

Inspection Report

7 and 16 June 2021



Millverne

Type of service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Mrs Carol Kelly	Registered Manager: Mrs Julianne Treacy Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Julianne Treacy	Number of registered places: 45 17 RC- I, 20 RC- DE, 8 RC-MP & MP(E) Conditions of registration state that the category RC-I and RC-DE units will be operated and staffed separately.
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	Number of residents accommodated in the residential care home on the day of this inspection: 35
Brief description of the accommodation/how the service operates: This is a residential care home which is registered to provide care for up to 45 residents.	

2.0 Inspection summary

An unannounced inspection took place on 7 June 2021, from 9.40 am to 1.00 pm by a pharmacist inspector. An announced inspection took place on 16 June 2021 from 11.15 am to 4.15 pm by a finance inspector.

This inspection focused on medicines management and the management of residents' finances within the home.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that residents were being administered their medicines as prescribed. There were robust arrangements for auditing medicines and medicine records had been fully and accurately completed.

Review of the management of residents' finances found that improvements were needed in the recording of the reconciliations (checks) of residents' monies, the financial arrangements in place for two residents and the recording of residents' personal property.

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 previous inspection findings, incidents and correspondence. To complete the inspection we reviewed: a sample of finance related records, a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines.

4.0 What people told us about the service

We met with the three members of staff and the manager. Staff were warm and friendly and it was evident from their interactions that they knew the residents well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. This included training for the management of residents' finances.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

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 25 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Regulation 27 (2) (b) (c) (d)</p> <p>Stated: First time</p>	<p>The registered person 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"> • 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. 	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		

Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		Validation of compliance summary
Area for Improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure the staff duty rota includes: <ul style="list-style-type: none"> • 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. 	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 20 Stated: First time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> • accidents and incidents 	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, hospital appointments. The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident. The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines file. Records of administration were clearly recorded, including the reason for and outcome of administration.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident. The management of thickening agents for two residents was reviewed. For each resident a speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

Discontinued medicines were returned to the community pharmacy for disposal and records were maintained.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of medicine administration records was reviewed. The records were found to have been completed to the required standard.

The audits completed at the inspection indicated that the residents had received their medicines as prescribed

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. Robust arrangements were in place for the management of controlled drugs. The controlled drug record books had been completed to the required standard.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines was reviewed for two residents who had been admitted to this home. In each instance, the resident's prescribed medication had been confirmed with the GP practice. The personal medication records had been accurately written and the medicines had been accurately received into the home. Medicines had been administered in accordance with the prescribed directions.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

5.2.7 What arrangements are in place to ensure that residents' monies and valuables are appropriately stored, recorded and monitored?

A safe place should be available for residents to deposit and withdraw their money and valuables when required. Up to date records of the monies and valuables held should be in place (including monies held in bank accounts). Checks on monies and valuables held should be undertaken at least quarterly and recorded.

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the members of staff with access to it. Records of monies and valuables held on behalf of residents were up to date at the time of the inspection.

Comfort fund monies were held on behalf of residents. These are monies donated to the home for the benefit of all residents. Records of monies held within the fund were up to date at the time of the inspection. A review of a sample of purchases from the fund showed that records were up to date. Receipts from the purchases reviewed were available for inspection. The purchases reviewed were for the benefit of all residents.

Staff told us that reconciliations (checks) of the monies and valuables held on behalf of residents were undertaken at least quarterly. The manager signed the records to confirm that the reconciliation took place. A sample of records of the reconciliations was reviewed. There were no details recorded against the manager's signature to confirm that reconciliation had taken place. This was discussed with the manager and identified as an area for improvement.

5.2.8 What arrangements are in place to ensure that residents' monies, valuables and personal property are appropriately managed and safeguarded?

Each resident should be provided with an individual written agreement that sets out the terms of their residency, the amount of the weekly fee (including any third party top-up charge) and an accurate itemised list of all agreed services and facilities over and above the general services and facilities provided. The individual charges for all the agreed itemised services and facilities should also be included. The agreements should be signed by the resident, or their representative, and a representative from the home.

Copies of four residents' written agreements were reviewed. The agreements included the details of the current weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. A list of services available to residents at an additional cost such as hairdressing and podiatry was also included within the agreements. The agreements were signed by the resident, or their representative and a representative from the home.

Records of fees received on behalf of two residents were reviewed, the amounts received agreed to the weekly fees listed in the residents' agreements. The manager confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

The written agreements should include details of any financial arrangements in place for residents such as, appointee for social security benefits or controller of a bank account. Written authorisation from relevant agencies to act as an appointee or controller should be retained at the care home.

The manager told us that no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities (DfC) to receive and manage the social security benefits on behalf of an individual.

A review of records confirmed that social security benefits for four residents were paid into the home's business bank account. There was written authorisation from three of the residents for their benefits to be paid into the bank account. No written authorisation was in place for the remaining resident. This was discussed with the manager and identified as an area for improvement.

There was a separate financial arrangement for this resident in relation to the distribution of their personal allowance monies. No record of the arrangement was in place. The manager was advised to contact the Health and Social Care Trust to arrange a review of the current arrangements for the resident. A record of the outcome of the review should be retained in the resident's file. This was identified as an area for improvement.

Records of the benefits received on behalf of the four residents were up to date at the time of the inspection.

A review of a resident's file showed that statements from the resident's bank account were retained within the file. The manager told us that the resident manages their own monies however; there was evidence that the resident was becoming incapable of managing their finances. The manager was advised to contact the Health and Social Care Trust to request a review of the resident and if

applicable for either the trust or the home to make a referral to the Office of Care and protection in relation to the resident's bank account. This was identified as an area for improvement.

Records of any financial transactions, such as purchases, undertaken on behalf of residents should be up to date. Receipts from the transactions should be retained for inspection. Written authorisation for staff to undertake purchases and other transactions on behalf of residents should be obtained from the resident or their representative and retained at the care home.

A review of a sample of purchases undertaken on behalf of residents showed that the records were up to date. Two signatures were against each entry in the residents' records and receipts were available from each of the purchases reviewed. Written authorisation from residents or their representatives for members of staff to undertake transactions on behalf of residents were available for inspection.

A review of a sample of records of payments to the hairdresser and podiatrist were reviewed. Records were up to date and signed by both the hairdresser and podiatrist. The records were also countersigned by a member of staff to confirm that the treatments took place.

A review of records of transactions undertaken on behalf of residents showed that correction fluid was used for a number of entries. Correction fluid should not be used on residents records, a line should be drawn through the original entry and a new entry made. This was discussed with manager and identified as an area for improvement.

An inventory of personal property brought into residents' rooms should be maintained at the care home. The inventory records should be updated when additional items are brought into the rooms or when items are disposed of. The records of personal property should be checked at least quarterly and signed by two members of staff. Two residents' property records were reviewed. The records were not up to date and were not checked at least quarterly. This was discussed with the manager and identified as an area for improvement.

5.2.9 What measures are in place to ensure that staff in the home are trained and supported to manage residents' finances?

To ensure that residents finances are managed appropriately, staff who manage residents' finances must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing residents' finances and that staff are supported. Policies and procedures should be up to date and readily available for staff use.

Policies and procedures for the management and control of residents' finances were available for inspection. The policies were up to date and reviewed at least every three years.

Records of staff training in relation to resident's finances were available for inspection. Staff involved with residents' finances had also received adult safeguarding training.

6.0 Conclusion

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

Based on the outcome of the medicines management inspection RQIA was assured that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager. It was concluded that the residents were being administered their medicines as prescribed by their GP.

As a result of the finance element of the inspection, RQIA was assured that this service is providing safe and effective care in a caring and compassionate manner. However; six areas for improvement were identified in relation to the service being well led with regard to residents' finances. These areas for improvement will be reviewed at a future inspection to ensure they have been addressed.

We would like to thank the residents, manager and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	1*	8*

* the total number of areas for improvement includes three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julianne Treacy, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b) (c) (d)</p> <p>Stated: First time</p> <p>To be completed by: 23 May 2021</p>	<p>The registered person 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"> • 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.
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2021</p>	<p>The registered person shall ensure the staff duty rota includes:</p> <ul style="list-style-type: none"> • 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.
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 2</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 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"> • accidents and incidents <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that a record is maintained of the reconciliation of monies held on behalf of residents. The record should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 5.2.7</p> <p>Response by registered person detailing the actions taken: A record will be maintained of the reconciliation of all monies held on behalf of residents, it will be signed by the person undertaking it, and counter signed by a senior member of staff.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2021</p>	<p>The registered person shall ensure that written authorisation is obtained for social security benefits to be paid into the business bank account, for the resident identified during the inspection. A record of the arrangement should be retained with the resident's agreement.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: The home manager is liaising with the WHSCT to arrange a meeting with the family to discuss the residents financial arrangements.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2021</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted in order to arrange a review of the current arrangements for the distribution of the personal allowance monies for the resident identified during the inspection. A record of the outcome of the review should be retained with the resident's agreement.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: The home manager is liaising with the WHSCT to arrange a meeting with the family to discuss the residents financial arrangements.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 15.9</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2021</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted in order to arrange a review for the resident, identified during the inspection, for which there is evidence that the resident is becoming incapable of managing their own finances. If applicable a referral should be made to the Office of Care and protection.</p> <p>A record of the outcome of the review should be retained with the resident's agreement.</p> <p>Ref: 5.2.8</p>
<p>Area for improvement 7</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that correction fluid is not used on residents' records.</p> <p>Any errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>Ref: 5.2.8</p>
<p>Area for improvement 8</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2021</p>	<p>The registered person shall ensure that the residents' inventory of personal possessions is kept up to date with additional items brought into the residents' rooms or when items are disposed of.</p> <p>A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation.</p> <p>Ref: 5.2.8</p>
	<p>Response by registered person detailing the actions taken: Residents inventories are in place and will be updated quarterly.</p>

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



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