

Unannounced Care Inspection Report 7 September 2017



Millverne

Type of service: Residential care home
Address: 66 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 with 45 beds registered to provide care for residents under categories of care detailed on its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Carol Kelly	Registered manager: JulianneTreacy
Person in charge at the time of inspection: JulianneTreacy	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 September 2017 from 10.30 to 16.30.

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

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

Evidence of good practice was found in relation to recruitment practices, communication with the residents, the culture and ethos of the home and the management of incidents.

Areas requiring improvement were identified in regards to staff supervision, the environment, fire safety checks and care plans.

Residents said:

- “The staff are terrific; they couldn’t do enough for you.”

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	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Julianne Treacy, registered manager and Wendy Shannon, clinical governance lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 17 November 2016.

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 and returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with 31 residents, seven staff, the registered manager and the clinical governance lead.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal records
- Two staff competency and capability assessments
- Staff training records
- Two staff recruitment files
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 2 May 2017

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(4)(b) Stated: First time To be completed by: 18 November 2016	The registered provider must ensure that adequate precautions are taken against the risk of fire specifically; items stored in stairwells are removed.	Met
	Action taken as confirmed during the inspection: An inspection of the environment identified that the all of stairwells were clear with the exception of one area where a mattress was present. The registered manager advised that this was owing to three recent admissions to the home when a more appropriate mattress was required. The registered manager agreed to ensure that the mattress was removed promptly.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 21 November 2016	The registered provider should ensure that the duty rota identifies the person in charge of each shift and the capacity in which each staff member worked.	Met
	Action taken as confirmed during the inspection: A review of the staff duty rota identified that the senior care staff was the person in charge in the absence of the registered manager. The capacity of each staff member was recorded on the rota.	
Area for improvement 2 Ref: Standard 21.5 Stated: First time To be completed by: 17 February 2017	The registered provider should ensure that the policy on infection prevention and control (IPC) is systematically reviewed every three years.	Met
	Action taken as confirmed during the inspection: A review of the policy on infection prevention and control (IPC) confirmed this was reviewed and updated accordingly.	
Area for improvement 3 Ref: Standard 27.1 Stated: First time To be completed by: 17 February 2017	The registered provider should ensure that the smoking room is redecorated.	Met
	Action taken as confirmed during the inspection: An inspection of the environment identified that the smoking room was repainted.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of two completed induction records 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 confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The three records reviewed confirmed that staff appraisals were undertaken annually. In regard to staff supervision two out of three records identified that supervision was not completed on a six monthly basis. This was identified as an area for improvement under the standards.

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. Two completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager and review of two 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. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice. Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy in place was consistent with the 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 a safeguarding champion was established 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 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, care records and complaints records 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 confirmed 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 assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably keypad entry systems and pressure alarm mats. 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. A review of the statement of purpose identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

There was an up to date infection prevention and control (IPC) policy in place. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

During the inspection of the internal environment a damp area was observed on a ceiling in an en suite bathroom. In addition rust was observed on a shower plughole and a grab rail in a main bathroom. These issues were identified as areas for improvement under the standards.

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. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 11 January 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, emergency lighting and means of escape were checked monthly.

In regards to the weekly checks of the fire alarm systems shortfalls were identified. The records identified that weekly checks were recorded for July and August 2017 however weekly checks

were not consistently recorded from February to June 2017. This was identified as an area for improvement under the regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, appraisal, adult safeguarding, infection prevention and control and risk management.

Areas for improvement

Three areas for improvement were identified in regards to staff supervision, the environment and fire safety checks.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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 an 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 needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

During the review of one care record a period of significant weight loss for one resident was noted. Nutrition assessments were completed monthly however there was no action plan in place to address or manage this issue. This was discussed during feedback and identified as an area for improvement under the regulations to ensure that care plans accurately reflect the needs of the residents.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. However it was noted that two out of three care records reviewed were not signed by the resident or their representative. This was identified as an area for improvement under the standards.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff

meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified in regards to care records.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. During the inspection the lay minister was present in the home. In addition end of life care plans were in place in care records.

Discussion with residents and staff and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. This was further evidenced in care records where signed consent forms were in place. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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. Such systems include daily discussions with staff, residents meetings, care management reviews and the monthly monitoring reports by the registered provider.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A new activities coordinator was employed in the home. During discussions with the residents they commented positively about this worker. During the inspection some of the residents were engaged in puzzles, others were reading newspapers and the hairdresser was also present.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family are welcome to visit the home at any time.

Comments recorded on compliment cards included:

Comments made by residents included:

- “The food is lovely.”
- “I am getting on great. The food is wonderful. I get my paper every day. The staff are lovely.”
- “I love it here. I am so happy and the staff are wonderful. There is always a choice of meals. I get my weekly papers and magazines.”

Comments made by staff included:

- “The staffing levels are good and the staff are very experienced.”
- “This is a good staff team and we all work well together. We have a shift handover at each shift. The staffing levels are good.”
- “If I had a concern or worry I would be happy to approach the manager.”

Areas of good practice

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 taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. The 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 with RQIA.

A range of policies and procedures was 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 as changes occurred.

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

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

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 to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that they had understanding of their 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 as they visit the home on a regular basis.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. 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 they will offer support to staff. 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 also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julianne Treacy, registered manager and Wendy Shannon, clinical governance lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (d) (v) Stated: First time To be completed by: 30 September 2017	The registered person shall ensure that the weekly checks of the fire alarm systems are completed. Ref: section 6.4 Response by registered person detailing the actions taken: Weekly checks of the fire alarm systems are in place.
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 30 September 2017	The registered person shall ensure that there are robust care plans in place which accurately reflect the needs of the residents. This should include the completion of any appropriate risk assessments. Ref: section 6.4 Response by registered person detailing the actions taken: Care plan audits have been carried out to ensure that robust care plans and risk assessments are in place.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.2 Stated: First time To be completed by: 30 September 2017	The registered person shall ensure that staff supervision is undertaken on a six monthly basis. Ref: section 6.4 Response by registered person detailing the actions taken: <i>A schedule of staff supervision has been devised to ensure that staff supervision is undertaken six monthly.</i>
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 7 October 2017	The registered person shall ensure that the following environmental issues are addressed: <ul style="list-style-type: none"> • Address the damp area on one identified en suite bathroom • Address the rust on one identified shower plughole • Address the rust on the grab rail in one identified bathroom Ref: section 6.4 Response by registered person detailing the actions taken: Maintenance work is ongoing to address all of the areas identified.

<p>Area for improvement 3</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are signed by the resident or their representative, the registered manager and the Trust care manager.</p> <p>Ref: section 6.5</p>
<p>To be completed by: 7 October 2017</p>	<p>Response by registered person detailing the actions taken: Audits are undertaken to ensure all careplans that do not have signatures have been identified and signed by the appropriate person.</p>

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address



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