

Inspection Report

17 December 2022



Millverne

Type of service: Residential
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Carewell Homes Ltd</p> <p>Responsible Individual: Mrs Carol Kelly</p>	<p>Registered Manager: Mrs Julianne Treacy</p> <p>Date registered: 1 April 2005</p>
<p>Person in charge at the time of inspection: Vicky Clarke, Senior Care Assistant</p>	<p>Number of registered places: 45</p> <p>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.</p>
<p>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.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 40</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to 45 residents. There is a designated dementia unit on the ground floor with all other categories of care as listed above accommodated on the first and second floor. Residents' bedrooms are located over three floors. Residents have access to communal lounges, dining rooms and an outdoor space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 December 2022, from 10.15am to 3.40pm by a care inspector.

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

Residents spoke positively about living in the Millverne and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. Two areas for improvement have been stated for a second time in relation to risk management and infection prevention and control (IPC).

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were discussed with the person in charge at the conclusion of the inspection and later with the management team following the inspection.

4.0 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included "The staff here are the best", "I couldn't fault any of them", "This is a great place", "I feel very safe here" and "Well cared for".

Ten questionnaires were returned; two from residents and eight which did not indicate if they were from a resident or a relative. The respondents were satisfied or very satisfied with the overall provision of care. One comment received: "Excellent care".

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "I really enjoy working here" and a further staff member said "Great staff morale". There was no feedback from the staff online survey.

Two relatives spoken with during the inspection commented positively about the home and the care provided. Comments included: “The care here is fantastic”, “Everyone is very friendly, “I couldn’t fault this home”, “The staff are all fantastic”, “I feel my relative is well cared for” and “This is a good home”.

Comments received during the inspection were shared with the management team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 27 October 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	<p>The responsible individual shall ensure that all areas of the home to which residents have access are free from hazards to their safety.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> the electrical cupboard is kept locked the door alarm within the identified resident’s bedroom is monitored to ensure the alarm is on the fridge within the identified unit is kept locked. 	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment and discussion with the person in charge evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p>	
Area for Improvement 2 Ref: Regulation 27 (4) (b) Stated: First time	<p>The responsible individual shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of residents in the home.</p> <p>Specific reference to ensuring:</p> <ul style="list-style-type: none"> that fire doors are not propped open 	Met

	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the person in charge evidenced that this area for improvement had been met.</p>	
<p>Area for Improvement 3 Ref: Regulation 13 (7) Stated: First time</p>	<p>The responsible individual shall ensure that all staff employed to work in the home are aware of and adhere to the IPC guidelines and best practice requirements.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • all staff are aware of the correct procedure for visitors as per COVID-19 guidelines • the correct wearing of PPE by staff • staff are bare below the elbow • appropriate storage of patient equipment and items within bathrooms. 	Partially met
	<p>Action taken as confirmed during the inspection: Observation of staff practices and discussion with the person in charge evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<p>Area for Improvement 1 Ref: Standard 25.6 Stated: Second time</p>	<p>The responsible individual shall ensure the staff duty rota includes:</p> <ul style="list-style-type: none"> • changes made to the rota allow the original entry to be seen. 	Met
	<p>Action taken as confirmed during the inspection: Review of relevant records and discussion with the person in charge evidenced that this area for improvement had been met.</p>	
<p>Area for Improvement 2 Ref: Standard 20 Stated: Second time</p>	<p>The responsible individual shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • accidents and incidents 	Met

	<p>Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 3 Ref: Standard 27 Stated: First time</p>	<p>The responsible individual shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • seated cushions are repaired/replaced to armchairs within the identified lounge • wooden panels around identified toilets are repaired/replaced • the base of doors within identified en-suites are repaired/replaced • sofas in smoking room are repaired/replaced. <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the person in charge evidenced that this area for improvement had been met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents.

Observation of the care delivery evidenced that there was enough staff on duty to meet the needs of the residents. Staff were attentive towards residents and displayed a kind and caring nature.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis, however, the Managers hours and the person in charge when the Manager was not on duty were not recorded. This was discussed with the management team and an area for improvement was identified.

Discussion with staff confirmed that they were required to complete mandatory training both online and face to face. Following the inspection the Manager confirmed in writing that a matrix system was in place and there was good compliance in the overall training provided.

A system was in place to ensure that care workers are registered with the Northern Ireland Social Care Council (NISCC).

Competency and capability assessments had been completed for the person in charge in the absence of the Manager and a matrix system was in place for twice yearly staff supervisions and yearly appraisals with the staff names and the dates that the meetings were held.

A number of the above records were not accessible within the home during the inspection and were required to be forwarded to the inspector by the Manager following the inspection. This is discussed further in section 5.2.5.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in the Millverne. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat. Residents were mostly well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. There was evidence of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated and enjoyed their meal.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which residents preferred a larger/smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Residents said they very much enjoyed the food provided in the home.

A menu was displayed within the dining room at the main reception area to the home; however, there were no menus displayed within the two dining rooms in the dementia unit. This was discussed with the management team and an area for improvement was identified.

Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of

residents' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

Review of four residents care records evidenced that a number of care plans lacked sufficient detail regarding current treatment to direct the relevant care and not all residents had care plans for identified medical conditions. This was discussed in detail with the management team and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests.

A number of maintenance related issues were identified requiring repair. Following the inspection the Manager provided both written and verbal confirmation of the action taken to address these issues and that refurbishment works were ongoing to ensure that the home is well maintained.

Observation of the environment highlighted some areas in which denture cleaning tablets and cleaning chemicals were not securely stored; the importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified.

It was further identified that an electrical cupboard within one of the units was unlocked. This was discussed with the person in charge who immediately locked the door. An area for improvement has been stated for a second time.

Corridors and fire exits were clear from clutter and obstruction. However, one fire exit leading to a stairwell was partially obstructed with resident equipment and other items. This was brought to the attention of the person in charge who acknowledged the potential risks and took immediately action to address this. Review of the most recent fire risk assessment completed on 15 March 2022 and discussion with the Manager evidenced that any actions required had been signed and dated by management as completed.

Wardrobes in several bedrooms throughout the home were not secured to the wall for safety. This was discussed with the management team and an area for improvement was identified.

There was a good supply of personal protective equipment (PPE) and access to hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The management team also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including staff who were not wearing their face mask appropriately. Details were discussed with the management team and an area for improvement has been stated for a second time.

A number of other IPC issues were identified. For example; the storage of clean and unclean linen/laundry on trolleys; staining to identified light pull cords; net pants laundered and available for potential communal use and toilet roll on top of communal toilet cisterns. Details were discussed with the management team who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Residents commented positively about the food provided within the home with comments such as; “The food is always very nice here and plenty of choice”, “(The) food is far too good” and “The food is the best”.

During the inspection residents were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the Manager was approachable and accessible.

There was evidence that audits had been completed to review the quality of care and other services within the home. Most audits contained an action plan where deficits had been identified; however, this was not consistent within all audits. Details were discussed with the management team who agreed to review this and to monitor going forward.

The person in charge confirmed that monthly monitoring visits were being completed within the home by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, the reports of these visits were not accessible within the home. This was discussed with the Manager following the inspection and the relevant reports were forwarded to the inspector.

As mentioned above and in section 5.2.1, a number of records were not accessible during the inspection and were required to be forwarded to the inspector by the Manager following the inspection. Details were discussed with the Manager and an area for improvement was identified to ensure that going forward relevant records are available and accessible within the home.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	4*	5

* The total number of areas for improvement includes two regulations that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Vicky Clarke, Senior Care Assistant, as part of the inspection process and Mrs Julianne Treacy, Registered Manager and Emma Cassidy, Senior Lead Carer following the inspection. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: From the date of inspection	The responsible individual shall ensure that all areas of the home to which residents have access are free from hazards to their safety. With specific reference to ensuring that: <ul style="list-style-type: none"> • the electrical cupboard is kept locked. Ref: 5.1 and 5.2.3 Response by registered person detailing the actions taken: The electrical cupboard is kept locked at all times.
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: From the date of inspection	The responsible individual shall ensure that all staff employed to work in the home are aware of and adhere to the IPC guidelines and best practice requirements. With specific reference to: <ul style="list-style-type: none"> • the correct wearing of PPE by staff. Ref: 5.1 and 5.2.3 Response by registered person detailing the actions taken: Staff are reminded of the requirement to wear PPE correctly and regularly update IPC training.

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety.</p> <p>With specific reference to the safe storage of denture cleaning tablets and chemicals.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A risk assessment has been undertaken in relation to denture cleaning tablets. Domestic staff are reminded to place cleaning trolleys in locked storage when not in use.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2023</p>	<p>The registered person shall ensure that a risk assessment is completed on all wardrobes and they are secured for safety as necessary.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All wardrobes have been reviewed and secured for safety as necessary.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.3 and 25.6</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure the staff duty rota includes:</p> <ul style="list-style-type: none"> • the person in charge when the Manager is not on duty • the Managers hours. <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The staff duty rota includes the person in charge when the manager not on duty and the managers hours.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that a menu is displayed in a suitable format and location within all units.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A menu is now displayed in all units in the home.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2022</p>	<p>The registered person shall ensure that care plans are reflective of the resident's current needs.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans have been updated to ensure they are reflective of the resident's current needs.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that IPC issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: IPC issues identified during the inspection have been addressed.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 22.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that relevant records are available for inspection in the home at all times.</p> <p>Ref: 5.2.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: Relevant records are available for inspection in the home, however some records are not accessible at weekends due to GDPR.</p>

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