



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Millverne**

**21 April 2015**

The Regulation and Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 21 April 2015 from 10.00 to 16.30. On the day of the inspection we found the home was delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

We discussed the details of the QIP with the Mrs Julianne Treacy, registered manager. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Carewell Homes Ltd	<b>Registered Manager:</b> Mrs Julianne Treacy
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Julianne Treacy	<b>Date Manager Registered:</b> April 2005
<b>Categories of Care:</b> RC-MP, RC-MP(E), RC-DE, RC-I	<b>Number of Registered Places:</b> 35
<b>Number of Residents Accommodated on Day of Inspection:</b> 31	<b>Weekly Tariff at Time of Inspection:</b> £470.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.**

**Theme: Residents Receive Individual Continence Management and Support.**

## 4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from last inspection and notifications of incidents and accidents.

We met with 22 residents, three care staff, two ancillary staff, the registered manager and one resident's visitor/representative.

We inspected the following records: five care records, accident / incident reports, fire safety records, policies and procedures available relating to continence management and death and dying.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Millverne was an unannounced care inspection dated 24 September 2014. The completed QIP was returned and was approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 30 (1) (f)	<b><u>Accidents</u></b>  The registered person shall give notice to the Regulation and Quality Improvement Authority of any accident in the home within three working days.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of accidents /incidents records and care records evidenced that RQIA is not consistently informed of any accident in the home or event in the home which adversely affects the care, health, welfare or safety of any resident.  This requirement was stated for the second time. Failure to address this requirement could lead to enforcement action.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14 (6)	<b><u>Restraint</u></b>  On any occasion in which a resident is subject to restraint, the registered person shall record on the resident's care plan the circumstances and nature of the restraint. These details should be reported to RQIA as soon as is practicable.  Currently this applies to restraint practices in the home which are utilised for resident safety purposes as explained by the senior care assistant. For example; locked bedroom doors, alarm mats, key pads at the dementia unit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records and confirmed that restraint practices were recorded within care plans.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 10.1	<b><u>Policy / procedure</u></b>  The home has policies on challenging behaviour and restraint. It is recommended that information as set within DHSSPS Guidance on Restraint and	<b>Met</b>

	<p>Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) should be included.</p> <p>Additionally include that notification to RQIA would be made when any form of restraint is used in the home.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The policy on challenging behaviour references DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005), Human Rights Act (1998) and notification to RQIA would be made when any form of restraint is used in the home.</p>	
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 6.3 and 10.2</p>	<p><b><u>Care Plans</u></b></p> <p>It is recommended that review of all care plans is undertaken to ensure that those which are not signed by the resident / representative or countersigned manager are identified and signatures sought in accordance with Standard 6.3. If a resident or their representative is unable to sign this should be recorded on the care plan by the staff member.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Five care records were reviewed and one care plan was appropriately signed.</p> <p>This recommendation will be stated for the second time.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 10.7</p>	<p><b><u>Care Plan / care records</u></b></p> <p>Ensure that consultation, choice / consent in regard to the locking bedroom doors is reflected within care plans and that this practice is agreed with resident / representative and the trust care manager.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Care records confirmed that choice / consent in regard to the locking bedroom doors is reflected within care plans and that this practice is agreed with resident / representative and the trust care manager.</p>	<p><b>Met</b></p>

<p><b>Recommendation 4</b></p> <p>Ref: Standard 10.7</p>	<p><b>Statement of Purpose</b></p> <p>It is recommended that restraint and restrictive practices utilised in the home are reflected within the homes Statement of Purpose.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices, for example, floor alarm mats and locked doors (including key pad) used in the home were not included.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The Statement of Purpose references the types of restraint and restrictive practices used in the home.</p>	<p><b>Met</b></p>
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### 5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

#### Is Care Safe? (Quality of Life)

Residents can and do spend their final days in the home. This is unless there is documented health care needs that prevent this.

The home has a spiritual ethos, clergy and lay ministers visit the home throughout the week on an organised basis.

In discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

We noted that the home's policy is that a resident's next of kin /family may have up to three days to remove belongings from the room of the deceased resident.

#### Is Care Effective? (Quality of Management)

We noted that an advanced care plan had been put in place for each resident. This care plan is devised by the residents GP. It details issues relating to medical conditions, diagnosis and views of the resident and/or the next of kin. This is good practice.

In discussions with the registered manager and staff we confirmed that their general experience has been that residents have passed away in hospital or their needs have increased to a level that they cannot be managed within a residential facility.

We noted that an individualised plan of care was in place for each resident to include spiritual, social and psychological support. Spiritual and cultural wishes were recorded within care records.

### Is Care Compassionate? (Quality of Care)

We noted that the home had written policies in place on care of the ill resident and the death of a resident. Both these policies were reviewed in July 2014. These policies provide guidance for staff in this area of care.

In our discussions with staff they demonstrated that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home, in helping residents and staff deal with dying and death.

### Areas for Improvement

A recommendation has been made for the second time to ensure that care plans are appropriately signed.

Overall, this standard is assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.4 Theme: Residents Receive Individual Continence Management and Support

### Is Care Safe? (Quality of Life)

We reviewed five care records. We found that a needs assessment was completed and that care plans were in place. These are reviewed regularly to reflect the changing needs of the resident. We recommended that care plans should be reviewed and further developed in relation to residents with continence needs.

We spoke with staff members and they were able to describe the system of referral to community District Nursing services for specialist continence assessment.

We found that staff members had received training in continence management. In our discussions with staff, we found that they were able to demonstrate knowledge and understanding of continence care.

From our discrete observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as malodours or breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were available.

### Is Care Effective? (Quality of Management)

We found that the home had a policy in place on continence promotion which was reviewed in July 2014.

We noted that staff have received training in continence management.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

## Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

### Areas for Improvement

Care plans should be reviewed and further developed in relation to residents with continence needs (rec).

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.5 Additional Areas Examined

### 5.3.1 Residents Views

We met with 22 residents either individually or as part of a group. We observed residents relaxing in the communal lounge area. Residents were going on an outing. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff. Residents advised that there was good communication with staff and they are respectful during care interventions.

Comments received included:

- “The staff are very good to me.”
- “The staff are sound, I have no concerns.”
- “The care here is first class.”

### 5.3.2 Relatives Views

We met with one relative who indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. A written record was also provided from another relative who was very praising of the home, the staff value base and of the conscientious nature of staff.

Comments received included:

- “Very content, the family are more than happy, good feedback and communication between staff and family members.”

### 5.3.2 Staff Views

We spoke with five staff members, in addition to the registered manager. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with training in continence management and had relevant resources to undertake their duties. Staff demonstrated an awareness and were knowledgeable of the needs of individual residents.

- “The care is first class, the residents are happy and everyone gets on well in here.”
- “The care is excellent; all the staff goes beyond their duties.”

### 5.3.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents’ bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard.

### 5.3.4 Care Practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents to be well dressed, with good attention to personal appearance.

### 5.3.5 Accidents / Incident reports

We reviewed accident/incident records and care records. This highlighted that RQIA is not consistently informed of any accident or event in the home which adversely affects the care, health, welfare or safety of any resident. A requirement has been stated for the second time. It should be noted that if a requirement is stated for a third time then RQIA’s enforcement procedure may be initiated.

### 5.3.6 Fire Safety

We confirmed that the home’s most recent fire safety risk assessment was dated October 2014.

We reviewed the fire safety records and could confirm that fire safety training was carried out on 19 February 2015 attended by 11 staff. The registered manager confirmed that a fire drill took place also on 19 February 2015.

The records identified that different fire alarms have been tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### Areas for Improvement

RQIA must be informed of all accidents and incidents within the home.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Julianne Treacy, registered manger as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.6 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.7 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.8 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Statutory Requirements			
<b>Requirement 1</b>	<b><u>Accidents</u></b>		
<b>Ref:</b> Regulation : 30 (1) (f)	The registered person shall give notice to the Regulation and Quality Improvement Authority of any accident in the home within three working days.		
<b>Stated:</b> Second time			
<b>To be Completed by:</b> From the date of this inspection	<b>Response by Registered Manager Detailing the Actions Taken:</b> All accidents and incidents are now being reported in a timely manner to RQIA.		
Recommendations			
<b>Recommendation 1</b>	<b><u>Care Plans</u></b>		
<b>Ref:</b> Standard 6.3 and 10.2	It is recommended that review of all care plans is undertaken to ensure that those which are not signed by the resident / representative or countersigned manager are identified and signatures sought in accordance with Standard 6.3.		
<b>Stated:</b> Second time			
<b>To be Completed by:</b> 31 May 2015	If a resident or their representative is unable to sign this should be recorded on the care plan by the staff member.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> All care plans are being reviewed to ensure that they are signed by the resident/ their representative. If they are unable to sign this is recorded.		
<b>Recommendation 2</b>	It is recommended that care plans should be reviewed and further developed in relation to residents with continence needs.		
<b>Ref:</b> Standard 6.2			
<b>Stated:</b> First time			
<b>To be Completed by:</b> 21 June 2015	<b>Response by Registered Manager Detailing the Actions Taken:</b> All residents with continence needs have a care plan in place. We are continuing to develop our visual cues for residents and staff as part of the care planning process.		
<b>Registered Manager Completing QIP</b>	Julianne Treacy	<b>Date Completed</b>	15/06/15
<b>Registered Person Approving QIP</b>	Carol Kelly	<b>Date Approved</b>	15/06/15
<b>RQIA Inspector Assessing Response</b>	Laura O'Hanlon	<b>Date Approved</b>	24.06.15

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