helpful. I have all my comforts here."

Staff said they were happy with their roles and duties, that there was good team working and morale and they received good training and managerial support. Staff said that they felt the standard of care provided was very good.

Two visiting relatives expressed praise and gratitude for the care provided and the kindness and support received from staff.

No patient / representative questionnaires were received in time for inclusion to this report.

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 patients. There was evidence of robust systems in place to manage staffing.

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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was an effective system in place to manage the registration of nursing staff with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff interactions with patients were polite, friendly and supportive.

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

Patients were seen to be comfortable and at ease in their interactions with staff. Staff were seen to be prompt in dealing with any signs of distress or increased confusion with patients, in a positive manner.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Staff had received falls management training.

At times some patients may require the use of equipment that could be considered restrictive such as locked door facility and / or fall alarm mats. Use of such practices were reviewed on an up-to-date basis.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care reflected the patients, assessed needs.

Good nutrition and a positive dining experience are important to the health and social well-being of patients. Patients may need a range of support with their meal, including simple encouragement through to full assistance and their diets modified as assessed.

The dinnertime meal was appetising, wholesome and nicely presented. Choice of meal was in place. Staff assistance and support was organised and unhurried. It was observed that patients were enjoying their meal and their dining experience.

A varied programme of group and individual activities and events was in place for patients to avail of and enjoy. The genre of music and television channels played was in keeping with patients' age group and tastes.

3.3.3 Management of Care Records

The manager undertakes a preadmission assessment to ensure the needs of the potential patient can be safely met in the home. Following the initial assessment care plans are developed to direct staff on how to meet patients' needs and will include any advice or recommendations made by other healthcare professionals

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Progress records were well written with issues of assessed need having a recorded statement of care / treatment given and effect of same.

An area of improvement was made to develop person-centred details of patients' spiritual care needs, including contact details.

Patients' care records were stored safely and confidentially.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. Patients' bedrooms were comfortable, personalised and nicely facilitated. Communal areas were decorated to a high standard, suitably furnished and comfortable.

Bathrooms and toilets were clean and hygienic.

The grounds and external areas of the home were well maintained with good accessibility for patients to avail of.

The home's most recent fire safety assessment was dated 20 October 2024. This assessment had corresponding evidence recorded actions taken with regard to the two recommendations made.

Fire safety training, safety drills and safety checks in the environment were maintained on an up-to-date basis.

The legionella risk assessment, dated 1 October 2024, had seven recommendations. Confirmation was received following this inspection that these recommendations were addressed.

Cleaning chemicals were stored safely and securely.

Observations of care practices and review of records confirmed appropriate protocols were in place with infection prevention and control, including staff training in this area.

3.3.5 Quality of Management Systems

Mrs Beauty Babi is the Registered Manager of the home. Staff spoke positively about the managerial support, saying that they would have no hesitation in reporting issues of concern and felt these would be dealt with appropriately.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care records, and falls and accidents.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to all relevant stakeholders.

The home was visited each month by a representative of the Responsible Individual to consult with patients, 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 patients, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Beauty Babi, Registered 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 Care Standards for Nursing Homes (December 2022)	
Area for Improvement 1 Ref: Standard 11(14) Stated: First time	The Registered Person shall develop person-centre details of patients' spiritual care needs, including contact details. Ref: 3.3.3
To be completed by: 7 November 2025	Response by registered person detailing the actions taken: Details of the residents spirituality care needs have been updated in the care plans and contact details are being gathered for the care plans

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



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