

Inspection Report

27 October 2021



Millverne

Type of service: Residential Care Home
Address: 66 Mill Street,
Enniskillen, BT74 6DW
Telephone number: 028 6634 6000

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

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: 01 April 2005</p>
<p>Person in charge at the time of inspection: Emma Cassidy, Senior Lead Carer</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: 39</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 27 October 2021, from 10.15 am to 4.45 pm by a care inspector.

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

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0.

Two areas for improvement from the previous inspection have been stated for a second time in relation to the maintenance of staff duty rotas and audits specific to accidents and incidents.

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.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in the Millverne and that management had taken relevant action to ensure the delivery of safe, effective and well led care.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with 12 residents and ten staff during the inspection. Residents told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. Ten questionnaires were returned; nine from residents and one which did not indicate if it was from a resident or a relative. The respondents were very satisfied with the overall provision of 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: "it's a great place to work". There was no feedback from the staff online survey.

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 7 and 16 June 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. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment and discussion with the manager following the inspection evidenced that this area for improvement has been met.</p>	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	Validation of compliance	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</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 taken as confirmed during the inspection: Review of a sample of staff duty rotas evidenced that this area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.1.</p>	Partially met
<p>Area for improvement 2</p> <p>Ref: Standard 20</p> <p>Stated: First time</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 taken as confirmed during the inspection: Review of a sample of governance audits and discussion with management evidenced that this area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.5.</p>	Partially met
<p>Area for improvement 3</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a record is maintained of the reconciliation of monies held on behalf of residents.</p> <p>The record should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of a sample of relevant records and discussion with management evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 4 Ref: Standard 15.2 Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection: Discussion with management and review of email correspondence to the Trust evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 5 Ref: Standard 15.2 Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection: Discussion with management and review of email correspondence to the Trust evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 6 Ref: Standard 15.9 Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection: Discussion with management and review of email correspondence to the Trust evidenced that this area for improvement has been met.</p>	

<p>Area for improvement 7</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of relevant records and discussion with management evidenced that this area for improvement has been met.</p>		
<p>Area for improvement 8</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of relevant records and discussion with management evidenced that this area for improvement has been met.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that care workers are registered with the Northern Ireland Social Care Council (NISCC).

The inspector reviewed three staff competency and capability assessments for the person in charge in the absence of the manager and found these to be completed.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. However, correction fluid and adhesive labels were evident throughout rotas resulting in the original entry not being

able to be read. This was discussed with the management team and an area for improvement was stated for a second time.

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

Residents said that they felt well looked after and that staff were attentive. One resident commented “you couldn’t ask for better” and a further resident referred to the staff as “excellent”.

5.2.2 Care Delivery and Record Keeping

The senior lead carer advised that staff meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff were observed to be prompt in recognising residents’ needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

In relation to the home’s categories of care, we identified a resident whose presenting needs were not in keeping with the homes categories of care. During discussions with the management team and review of this resident’s care records it was evident that the manger had made contact with the commissioning Trust. Following the inspection the manager provided written confirmation that further correspondence had been made with the Trust and that a care management review had been arranged.

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. Some residents chose to have their meal within their bedroom and meals were observed covered on transport.

Staff told us how they were made aware of residents’ nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT and were knowledgeable regarding the international Dysphagia Diet Standardisation Initiative (IDDSI) terminology. However, incorrect information was observed within one of the units regarding a resident’s recommended fluid consistency. This was discussed with the senior lead carer who agreed to update the information within the unit to ensure that it corresponds with the resident’s care records.

Residents’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Review of four resident care records evidenced that they were mostly well maintained and any identified care plans and/or records that were inaccurate were updated prior to the completion of the inspection.

A sample of daily progress notes were reviewed which evidenced that 'day' and/or 'night' was recorded instead of the exact time of entry. This was discussed with the senior lead carer who agreed to action immediately. This will be reviewed at a future inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Residents' bedrooms were personalised with items important to the resident.

Whilst the home was warm, clean and comfortable surface damage was evident to wooden panels around identified toilets and to the base of doors within identified en-suites; surface damage was also observed to sofas in a smoking room and the seated cushion of armchairs within an identified lounge were sunken in appearance. This was identified as an area for improvement.

The inspector observed a number of unnecessary risks to residents. For example; an electrical cupboard door was observed unlocked on two occasions despite this having initially been brought to the attention of relevant staff; a door alarm within a resident's bedroom in the dementia unit leading to an outdoor enclosed garden was switched off. The inspector further identified that the fridge within the dementia unit was unlocked with food/fluids easily accessible to residents with swallowing difficulties. The associated risks were discussed with the management team and an area for improvement was identified. Following the inspection the manager provided verbal confirmation that these issues had all been addressed with ongoing daily monitoring by management to ensure sustained compliance.

A resident was also observed seated in front of a fire door within a lounge; resulting in the fire door not being able to close in the event of the fire alarm being activated. This was discussed with staff who did not take appropriate action to address the issue. This information was shared with the management team who agreed to address immediately and an area for improvement was identified.

There were systems and processes in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting and care partner arrangements were managed in line with the Department of Health and infection prevention and control (IPC) guidance. The Senior Lead Carer advised that all visitors to the home had a temperature check and a health declaration completed when they arrived at the home and they were required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Whilst the inspector observed most visitors having the above procedure carried out prior to entering the resident's bedroom, a staff member was observed not to complete this procedure with one visitor. The inspector further noted two staff who were not adhering to appropriate IPC measures and the wearing of PPE. In addition, a variety of items and patient equipment were stored inappropriately in two areas of the home. The potential risks were discussed with the management team and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. 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 a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. Whilst individual audits following each accident had been completed an overall summary of accidents and incidents had not been completed to determine if there were any patterns or trends. This was discussed in detail with the senior lead carer and an area for improvement has been stated for a second time.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

The home was visited each month by a representative of the registered person to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits.

6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0.

Two areas for improvement from the previous inspection have been stated for a second time in relation to the maintenance of staff duty rotas and audits specific to accidents and incidents.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in Millverne and that the management team had taken relevant action to ensure the delivery of safe, effective and well led care.

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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	3	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Emma Cassidy, Senior Lead Carer and Carol Kelly, Responsible Individual, 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 Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The electrical cupboards are to kept locked at all times. The door alarm in the identified residents room is monitored. The fridge lock within the identified unit has been replaced.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible individual shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring:</p> <ul style="list-style-type: none"> • that fire doors are not propped open <p>Ref: 5.2.3</p>

	<p>Response by registered person detailing the actions taken: Fire doors in the home are not propped open.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Staff are reminded of IPC guidance and best practice. All staff have completed infection control as part of mandatory training.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</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. <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken: All staff are made aware that changes to the rota must allow the original entry to be seen. This will be monitored to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20</p> <p>Stated: Second time</p> <p>To be completed by: 27 November 2021</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

	Ref: 5.1 and 5.2.5
<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2022</p>	<p>Response by registered person detailing the actions taken: Accidents and incidents are audited on a monthly basis.</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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Maintenance is ongoing in the home to ensure all identified environmental issues are addressed.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews