



# Inspection Report

<b>Name of Service:</b>	<b>Our Lady's Care Home</b>
<b>Provider:</b>	<b>Macklin Care Homes Ltd</b>
<b>Date of Inspection:</b>	<b>26 February 2025</b>

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 Individual/Responsible Person:</b>	Mr. Brian Macklin
<b>Registered Manager:</b>	Mrs Monica Diamond – not registered
<p><b>Service Profile –</b>  This home is a registered Residential Care Home which provides residential care for up to 33 residents with dementia, mental health needs, or alcohol dependency. Residents have access to a garden area with seating areas. There are three units, Glen, Anderson and Galway units.</p> <p>The home is located within the same building as the existing Our Lady's Home Nursing Home, which is registered separately (RQIA ref 1277).</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 26 February 2025 between 10.00am and 5.00pm 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 medicines management inspection on 30 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Two areas for improvement will be reviewed at the next 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.

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 spoke positively about life in the home. Comments included, "There is plenty of choice," and "The food is good." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "Things could not be better; I have no concerns I am happy as Larry!" Another resident said, "The care is excellent, the staff are attentive and kind."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

A relative commented, "I have no concerns over the care, the staff are very attentive."

Residents told us that staff offered them choices 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.

No completed questionnaires from residents, relatives or responses to the staff survey were received following the inspection.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

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.

Review of training records evidenced that not all senior staff working within the Galway suite had specific training to meet the needs of residents within this unit. An area for improvement was identified.

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.

#### 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.

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.

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.

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.

The ongoing programme of activities in the Anderson and Glen unit were found to be inconsistent, the manager explained how the home was recruiting for an activity coordinator. There was no programme of activities on display in the Galway unit. An area for improvement was identified.

### 3.3.3 Management of Care Records

Care records were well maintained and regularly reviewed. Some care plans in the Galway unit were not person-centred in places, they appeared to contain information pertaining to other residents. An area for improvement was identified.

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

A malodour was evident in an identified bedroom and ensuite in the home. This was discussed with the manager and an area for improvement was identified. RQIA received notification following the inspection that the flooring was repaired in the ensuite bathroom.

The kitchen and laundry were assessable to residents in the Galway unit. This had not been risk-assessed in relation to resident safety. An area for improvement was identified.

A resident call point was not fitted to the therapy room. An area for improvement was identified.

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 a change in the management of the home since the last inspection. Mrs Monica Diamond has been the manager in this home since 5 February 2025.

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

It was clear from the records examined that the manager has processes in place to monitor the quality of care and other services provided to residents.

Relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address their concerns.

## 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>	1	7*

\* the total number of areas for improvement includes two which are carried forward for review at the next 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 Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14(2)(c) <b>Stated:</b> First time <b>To be completed by:</b> 1 March 2025	The registered person shall ensure that an individual risk assessment is completed in terms of the laundry and kitchen remaining accessible to each resident.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Individual risk assessments have been completed for all residents using the laundry and kitchen . New admissions will also have these risk assessments completed
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing (30 July 2024)	The registered person shall ensure that obsolete personal medication records are cancelled and archived.  Ref 2.0  <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>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time <b>To be completed by:</b>	The registered person shall ensure that the management of thickening agents is reviewed to ensure that records of prescribing and administration include the recommended consistency level.  Ref: 2.0

Immediate and ongoing (30 July 2024)	<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>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time <b>To be completed by:</b> 1 March 2025	<p>The registered person shall ensure that mandatory training requirements are met. This is stated in relation to the Galway suite.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> Mandatory training is ongoing and matrix updated on completion of training. This matrix is reviewed at least monthly to ensure compliance with mandatory training. Mental health training sessions were scheduled. Another session is to be scheduled for outstanding staff</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time <b>To be completed by:</b> 1 March 2025	<p>The registered person shall ensure that there is a structured programme of activities in place related to the needs of the residents. This programme of activities is displayed in a suitable format and location.</p> <p>Ref.3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Since the last inspection, we have recruited 3 new activity therapists. A structured programme of activities has been developed following consultation with residents. Activities are displayed in a suitable format and location</p>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> 1 March 2025	<p>The registered person shall ensure that each resident has an individual care plan. This is stated in relation to the information within being person centred.</p> <p>Ref.3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Every residents careplan has been reviewed and updated . They are person centred plans of care</p>
<b>Area for improvement 6</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 1 May 2025	<p>The registered person shall ensure that the root cause of the malodour in the identified bedroom is investigated, and appropriate action is taken to eliminate the odour.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The root cause of the malodour was identified. The ensuite floor was replaced and the bedroom floor is scheduled to be replaced</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard N10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 May 2025</p>	<p>The registered person shall ensure that a call point is fitted in the therapy room in the Galway unit.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Call points have been installed in the therapy room and also the resident kitchen</p>

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



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