



Unannounced Care Inspection Report 7 February 2019



Millverne

Type of Service: Residential Care Home
Address: 6 Mill Street, Enniskillen, BT74 6DW
Tel No: 028 6634 6000
Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 45 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Carol Kelly	Registered Manager: Julianne Treacy
Person in charge at the time of inspection: Julianne Treacy	Date manager registered: 1 April 2005
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 registered places: 45

4.0 Inspection summary

An unannounced care inspection took place on 7 February 2018 from 09.50 to 15.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

This was a focused inspection to review the management and delivery of activities in the home and the provision of meals and mealtimes. We also reviewed and assessed compliance with the areas of improvement identified following the last care inspection.

The management and delivery of activities was of a high standard and the home is commended for the community involvement being progressed. Good practice was evident in regards to the dining experience and the provision and serving of meals.

There were no areas of improvement identified as a consequence of this inspection.

Residents were very praiseworthy of the home and staff. Some comments included:

- “I am very happy here, there is always something that I can do.”
- “The staff are all really kind to me. The home is always very clean.”
- “I love it in here. I look forward every day to see what activities we will be doing. I really enjoy the activities.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julianne Treacy, registered manager, Wendy Shannon, clinical governance lead and Emma Cassidy, Lead senior carer, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 September 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, clinical governance lead, 33 residents and seven staff. Ten residents' and residents' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Four residents' care files
- Complaints and compliments records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 17 September 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: First time	<p>The registered person shall put in place a detailed risk assessment and care plan pertaining to any individual resident who smokes. The assessment should take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.</p> <p>Ensure fire safety training is provided for staff who did not attend the second session.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of one care record in regards to a resident who smokes verified that there was a comprehensive care plan and risk assessment in place in regard to the management of smoking.</p> <p>Review of fire safety training records confirmed that fire safety training was provided for all staff on 18 September 2018.</p>	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: First time	The registered person shall ensure that the five recommendations detailed for action within the fire risk assessment, dated 05 January 2018, are dated and signed as actioned.	Met
	Action taken as confirmed during the inspection: A review of the fire risk assessment, dated 5 January 2018, confirmed that the recommendations were signed and dated as completed.	
Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure the listed areas are addressed: <ul style="list-style-type: none"> • Completion of the choking/dysphasia assessment for one resident identified to be at risk. • Refer one resident identified to be at risk of choking to the speech and language therapist (SALT) for assessment • Reflect greater detail in regard to the measures in place to minimise the choking risk, for example close staff supervision during meal and snacks times. Ensure SALT recommendations are reflected within care plans. • Reflect greater detail within care plans of residents at risk of urinary tract infection, for example, increased fluid intake. • Record greater detail in regard to the management of smoking habits within resident care plans. • Ensure care plans are signed by the registered manager. 	Met
	Action taken as confirmed during the inspection: A review of four care records confirmed that the above areas were reflected in care plans.	

Area for improvement 3 Ref: Standard 12.10 Stated: First time	The registered person shall ensure that staff closely supervised residents during meal times within the dining room of the dementia unit.	Met
	Action taken as confirmed during the inspection: Observation of the dining room and serving of meals confirmed that residents were closely supervised by staff during meal times within the dining room of the dementia unit.	
Area for improvement 4 Ref: Standard 30.1 Stated: First time	The registered person shall ensure that an investigation is undertaken into one incident regarding the availability of evening medication for one resident. Senior care assistant (Dementia Unit) to be aware of the necessity to report all issues arising to the registered manager.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff confirmed that an investigation was completed and an action plan implemented to prevent a reoccurrence of this incident. Discussion with the staff confirmed that they were knowledgeable in regard to the reporting arrangements within the home.	

6.3 Inspection findings

6.3.1 Staffing Arrangements

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary staff were used in the home. The registered manager stated that the use of temporary staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the residents and to support the care staff.

Observation of the delivery of care evidenced that residents' needs were met and that staff attended to residents needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Residents advised that they were well looked after by the staff and felt safe and happy living in Millverne. Some comments received included:

- “The staff are really good to me.”
- “This is a great place and the food is great.”
- “I feel very safe in here.”
- “The staffing levels are good.”

No areas for improvement were identified within this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Activities and Events

Staff demonstrated a detailed knowledge of residents’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the residents. The home was decorated in preparation for Valentine’s Day, when a special meal was planned. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, the use of white boards, the provision of clocks and prompts for the date.

Residents confirmed that they are involved in the activity planning and that their opinion of what they would like to be involved in, is sought. Review of residents’ care records evidenced that residents were individually assessed for their likes and dislikes in regards to activities. There was evidence that the care plans were regularly reviewed and updated as required.

The staff on duty at the time of the inspection were observed to use every interaction as an opportunity for engagement with residents. There was clear evidence of a relaxed, pleasant and friendly atmosphere between residents and staff.

A programme of activities has been developed that is enjoyable, purposeful and age and culturally appropriate. The activities take account of residents’ physical and emotional needs and interests. The planned activities for each day were available on notice boards in the dining and communal areas.

On arrival to the home the activities coordinator was working in the dementia unit. However the residents within the general residential part of the home were provided with word searches or other puzzles. A number of the residents were reading the local papers and confirmed that they receive their newspapers daily. Within the dementia unit the activity coordinator and the residents were completing life story work which will be displayed in the local museum.

Discussion with the activity coordinator confirmed that the home has been completing inter-generational work with a kids club. This involves bringing a small group of primary school children into the home on a regular basis. Contact with the local community to this level of engagement will have a significant positive impact on the mental health and well-being of the patients in the home.

During discussion with the residents they talked about looking forward to hearing what activities they would be undertaking each day. The residents advised that they are always busy in the home and the days pass by very quickly. The residents further advised that the activity coordinator also brings in her keyboard and how they like to sing along. In addition the home also provided the normal activities such as board games, bingo, reminiscence therapy, hairdressing and manicures. Following on from the activities some of the residents have formed a small group that plays card games in the evenings. The activity provision is to be commended.

Comments made during the inspection included:

- “I love it in here. I really look forward to see what activities we will be doing each day. It has really helped me very much.” (resident)
- “The activity coordinator makes such a difference to the lives of the residents. She is a fantastic asset in the home.” (staff)

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Meals and Mealtimes

We arrived in the home at 09.50 hours and were greeted by staff that were helpful and attentive. Residents were enjoying a morning cup of tea/coffee in one of the lounges or in their bedroom, as was their personal preference. Residents had access to fresh water and/or juice and staff were observed assisting residents to enjoy their chosen activity and to eat and drink as required.

Observation of the lunch service confirmed that a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining areas provided an attractive environment in which to eat. The menu was displayed and offered a choice of meal each mealtime. Tables were laid with condiments, good quality crockery, cutlery and glassware. In addition crockery was used which would assist residents with visual impairments. The meal portion sizes were appropriate for residents and meals were attractively presented. Additional servings of food and gravy were both offered and provided. Those residents who preferred to have lunch in their own room were provided with this in an appropriate and timely manner.

The dining experience was noted to be calm and organised. Support and assistance was provided to residents where it was required. The meals were transported throughout the home in heated trolleys. The residents were able to communicate that they enjoyed their meal.

Discussion with care staff confirmed that dietician/SALT recommendations for therapeutic diets were present and were followed. The staff were able to accurately describe the nutritional needs of individual residents who had difficulties with swallowing. The staff confirmed that training was completed in relation to first aid.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussions with residents throughout this inspection confirmed that they were very satisfied with this area of care. Some of the comments made included statements such as:

- "The staff are sound. We always get a choice of food, we are well looked after in here."
- "The food is lovely and there is always plenty of it."

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Environment

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

The home was fresh- smelling, clean and appropriately heated. There were no obvious health and safety risks observed in the internal environment.

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Fire Safety

The home had a fire risk assessment in place dated 5 January 2018 and all recommendations had been actioned. The registered manager confirmed that the fire risk assessor is scheduled to review this assessment on 11 February 2019.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.6 Care practices

Discreet observations of care practices evidenced residents being treated with dignity and respect. Care duties and tasks were organised and unhurried. Staff interactions with residents were polite, friendly, warm and supportive. Residents appeared comfortable, content and at ease in their environment and interactions with staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some of the comments made by residents and staff were:

- “I am really well looked after and so happy in here. The home is kept very clean and I am well cared for. I think very highly of this place.” (resident)
- “I am happy and well cared for. I could approach any of the staff if I needed to.” (resident)
- “This is a really good staff team. We all work well together and help each other out.” (staff)
- “This is a lovely home to work in. There is sufficient staff on duty and the standard of care provided is very good.” (staff)

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.7 Governance Arrangements

The certificate of registration issued by RQIA was appropriately displayed in the front foyer in the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Discussion with the residents confirmed they were knowledgeable in regards to the management arrangements in the home. Review of the duty roster identified the person in charge of the home in the absence of the registered manager.

A review of the accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Additional training was sourced for staff during the inspection to prepare staff for the admission of a new resident to the home.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Comments made during the inspection included:

- “Julianne is the manager in here and she is very approachable.” (resident)
- “This is a good home which is well maintained. The care provided is excellent and there is good support form management, all you have to do is ask.” (staff)

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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