



The Regulation and
Quality Improvement
Authority

Millverne
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BT74 6DW

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**Unannounced Care Inspection
of
Millverne**

08 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 8 October 2015 from 10.30 to 17.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

1.1 Actions/enforcement taken following the last inspection

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

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Julianne Treacy, registered manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Carewell Homes Ltd	Registered Manager: Mrs Julianne Treacy
Person in charge of the home at the time of inspection: Julianne Treacy	Date manager registered: 1 April 2005
Categories of care: RC-MP, RC-MP(E), RC-DE, RC-I	Number of registered places: 35
Number of residents accommodated on day of inspection: 32	Weekly tariff at time of inspection: £470.00

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, returned QIP from the last care inspection and notifications of incidents and accidents.

We met with 24 residents, one relative, two members of the ancillary staff, three care staff and the registered manager.

We inspected the following records: five care records, accident / incident reports, registered provider visits, record of residents meetings and documents relating to quality assurance in the home.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 21 April 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 30 (1) (f) Stated: Second time To be Completed by: From the date of this inspection	<u>Accidents</u> The registered person shall give notice to the Regulation and Quality Improvement Authority of any accident in the home within three working days. Action taken as confirmed during the inspection: A review of the accidents and incidents and care records confirmed that these were appropriately reported.	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 6.3 and 10.2 Stated: Second time To be Completed by: 31 May 2015	<u>Care Plans</u> It is recommended that review of all care plans is undertaken to ensure that those which are not signed by the resident / representative or countersigned manager are identified and signatures sought in accordance with Standard 6.3. If a resident or their representative is unable to sign this should be recorded on the care plan by the staff member. Action taken as confirmed during the inspection: We examined five care records and confirmed that the care plans were appropriately signed.	Met

Recommendation 2 Ref: Standard 6.2 Stated: First time To be Completed by: 21 June 2015	It is recommended that care plans should be reviewed and further developed in relation to residents with continence needs.	Met
Action taken as confirmed during the inspection: An inspection of five care records confirmed that these care records contained detailed care plans in regard to residents with continence needs.		

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The registered manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. An example of this was in regard to a resident who enjoyed gardening. The registered manager arranged for the resident to continue this activity in the home by planting vegetables.

The residents confirmed that they had recently received questionnaires from the management of the home. This was in regard to facilities and services, menu planning and activity provision. These questionnaires were available during the inspection.

The five care records inspected demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident. A resident activity survey was present within each care record so as to ensure activities were person centred and meaningful.

Residents meetings were convened approximately quarterly. A record of these meetings was available in the home. At the most recent meeting in July 2015 residents were asked to contribute suggestions to the tenth anniversary celebrations in the home.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents and their representatives' views are sought. These were reflected within the care management reviews, record of residents meetings, registered provider monthly visits. The manager confirmed that there was an open door policy within the home for relatives who wished to highlight any issues.

Many examples were demonstrated in the home. The registered manager advised us that within the dementia unit, residents were asked to choose the colour of paint for their bedroom door. On admission residents were also asked to personalise their door so to make it easier for them to recognise. This practice is to be commended.

Copies of review forms were present within each care record. Residents were present and participated in their care management review.

A suggestion box was on display in the home.

Quality assurance questionnaires were issued to residents, relatives and visiting professionals to the home in August 2015. This information is currently in the process of collation by the home manager. This enabled the resident/relative to reflect on the care and support services provided in the home and make suggestions regarding improvements.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values in to their practice with residents. This included knocking on doors before entering, asking residents what they want to wear each day, seeking their preferences at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

There were no areas of improvement identified within this standard. This standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents views

We met with 24 residents. We observed residents relaxing in the communal lounge area. The hairdresser was in the home in the morning period. Mass was also celebrated in the home during the inspection. The residents expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff. Residents advised that there was good communication with staff and they were respectful during care interventions.

In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. Some comments made were:

- “This home is the best; its home from home. The staff are very good.”
- “The staff are brilliant, I get my paper every day.”
- “The meals are great, you get two choices every day. There are always plenty of staff and they have time for you. It’s an excellent place.”
- “The staff are good to everyone. They come as quick as lightening at night. Its modern and kept very clean.”

5.4.2 Staff views

We spoke with three members of care staff and two members of ancillary staff in addition to the registered manager. Staff advised us that they felt well supported by management. The staff stated they work well together to ensure the residents’ needs were met. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. The staff confirmed that residents were offered choices on a daily basis. Some comments made were:

- “I am happy to work here, the management and staff are easy to approach.”
- “I enjoy working here, there is plenty of staff on duty and good teamwork.”
- “The care is very good, the staff team is good. The manager is approachable and if residents wanted something it would be done.”

5.4.3 Relatives views

We met with one relative. This relative spoke positively of the registered manager and staff in regard to the efforts made to help their relative settle in the home environment. This relative also commented on the excellent communication between the staff in the home and family members. The relative confirmed that any areas of concern were promptly addressed by the staff.

5.4.4 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents’ bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard.

We identified that the furniture in the smoking room was torn and not fit for purpose. We made a recommendation to address this issue.

5.4.5 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents were well dressed, with good attention to personal appearance.

5.4.6 Accidents / Incident reports

We reviewed accidents and incidents records and confirmed that these were appropriately managed and reported.

5.4.7 Visits by the registered provider

We reviewed the record of the visits by the registered provider. We confirmed that they were unannounced and were undertaken on a monthly basis.

5.4.8 Fire safety

We confirmed that the home's most recent fire safety risk assessment was undertaken in October 2014. The registered manager confirmed that a review of the current fire risk assessment is scheduled for 12 October 2015.

The registered manager confirmed that the fire safety awareness for staff was currently up to date with eight staff attending training by Fire Plus on 8 September 2015.

6.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Julianne Treacy, registered manager. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1	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.
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Ref: Standard 27.8

Stated: First time

To be completed by:
9 December 2015

Response by Registered Person(s) detailing the actions taken:
The furniture in the smoking room has been replaced.

Registered Manager completing QIP	Julianne Treacy	Date completed	29/10/15
Registered Person approving QIP	Carol Kelly	Date approved	29/10/15
RQIA Inspector assessing response	Laura O'Hanlon	Date approved	09.11.15

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