

Unannounced Care Inspection Report 7 June 2016



Millverne

Type of Service: Residential Care Home
Address: 66 Mill Street, Enniskillen, BT74 6DW
Tel No: 028 6638 2000
Inspector: Laura O'Hanlon

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Millverne took place on 7 June 2016 from 10.15 to 17.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to staff recruitment and induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Is care effective?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Is care compassionate?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Julianne Treacy, registered manager 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Carewell Homes Ltd	Registered manager: Julianne Treacy
Person in charge of the home at the time of inspection: Emma Cassidy Senior care assistant until 15.00. Julianne Treacy after 15.00	Date manager registered: 1 April 2005
Categories of care: 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: 35
Weekly tariffs at time of inspection: £494.00	Number of residents accommodated at the time of inspection: 29

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the accident/incident notifications.

During the inspection the inspector met with 21 residents, one relative, two members of the domestic staff, one care assistant, two senior care assistants, the governance manager and the registered manager.

Ten resident views, five representative views and ten staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 6 June 2016
- Supervision and appraisal records
- Record of an induction programme
- Recruitment records
- Mandatory training records
- A competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 October 2015

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

4.2 Review of requirements and recommendations from the last care/medicines/estates/finance inspection dated 15 October 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27.8 Stated: First time To be completed by: 9 December 2015	The registered person should ensure that the furniture in the smoking room is replaced so as to ensure resident comfort. This furniture must be fire retardant.	Met
	Action taken as confirmed during the inspection: An inspection of the smoking room confirmed that new furniture was in place in the smoking room. The registered manager confirmed this was fire retardant.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty – two senior care assistants, three care assistants, two members of the domestic staff and an administrator. The governance manager and the registered manager came to the home for part of the inspection.

A review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A review of three staff files confirmed that supervision had been completed in March, April and May 2016. A review of three further staff files confirmed that appraisals were completed in May 2016.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of three staff competency and capability assessments confirmed these were completed annually.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. A matrix was maintained at the front of the staff file to ensure the appropriate documentation is in place as outlined within the minimum standards. This is to be commended.

The adult safeguarding policies and procedures dated June 2016, were consistent with current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there were plans in place to identify a safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. The registered manager reported that there had been no recent adult safeguarding issues in the home.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that areas of restrictive practice were employed within the home, notably a keypad entry system to the dementia unit and the use of sensor mats for specific residents. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection, prevention and control (IPC) procedures. Discussion with the domestic staff confirmed that daily work schedules were in place.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed in bathroom areas.

A general inspection of the home was undertaken to examine the bedrooms, ensuites, the shared bathrooms, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. The residents were involved in planting and maintaining vegetables outside the home. This was confirmed during discussions with residents. The residents are also in the process of arranging flower boxes. This is to be commended. There were no obvious hazards to the health and safety of residents, visitors or staff.

A review of the fire safety risk assessment dated, 12 October 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 8 April 2016 and a record retained of 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 monthly.

Areas for improvement

There were no areas for improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred care and a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. The registered manager confirmed that records were stored safely and securely in line with data protection.

The care records inspected contained an audit of the contents of each file. This audit was undertaken by the governance manager with actions identified for improvement. This was signed off when completed by the staff member.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents, one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. One comment made on a returned representative questionnaire was:

“Every time we visit the staff inform us of how our relative has slept, eaten etc. and are very attentive to the family needs. The staff are very supportive and keep the family updated exceptionally well.”

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings undertaken quarterly were available for inspection.

Areas for improvement

There were no areas for improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. One comment made on a returned representative questionnaire was:

“The staff make private visiting rooms available”

Discussion with staff, residents and review of care records confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents and review of care records confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents, one representative spoken with, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff were also able to demonstrate through discussion, how residents’ confidentiality was protected

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. During the inspection the residents were involved in musical activities. It was noted that residents who preferred to stay in their rooms were offered opportunities to participate in activities if they wished. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, one representative and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example daily discussions with staff, care management reviews and monthly monitoring reports.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties.

Residents and one representative spoken with, confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. Comments made during the inspection and on returned questionnaires included:

- “We are delighted with the overall care and attention our relative receives.”
- “I feel cared for like my mother and father gave me when I was a child. There are very good people and I would recommend these services to all people.”
- “It’s such a lovely environment to work in. There is a good relationship between staff and residents’. The manager goes the extra mile to help.”

Areas for improvement

There were no areas for improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents. The governance manager was present during part of the inspection.

The health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Residents and their representatives were made aware of the process of how to make a complaint by way of a poster in each bedroom and in communal areas. The registered manager confirmed that there were no recent complaints made to the home. Arrangements were in place to share information about complaints and compliments with staff.

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

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The registered manager reported that in the past staff were supported by the organisation to successfully complete QCF Level two and QCF Level three.

A monthly monitoring visit 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, trust representatives and RQIA. An action plan was devised following the visit to identify any areas for improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose. Discussion with the registered manager identified that she had an understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

There were no areas for improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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