

# Unannounced Care Inspection Report 13 February 2018



## 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](http://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 the categories of care detailed in section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Carewell Homes Ltd  <b>Responsible Individual:</b> Carol Kelly	<b>Registered Manager:</b> Julianne Treacy
<b>Person in charge at the time of inspection:</b> Julianne Treacy	<b>Date manager registered:</b> 01 April 2005
<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>Number of registered places:</b> 45

### 4.0 Inspection summary

An unannounced care inspection took place on 13 February 2018 from 10.00 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 staff training, recruitment practices, care records and the culture and ethos of the home.

One area requiring improvement was identified in relation to staff meetings. Two areas for improvement from the last inspection were stated for the second time in relation to staff supervision and environmental issues.

Residents said that they were happy in the home, that they felt safe and were well cared for.

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
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Julianne Treacy, Registered Manager, Wendy Shannon, Clinical Governance Lead and Carol Kelly, Responsible Individual, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 September 2017.

#### 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 and the notifications of accidents and incidents.

During the inspection the inspector met with 33 residents, seven staff of various grades, the registered manager, the clinical governance lead and the responsible individual.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedules
- Two staff competency and capability assessments
- Staff training schedule/records
- One staff recruitment file
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records, medication and infection control
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and 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 7 September 2017

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 7 September 2017

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (d) (v) <b>Stated:</b> First time	The registered person shall ensure that the weekly checks of the fire alarm systems are completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the record of the fire alarm checks confirmed that these were completed weekly.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three care records confirmed that there were robust care plans and risk assessments in place.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 24.2 <b>Stated:</b> First time	The registered person shall ensure that staff supervision is undertaken on a six monthly basis.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the schedule of supervision confirmed that only six members of staff had supervision completed since the last inspection.  This area for improvement will be stated for the second time.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall ensure that the following environmental issues are addressed: <ul style="list-style-type: none"> <li>• Address the damp area on one identified en suite bathroom</li> <li>• Address the rust on one identified shower plughole</li> <li>• Address the rust on the grab rail in one identified bathroom</li> </ul>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that there was no rust present on the grab rail in one identified bathroom. However there remains a damp area on one identified en suite bathroom and rust present on a plughole.  These elements of the area for improvement will be stated for the second time.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> First time	The registered person shall ensure that care plans are signed by the resident or their representative, the registered manager and the Trust care manager.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the care records confirmed that two out of three care plans were not signed. However one of the care records reviewed was a recent admission to the home. Advice was given to the registered manager to ensure that care plans were signed appropriately.  This area for improvement will not be stated for the second time.	

**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 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. A schedule for annual staff appraisals was reviewed at the last inspection. A review of the schedule of supervision confirmed that only six members of staff had supervision completed since the last inspection. This area for improvement will be stated for the second time. A schedule for mandatory training was maintained and was reviewed during the inspection.

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 one staff personnel file 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. A safeguarding champion was established.

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 to the dementia unit and the use of 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 and residents guide 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 for example health and safety.

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.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. 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. However there remains a damp area on one identified en suite bathroom and rust present on a plughole. This area for improvement will be stated for the second time.

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 5 January 2018. The recommendations made within this risk assessment are in the process of being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 17 January 2018. Records were 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 weekly and monthly and were regularly maintained.

### **Areas of good practice**

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

### **Areas for improvement**

Two areas for improvement were stated for the second time in relation to staff supervision and environmental issues.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	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 were reviewed and updated on a regular basis or as changes occurred.

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.

A review of the care records confirmed that two out of three care plans were not appropriately signed. However one of the care records reviewed was a recent admission to the home. Advice was given to the registered manager to ensure that care plans were signed appropriately. This area for improvement will not be stated for the second time.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced through the staff knowledge of individual resident's preferences and behaviours.

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

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, medication and infection control were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

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. However it was noted that staff meetings in 2017 took place in June, November and January 2018. This was identified as an area for improvement to ensure that staff meetings take place on a quarterly basis.

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 the residents. Minutes of resident meetings were reviewed during the inspection.

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, audits and reviews, communication between residents, staff and other key stakeholders.

### Areas for improvement

One area for improvement was identified in relation to staff meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. 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 included daily discussions with the staff, residents' meetings, care management reviews and the monthly monitoring visits by the responsible person.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available

for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

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. The home employs an activities coordinator. On the day of the inspection the activities coordinator had arranged a special sitting of the main meal in preparation for Valentines day. A large table was provided for the residents from two separate units to eat together. The table and surrounding areas were decorated for the event.

The residents praised the activities coordinator for all her efforts. An activity plan was provided to all residents for the week ahead and on the back of this sheet were word searches. The residents advised that they had made pancakes the previous day supported by the activities coordinator. The hairdresser was also present in the home. This is to be commended.

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

Comments made by residents during the inspection were:

- “This is a great place, the staff are all wonderful.”
- “The staff are excellent. If I want anything all I have to do is ask. I couldn’t ask for better.”
- “The staff are great, I couldn’t say enough good.
- “The staff are excellent. They are so attentive and kind. The food is lovely.”

Comments made by staff during the inspection were:

- “The staffing levels are good. The management are approachable and proactive with change.”
- “The activities coordinator is a breath of fresh air. She has really helped the quality of life for some of the residents.”
- “This is a great place to work. There is good staff training. Everyone is very supportive and we all work well together.”
- “The staff are great. There is good communication among the team, any concerns are passed on.”

**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
<b>Total number of areas for improvement</b>	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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the complaints procedure displayed in each bedroom. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

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.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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 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 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julianne Treacy, Registered Manager, Wendy Shannon, Clinical Governance Lead and Carol Kelly, Responsible Individual, 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 via Web Portal for assessment by the inspector.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 March 2018	The registered person shall ensure that staff supervision is undertaken on a six monthly basis.  Ref: section 6.4  <b>Response by registered person detailing the actions taken:</b> Our supervisions are underway and we will ensure all staff are supervised on a six monthly basis as required.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 March 2018	The registered person shall ensure that the following environmental issues are addressed: <ul style="list-style-type: none"> <li>• Address the damp area on one identified en suite bathroom</li> <li>• Address the rust on one identified shower plughole</li> </ul> Ref: section 6.4  <b>Response by registered person detailing the actions taken:</b> Maintenance staff have dealt with the two areas identified.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2018	The registered person shall ensure that staff meetings take place on a quarterly basis.  Ref: section 6.5  <b>Response by registered person detailing the actions taken:</b> Staff meetings have been scheduled and will be held on a quarterly basis.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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