

Inspection Report

6 November 2023



Millverne

Type of service: Residential
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Carewell Homes Ltd	Registered Manager: Mrs Julianne Treacy
Responsible Individual: Mrs Carol Kelly	Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Julianne Treacy	Number of registered places: 45 17 RC- I, 20 RC- DE, 8 RC-MP & MP(E) That the category RC-I and RC-DE Units will be operated and staffed separately.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 39
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 45 residents. There is a designated dementia unit on the ground floor with all other categories of care as listed above accommodated on the first and second floor. Residents' bedrooms are located over three floors. Residents have access to communal lounges, dining rooms and an outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 6 November 2023, from 10.35 am to 6.20 pm by a care inspector.

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

The home was warm and welcoming. Residents were seated comfortably in communal areas or their bedrooms if this was their preferred choice.

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.

Staff were visible working in the home and interacting with residents in a relaxed and comfortable manner. It was observed that staff were knowledgeable and well trained to deliver safe and effective care. Staff told us they enjoyed working in the home and felt supported by the manager.

Visitors to the home provided positive feedback about the support provided by care staff for their relatives.

The areas for improvement identified during the previous inspection were reviewed and further details are included in the body of the report.

New areas for improvement were identified relating to; malodour in the identified room, staff training, International Dysphagia Diet Standardisation Initiative (IDDSI) terminology, cleanliness of equipment, monitoring checks on electrical cupboard, repairs to furniture and fittings and staff attendance at fire drills.

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.

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 residents, relatives, staff or the Commissioning Trust.

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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoken with told us they enjoyed living in the home. They spoke positively about the care provided in the home and told us staff were attentive to their needs. Resident's told us, staff were always available if required and the environment was kept clean and tidy. One resident said, "it couldn't be better."

A visiting relative said, "I have great respect for the staff, all very good. I couldn't say a bad word, it is a great place."

Staff told us they enjoyed working in the home, one member of staff said "I love my work." Another told us, "it is a great team, everyone works together." Staff told us the manager is supportive and that they felt confident in approaching her if they needed to.

No questionnaires were received from residents or relatives following the inspection and no staff surveys were returned in the timeframes agreed.

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 17 December 2022		
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: Second time	The responsible individual shall ensure that all areas of the home to which residents have access are free from hazards to their safety. With specific reference to ensuring that: <ul style="list-style-type: none"> the electrical cupboard is kept locked. 	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The responsible individual shall ensure that all staff employed to work in the home are aware of and adhere to the IPC guidelines and best practice requirements.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • the correct wearing of PPE by staff. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement has been met.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety.</p> <p>With specific reference to the safe storage of denture cleaning tablets and chemicals.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence this area for improvement was not met.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a risk assessment is completed on all wardrobes and they are secured for safety as necessary.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that a risk assessment had been completed, however this did not include the residential unit. The manager provided assurances that the risk assessment would be reviewed to include the residential unit and began works on this on the day of inspection. This area for improvement was not met and is stated for a second time.</p>		

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 25.3 and 25.6 Stated: First time	The registered person shall ensure the staff duty rota includes: <ul style="list-style-type: none"> • the person in charge when the Manager is not on duty • the Managers hours. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that a menu is displayed in a suitable format and location within all units.	Partially met
	Action taken as confirmed during the inspection: There was evidence of menus on display in two out of the three units in the home. This area for improvement was partially met and is stated for a second time.	
Area for improvement 3 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that care plans are reflective of the resident's current needs.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met.	
Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall ensure that IPC issues identified during the inspection are addressed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 5 Ref: Standard 22.3 Stated: First time	The registered person shall ensure that relevant records are available for inspection in the home at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The manager evidenced oversight of staff's registration with the Northern Ireland Social Care Council (NISCC), the system in place was robust and evidenced those staff who were required, were registered with NISCC.

There was evidence of systems in place to monitor staff's compliance with mandatory training. However, compliance with some mandatory training was low, for example; Infection Prevention Control (IPC) training. This was discussed with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and the manager.

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.

Staff told us that there was enough staff on duty to meet the needs of the residents.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

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, if residents preferred to get up later, they were supported with this. Comments made by a resident regarding a staff member were shared with the manager and an action plan was agreed.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said, staff were always available and responded promptly to call bells if they were required to use these.

5.2.2 Care Delivery and Record Keeping

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; one staff member was observed delivering a daily newspaper to a resident who had requested this. The staff member was observed engaging with the resident in a caring and compassionate manner.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service.

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, 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 evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Staff were attentive to residents during the mealtime experience, offering a number of options for dessert and promoting choice to residents. One resident said, "you're very good to me." The daily menu was on display in two of the three units in the care home. This was previously identified as an area for improvement, therefore it has been partially met and will be stated for a second time. Comments made by one resident regarding the content of the menu was shared with the manager.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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.

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.

Residents' individual likes and preferences were reflected throughout the records. There was evidence that some care plans lacked detail relating to individual assessed need, for example; addressing complex care needs. A discussion took place with the manager. This was identified as an area for improvement at the previous inspection and has not been met therefore, is stated for a second time. It was also evident that care plans require further improvement to ensure they are reflective of International Dysphagia Diet Standardisation Initiative (IDDSI) terminology. A discussion took place with the manager and a new area for improvement was identified.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was warm and welcoming, suitably decorated for the registered categories of care. A number of pieces of equipment were identified as requiring a deeper clean, for example; shower heads and buzzer mats. This was discussed with the manager and an area for improvement was identified.

It was observed that the electrical cupboard in the general residential unit was not locked by a key, but with a snatch lock which could be accessible by residents. Assurances were provided that with immediate effect this would be locked with a key and an action plan agreed; the person in charge would complete ongoing checks throughout the day and night to ensure the door is locked with a key. The manager has requested staff to document the checks taking place. Given the immediate action taken by the manager on the day of inspection and the plan to review the storage of linen to reduce the number of occasions staff will access the cupboard it was agreed that this area for improvement will require stated for a third time. An additional area for improvement has been identified regarding the need to evidence and complete ongoing checks to monitor the locking of the door.

Residents' bedrooms were personalised with items important to the resident. Bedrooms were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was a malodour evident in one room, a discussion took place with the manager and an

action plan was agreed to address this. An area for improvement was identified. A number of identified pieces of equipment were observed to be worn which would not allow for these to be effectively cleaned, this was evident in communal areas and some resident's bedrooms. A discussion took place with the manager and an area for improvement was identified.

There was evidence throughout the home of 'homely' touches such as; flowers, newspapers, magazines, snacks and drinks available.

There was evidence of cleaning products accessible to residents in a number of resident's kitchenettes in the residential unit. These were removed immediately and assurances were provided that a risk assessment would be completed and care plans drawn up to reflect the management of this. An area for improvement had been stated during the previous inspection relating to the Control of Substances Hazardous to Health (COSHH), this area for improvement was not met and has been stated for a second time.

Residents told us the home was kept clean and tidy, one resident told us; "they clean every day."

A Fire Risk Assessment was completed in the home on the 21 March 2023 by an accredited Fire Risk Assessor. The manager confirmed all actions outlined on the fire risk assessment had been completed within the timeframes identified by the fire risk assessor.

There was evidence that a number of staff were required to attend an annual fire drill. The manager provided assurances following the inspection that this had been completed by all staff. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that staff were aware of good practice regarding infection prevention and control (IPC) measures and the use of PPE.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with 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. Could spend time in their room or one of the lounges and attend musical events. There was evidence of seasonal activities organised for residents in the home.

It was observed that staff offered choices to residents 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.

There was a range of activities provided for residents by staff. The range of activities included social, community, cultural, religious, spiritual and creative events. For example; on the day of inspection there was a quiz taking place. Residents appeared to be enjoying this and were interacting with the staff and one another. Those who did not wish to participate were supported to do so and had their own preferred forms of stimulation, including; reading and watching television.

Residents were well presented and personal hygiene was of a good standard.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Julianne Treacy has been the Manager in this home since 1 April 2005.

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 manager, Julianne Treacy 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 adults at risk of harm.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager/Person in Charge would manage these appropriately.

Staff were aware of who the person in charge of the home was, their 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 incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the manager, describing her as supportive and approachable.

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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	4*	8*

* the total number of areas for improvement includes one regulation that has been stated for a third time, two regulations that have been stated for a second time and two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Julianne Treacy, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Third & final time To be completed by: Immediately and ongoing	The responsible individual shall ensure that all areas of the home to which residents have access are free from hazards to their safety. With specific reference to ensuring that: <ul style="list-style-type: none"> • the electrical cupboard is kept locked. Ref: 5.1 & 5.2.3
	Response by registered person detailing the actions taken: Hasp locks have been fitted to the electrical cupboards, ensuring no unauthorised access to the cupboards. Padlock keys are held by staff.

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety.</p> <p>With specific reference to the safe storage of denture cleaning tablets and chemicals.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>The chemicals which were personally owned by residents and acquired by them/ family members have been removed from the resident's bedrooms. The residents and families have been advised to not store any chemicals in bedrooms without consulting management.</p> <p>The registered person shall ensure that a risk assessment is completed on all wardrobes and they are secured for safety as necessary.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken:</p> <p>Risk assessment completed and all wardrobes are secured for safety.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 18 (1) (j)</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2023</p>	<p>The registered person shall ensure the malodour in the identified room is addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The room with the malodour has been deep cleaned, redecorated and new soft furnishings provided. The resident was accommodated in an alternative room while maintenance was completed.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that a menu is displayed in a suitable format and location within all units.</p> <p>Ref: 5.1</p> <hr/> <p>Response by registered person detailing the actions taken: A new whiteboard has been installed to ensure the menu can be displayed daily, in all three dining areas in the home.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that care plans are reflective of the resident's current needs.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Care plans are reflective of the residents current needs.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2023</p>	<p>The registered person shall ensure staff mandatory training is up to date to ensure staff are trained for their roles and responsibilities.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Mandatory training compliance has improved and is 89%</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2023</p>	<p>The registered person shall ensure care plans are reflective of International Dysphagia Diet Standardisation Initiative (IDDSI) terminology.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Care plans for residents with modified diets have been reviewed and updated to reflect IDDSI terminology.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2023</p>	<p>The registered person shall ensure that those areas identified at the time of inspection are kept clean and hygienic at all times.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The areas identified have been maintained and are hygienic.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure a system is implemented to monitor the identified electrical cupboard, evidencing this is locked with a key at all times.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Hasp locks have been fitted to the electrical cupboards, ensuring no unauthorised access to the cupboards. Padlock keys are held by the senior carer and manager only, therefore monitoring is not required.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 4 January 2024</p>	<p>The registered person shall submit a rolling action plan to RQIA outlining the plans to address the pieces of furniture identified at the inspection to ensure these are suitably maintained to allow for these to be effectively cleaned.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: There is a rolling action plan to address ongoing maintenance of the furniture identified.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 4 December 2023</p>	<p>The registered person shall ensure all staff have participated in an annual fire drill.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have participated in an annual fire drill.</p>

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