



# Unannounced Care Inspection Report 12 November 2019



## Millverne

**Type of Service: Residential Care Home**  
**Address: 66 Mill Street, Enniskillen, BT74 6DW**  
**Tel No: 028 6634 6000**  
**Inspector: Laura O'Hanlon**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 45 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Carewell Homes Ltd  <b>Responsible Individual:</b> Carol Kelly	<b>Registered Manager and date registered:</b> Julianne Treacy – 1 April 2005
<b>Person in charge at the time of inspection:</b> Julianne Treacy	<b>Number of registered places:</b> 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.
<b>Categories of care:</b> 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	<b>Total number of residents in the residential care home on the day of this inspection:</b> 41

### 4.0 Inspection summary

An unannounced inspection took place on 12 November 2019 from 09.40 to 16.00.

The inspection 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 communication between the residents and the staff, staffing and recruitment and the management arrangements in the home.

There were no areas for improvement identified at this inspection.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julianne Treacy, registered manager 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 inspection dated 7 February 2019

No further actions were required to be taken following the most recent inspection on 7 February 2019.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection report, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Six questionnaires were returned to RQIA within the required timeframe.

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

- staff duty rotas
- staff training schedules
- one staff recruitment and induction record
- three residents' records of care
- complaint records
- compliment records
- accident/incident records

- a sample of the monthly monitoring reports
- RQIA registration certificate
- supervision and appraisal planners
- staff competency and capability assessments
- fire safety risk assessment
- NISCC professional registration checks

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 last care inspection dated 7 February 2019

There were no areas for improvements made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival to the home we found that most of the residents were already washed and dressed and resting in the communal areas. Throughout this inspection residents told us they felt safe in the home and that they were well cared for. Residents also advised that staff attended to their needs in caring and kind manner. The atmosphere in the home was considered warm and calm with staff assisting and conversing with residents in a friendly and respectful manner.

### Staffing and recruitment

We could see that throughout the day there was always sufficient staff to meet the needs of the residents and this was reflected in the duty rota. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. No concerns were raised by residents or staff regarding staffing levels in the home.

We saw that competency and capability assessments were in place for staff in charge of the home in the manager's absence.

Two staff recruitment records were reviewed and maintained to a good standard containing all the necessary documents. Staff told us they completed an induction relevant to their roles and responsibilities.

The manager explained that care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. Records available in the home confirmed this.

### **Staff supervision and appraisal**

Discussion with the staff confirmed that they felt supported in their roles. Staff stated that they could approach the manager at any time and any issues would be managed in a professional manner.

We saw that the manager had a system in place for managing staff supervision and appraisal in accordance with the requirements.

### **Safeguarding residents from harm**

Staff shared a good knowledge of reporting mechanisms for raising concerns within the home. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse, even if the manager was not working in the home. The manager was able to describe how safeguarding referrals would be made to the trust and who to contact. Staff training in adult safeguarding was included within mandatory training records.

### **Management of falls**

Review of records and discussion with the manager confirmed that The Falls Prevention Toolkit was used in the home. Records contained falls risk assessments and associated care plans which were reviewed on a monthly basis or more often if required. Appropriate action was recorded following a fall including referral to multi-disciplinary teams and falls clinics.

### **Environment**

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal lounges were pleasantly furnished with comfortable seating. Residents' bedrooms were well equipped and personalised for each resident. Bathrooms and toilet facilities were clean and hygienic. Infection prevention aids and equipment were readily accessible.

We observed areas of rust on one radiator. This was discussed with the manager who agreed to have this addressed as soon as possible.

### **Fire safety**

Walkways throughout the home were kept clear and free from obstruction. Review of records confirmed that regular checks were completed in relation to emergency lighting, fire alarms and fire doors.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal and adult safeguarding.

## Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home.

### Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. For example care plans referred to the updated dysphagia guidance.

Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

### Staff communication and teamwork

The staff confirmed that there was good communication and team work in the home. The staff reported that they all work together for the benefit of the residents. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings.

The staff advised that during the staff handovers any concerns or information is passed on in relation to the care and treatment of residents. At the handovers staff also agree the delegated duties for the provision of care for each resident.

## Effectiveness of care

General observations of care practices throughout this inspection found that care was delivered in person centred manner. For example, residents' comfort and social needs were facilitated by individual choice and wishes.

Residents were well groomed with clean fresh clothing. Glasses and walking aids appeared in good working order. Staff were able to tell us about the individual needs of residents and how these would be met in the home.

Staffing in the home is very stable which is to be commended. Interactions between the staff were friendly and supportive.

The residents said that they enjoyed the food in the home. Drinks and snacks were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 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.**

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

## Compassionate care

Residents could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Some preferred to enjoy the company of one another in a communal sitting room, others choose to relax or partake in pastimes of choice.

Observations of staff during the inspection found that they were reassuring to residents and acted in a caring manner. Staff interactions were seen to be polite, friendly, warm and supportive. Choice was offered in the provision of residents' meals and snacks.

Photographs were displayed of activities and events held in the home showing resident participation. The residents talked openly about the arts and crafts available in the home and how much they enjoyed this activity.

The genre of the television programmes and choice of music was appropriate to the age group and taste of residents.

The staff had knowledge of residents' personal background and interests that helped them meet their social well-being. Residents' bedrooms were personalised to a good effect in that it added to residents' comfort, make-up and individuality.

Some comments made by residents included:

- "I like it well."
- "The food is good."
- "I am well cared for in here."
- "I like it here. The food is good. I feel safe in here and well cared for."
- "I like it here. The staff are all very good."
- "The staff are splendid, respectful and treat you kindly."

Staff comments included:

- "There is enough staff on duty in the home. There is good team with dedicated staff. We have a good manager who is fair to everyone."
- "This is the best job. The care is so personalised."
- "The care provided here is very good. There is good team work and the management are very supportive. I was really made to feel welcome here. I love to sit with the residents."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing resident and their representatives.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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.**

There is a clear management structure within the home and the manager was available throughout the inspection process. All staff spoken with commented positively about the manager and described her as supportive and approachable. One staff comment was:

- "Julianne is a great manager, very approachable and supportive. She has been very good to me"

## Management and governance arrangements

The manager retains oversight of the home. The manager confirmed that she undertakes a daily walk around and listens to staff handovers to ensure she is aware of what is going on in the home.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visits dated 31 October 2019, 26 September 2019 and 28 August 2019 were reviewed. These reports found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

## Management of accidents/incidents

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

## Management of complaints/compliments

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

Records of compliments were retained in the home and included such comments as:

- “Just a little note to say thank you most sincerely for all your help, support and kindness to us over this past while. We are greatly indebted to you and we will miss your cheerful ways.”

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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