

# Unannounced Care Inspection Report

## 25 March 2021



## Millverne

**Type of Service: Residential Care Home (RCH)**

**Address: 66 Mill Street, Enniskillen, BT74 6DW**

**Tel No: 02866346000**

**Inspector: Jane Laird**

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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>Number of residents accommodated in the residential home on the day of this inspection:</b>  37

### 4.0 Inspection summary

An unannounced care inspection took place on 25 March 2021 from 11.10 to 16.40.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing arrangements
- infection prevention and control (IPC) measures
- care delivery
- care records
- the home's environment
- management, leadership and governance arrangements.

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>	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julianne Treacy, manager and Emma Cassidy, lead senior carer, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the last care inspection
- the registration status of the home
- written and verbal communication received since the last care inspection
- the last care inspection report.

Questionnaires and 'Tell us' 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.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 15 and 22 March 2021
- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- staff training records
- one staff recruitment and induction file
- policy on visiting
- staff competency and capability assessments
- three residents' care records
- fire drill records for December 2020
- a sample of governance audits/records
- compliments and complaints
- fire risk assessment
- legionella risk assessment
- monthly monitoring report for January and February 2021.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 12 November 2019. There were no areas for improvements made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

On arrival to the home we were greeted by the lead senior carer and staff who were helpful and attentive. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed.

Review of staff duty rotas evidenced a number of deficits with the maintenance of the rota. For example: the person in charge of the home in the absence of the manager was not recorded; abbreviations were being used without any code to signify what they represented; the full names of staff were not recorded; the rota was completed in pencil and changes to the duty rota were not made in accordance with record keeping standards such as the use of correction fluid which did not allow the reading of the original entry. These issues were discussed in detail with the manager who reviewed the rota prior to the completion of the inspection to address the above deficits. In order to ensure sustained compliance an area for improvement was identified.

A discussion with staff confirmed that they felt supported in their roles and were satisfied with current staffing levels. Comments from staff included:

- “Love my job. ”
- “Management team are great.”
- “Great team work.”
- “Plenty of staff. ”
- “Lots of training. ”

We reviewed four staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

There was an overview of staff training in place which included mandatory training and additional training where this was required.

Review of one staff recruitment and induction file evidenced that relevant pre-employment checks had been received prior to commencing employment in line with best practice. However, the reason for leaving a previous employment was not recorded within the employees application form and/or reviewed by the management team during interview. This was discussed with the manager who agreed to update the records accordingly. Following the inspection written confirmation was received from the manager on the 19 April 2021 that relevant records were updated. This will be reviewed at a future inspection.

### **6.2.2 Infection prevention and control procedures**

Upon arrival to the home the inspector's temperature and contact tracing details were obtained in line with COVID-19 visiting guidelines. We were advised that this was completed on all visitors entering the home.

We found that there was an adequate supply of personal protective equipment (PPE) and hand sanitising gel throughout the home. Staff demonstrated an awareness of the various types of PPE with the majority of staff observed applying and removing PPE correctly.

On discussion with the manager about staff breaks it was identified that staff did not have a designated area and were observed having their meals within the residents' dining room. We discussed the importance of implementing zones within the home for staff to ensure that the regional COVID-19 guidance is adhered to. During the inspection an unoccupied bedroom had been allocated for staff breaks and the manager advised that this room would remain as a staff room under temporary COVID-19 arrangements.

### **6.2.3 Care delivery**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. 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 appeared to be content and settled in their surroundings and in their interactions with staff. Comments from residents included:

- "Friendly people working here."
- "The staff look after my needs really well."
- "Food is first class."
- "Happy here."
- "I have everything I need."

Ten questionnaires were returned from residents who were satisfied/very satisfied with the provision of care overall. The following comment was received:

- "The staff are wonderful and supportive at all times."

We observed the serving of the lunch time meal and saw that staff attended to the residents' needs in a prompt and timely manner. We saw that staff wore the appropriate PPE and assisted residents with their meal appropriately. A daily menu was displayed within the dining room which offered a choice of two main meals.

Staff spoke of the importance of communication with families due to limited visiting at present; they were helping residents to keep in touch via alternative methods such as FaceTime and phone calls and found this was generally working well. At present visiting arrangements are in place in a designated area of the home and on a scheduled basis.

We observed residents engaged in their own activities such as; watching TV, art therapy, sitting in the lounge or chatting to staff. The activity coordinator was very enthusiastic in her role and provided live music and a sing along for residents within the individual units. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

#### **6.2.4 Care records**

We reviewed three resident's care records which evidenced that the majority of care plans were person centred and reviewed regularly. One care plan regarding a prescribed medication was unclear and a resident who was recently admitted did not have their weight recorded. This was discussed with the lead senior carer and during the inspection these records were suitable updated. The manager further agreed to monitor all newly admitted residents going forward to ensure that they are weighed on the date of admission. This will be reviewed at a future inspection.

We reviewed two residents care records that were admitted to the home after the implementation of the Mental Capacity Act (MCA) (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) which evidenced that relevant documentation was available and/or progress with the application recorded within the residents care records.

#### **6.2.5 Environment**

The environment was fresh smelling, neat and tidy with the majority of communal areas throughout the home kept clear and free from obstruction. Residents' bedrooms were found to be personalised with items of memorabilia and special interests. However, a malodour was evident within one bathroom and ceiling tiles in a number of resident en-suites and communal corridor spaces were loose and/or stained. A number of light fittings required to be thoroughly cleaned and light pull cords to over bed lights were uncovered and could therefore not be effectively cleaned.

In addition potential trip hazards were identified where pipes were exposed to a bathroom floor where a bath had been removed and damage to the surface of a floor covering within a lift. Pipes were also exposed below a wash hand basin in a communal toilet and a number of skirting boards were not fully secured to walls. An emergency pull cord was missing within one en-suite; carpets within two corridors were stained with bleach; and two holes were identified to a bedroom ceiling. The above deficits were discussed in detail with management and an area for improvement was identified. Following the inspection the manager provided written confirmation on the 19 April 2021 that most of these issues have been addressed with ongoing review dates to address all other actions.

We observed an electrical cupboard to be unlocked and discussed this with the senior care assistant in charge who immediately locked the door. The manager agreed to monitor this during daily walk arounds.

A fire risk assessment was completed on 21 January 2021 with an action plan and timeframes for the manager to address. Following the inspection the manager confirmed in writing on the 16 April 2021 that all actions had been completed.

A legionella risk assessment was completed on 5 February 2021 and there was confirmation that cold water storage tanks had been disinfected on 5 February 2021. Recommendations were detailed within the risk assessment and the manager advised that these were being addressed. Following the inspection the manager confirmed in writing on the 16 April 2021 that all actions had been completed.

### **6.2.6 Governance and management arrangements**

All staff spoken with commented positively about the manager and described her as supportive and approachable. A clear management structure was evident within the home.

We reviewed a number of audits in relation to IPC, hand hygiene, PPE and care records. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures. Audits for accidents and incidents were not available during the inspection. This was discussed with the manager who advised that these had not been completed and an area for improvement was identified.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Copies of the report were available for residents, their representatives, staff and trust representatives. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

#### **Areas of good practice**

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

#### **Areas for improvement**

Three new areas were identified for improvement. These were in relation to the maintenance of the duty rota, fitness of the premises and quality governance audits.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	2



## 6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and residents appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of residents and how to access relevant services to ensure that the needs of residents are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection with ongoing review dates to address all other actions.

## 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, manager and Emma Cassidy, lead senior carer, 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 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.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

#### Area for improvement 1

**Ref:** Regulation 27 (2)  
(b) (c) (d)

**Stated:** First time

**To be completed by:**  
23 May 2021

The registered person shall ensure that the environmental issues identified during this inspection are addressed.

With specific reference to:

- identified carpets
- skirting boards are secured to the wall
- exposed pipes below a wash hand basin are covered
- emergency pull cord is replaced to identified en-suite
- light fittings are cleaned and pull cords covered where necessary
- holes in the identified ceiling are repaired
- potential trip hazard from exposed pipes within a communal bathroom are removed
- the floor covering within the lift is repaired/replaced
- malodour in identified bathroom is investigated
- damage to ceiling tiles within identified areas of the home are investigated and repaired/replaced.

Ref: 6.2.5

**Response by registered person detailing the actions taken:**  
All of the environmental issues have been addressed.

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

#### Area for improvement 1

**Ref:** Standard 25.6

**Stated:** First time

**To be completed by:**  
25 April 2021

The registered person shall ensure the staff duty rota includes:

- the person in charge of the home in the absence of the manager
- the hours worked by staff
- the rota is completed in pen
- changes made to the rota allow the original entry to be seen
- abbreviations have clear codes to reflect what they represent and provide the hours worked by staff.

Ref: 6.2.1

**Response by registered person detailing the actions taken:**  
The staff duty rota is now completed in line with the recommendations above.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 April 2021</p>	<p>The registered person 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"> <li>• accidents and incidents</li> </ul> <p>Ref: 6.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Monthly audits of accidents and incidents are carried out and recorded.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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