

# Unannounced Care Inspection Report 17 November 2016



## Millverne

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

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Millverne took place on 17 November 2016 from 10.00 to 16.00.

The inspection sought to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Four areas for improvement were noted. A requirement was made to ensure that adequate precautions are taken against the risk of fire specifically; items stored in stairwells are removed.

A recommendation was made to ensure that the duty rota identifies the person in charge of each shift and the capacity in which each staff member worked. A recommendation was made to ensure the policy on infection prevention and control (IPC) is systematically reviewed every three years. A third recommendation was made to ensure the smoking room is redecorated.

### **Is care effective?**

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.

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

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.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

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

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

Details of the Quality Improvement Plan (QIP) within this report 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.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23 August 2016.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Carewell Homes Ltd	<b>Registered manager:</b> Julianne Treacy
<b>Person in charge of the home at the time of inspection:</b> Julianne Treacy	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> 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> 35

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the accident/incident notifications.

During the inspection the inspector met with 18 residents, one residents' representative, two members of the domestic staff, three members of the care staff, the clinical governance manager and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Audits of care records, care review, accidents and incidents (including falls), complaints, environment,
- 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

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 23 August 2016**

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 7 June 2016**

There were no requirements or recommendations made as a result of the last care inspection.

##### **4.3 Is care safe?**

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

A review of the duty roster confirmed that it accurately reflected the staff working within the home. A recommendation was made to ensure that the duty rota identifies the person in charge of each shift and the capacity in which each staff member worked.

The registered manager advised that no new staff members were recruited since the last inspection therefore induction records were not reviewed. Discussion with the registered manager confirmed 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 registered manager confirmed that supervision and appraisals were maintained on an up to date basis. The registered manager also confirmed that a rolling programme of mandatory training was in place.

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.

Discussion with the registered manager confirmed that no staff members have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure reviewed at the last inspection and 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 has been established. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The registered manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be 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 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. COSHH, 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 validated this.

Review of the infection prevention and control (IPC) policy and procedure found this to be dated June 2010. A recommendation was made to ensure this policy is systematically reviewed every three years. 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.

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. The designated smoking room was found to be in need of redecoration. A recommendation was made to address this matter.

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 24 October 2016. The recommendations made are in the process of being addressed. During the inspection it was noted that there were various items stored under stairwells. Such items included mattresses which are combustible. This was also recorded as an action in the fire risk assessment. A requirement was made to ensure that adequate precautions are taken against the risk of fire and such items are removed.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 17 August 2016. 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 for improvement**

Four areas for improvement were identified. A requirement was made to ensure that adequate precautions are taken against the risk of fire, specifically; items stored in stairwells are removed.

A recommendation was made to ensure that the duty rota identifies the person in charge of each shift and the capacity in which each staff member worked. A recommendation was made to ensure the policy on infection prevention and control (IPC) is systematically reviewed every three years. A third recommendation was made to ensure the smoking room is redecorated.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	3
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#### 4.4 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included 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, falls, where appropriate) 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. This was documented on a separate communications sheet. Care records 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. Care records reviewed were observed to be signed by the resident and/or their representative.

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 plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, 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.

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 and their representatives 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 for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is care compassionate?

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. Communion is brought by a lay minister to the home each Thursday. Discussion with residents and staff 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. Care records contained evidence of such consents. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

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, representatives 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, care management reviews, residents' meetings and the monthly monitoring visits.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Care records contained activity assessments for each resident and were reviewed monthly. Both the hairdresser and the lay minister were present in the home during the inspection. A tea party also took place in the afternoon for all the residents.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Staff confirmed all relatives are made welcome to the home.

Comments made by residents during the inspection included:

- "The staff are all lovely. I am very happy in here."
- "The staff are all kind, the food is first class, I have no complaints."
- "The food is great; there is always a choice of food. The laundry service is good. The staff are great."
- "I am happy here, it's as close to home as you will get."

Comments made by staff during the inspection included:

- "I like this home; there are very nice people who work in here. We are like a big family, everyone helps each other out."
- "We have a great wee family here. Julianne (manager) is very approachable. We all work well together and work as a team."



## Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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 Falls Prevention Toolkit was discussed with the registered manager and the clinical governance lead and advice was given on the benefits of using this or a similar toolkit.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

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 members 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 through the monthly monitoring reports and managers meetings.

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 RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. 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 for improvement**

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues 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 manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(4)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 November 2016	<p>The registered provider must ensure that adequate precautions are taken against the risk of fire specifically; items stored in stairwells are removed.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The items stored in the stairwells have been removed.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 21 November 2016	<p>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.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The dota rota has been amended to identify the person in charge and the capacity in which each staff member works.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 21.5  <b>Stated:</b> First time  <b>To be completed by:</b> 17 February 2017	<p>The registered provider should ensure that the policy on infection prevention and control (IPC) is systematically reviewed every three years.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The infection prevention and control policy has been updated in December 2016, to be reviewed Decemeber 2019.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 17 February 2017	<p>The registered provider should ensure that the smoking room is redecorated.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The smoking room will be redecorated within the timeframe</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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