

Inspection Report

Name of Service: Millverne
Provider: Carewell Homes Ltd
Date of Inspection: 14 October 2024

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

1.0 Service information

Organisation/Registered Provider:	Carewell Homes Ltd
Responsible Individual	Mrs Carol Kelly
Registered Manager:	Mrs Julianne Treacy
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 45 residents. The home is located across three floors; the lower level accommodates up to 20 residents living with dementia, the ground and first floor provides general health and social care for up to 17 residents over 65 years of age and up to 8 residents who are under or over 65 years old with mental health needs. There are a range of communal areas throughout the home and residents have access to an outdoor area.</p> <p>There is a separate registered nursing home which occupies the same site.</p>	

2.0 Inspection summary

An unannounced inspection took place on 14 October 2024, from 9.40 am to 5.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 6 November 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. .

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection twelve areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with who were able to make their wishes known told us they enjoyed living in the home. Those who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings and in their interactions with staff. Some of the comments shared by residents included, "it's a great place" and "you have lots of choice, you can do as you please."

Residents provided positive feedback about the staff and said they were approachable and attentive to their needs. Comments shared by residents regarding the staff included, "they're wee pets, it is brilliant. I love the place." Feedback provided by residents regarding activities in the home was generally positive. Residents told us the activities included bingo, mass or getting out for walks.

There was no evidence of a recent residents meeting to allow for residents to contribute to the runnings of the home, for example; activities and mealtime options. A discussion took place with the management team and assurances were provided this would be conducted.

Resident questionnaires returned confirmed that they found the care to be; safe, effective, compassionate and well led. Some of the comments shared in the feedback include; “staff always go the extra mile” and “the environment is one of professional care, love and support at all times.”

Visitors and families who were spoken with provided positive feedback about the care their relative received in the home and their own interactions with staff and the management team. One family member spoken with said, “we couldn’t get dad to come home if we wanted, he loves the place.”

Questionnaires returned from a relative indicated that they found the care to be; safe, effective, compassionate and well led. One of the comments shared included; “the care is exceptional, staff go over and beyond being kind and helpful.”

A healthcare professional who was visiting the home at the time of the inspection told us they had no cause for concern and that the staff appeared supportive and were communicative when sharing information.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing. The person in charge in the absence of the manager was not always clearly identified on the duty rota. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Comments shared by one resident regarding staff interaction were shared with the management team and RQIA were assured by the actions taken to address this.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; staff were observed interacting with residents and providing them with choice about where they would like to sit and what they would like to engage with throughout the day.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that the systems in place to monitor Deprivation of Liberty Safeguards (DoLs) did not always evidence residents had an up to date DoLs in place. An area for improvement was identified. There was no clear system in place for the monitoring of restrictive practices, for example; alarm mats. A recommendation was made for the implementation of a restrictive practice audit to review these on a regular basis. The management team agreed to put this in place.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, alarm mats. Post falls documentation did not always evidence staff decision making regarding possible head injury which would determine then if medical attention was required. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. However, there was not always evidence that residents who were assessed as requiring direct supervision by the Speech and Language Therapist (SALT) received this level of support. A discussion took place with the management team and an area for improvement was identified.

The importance of engaging with residents was well understood by the manager and staff. Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts, hairdressing, one to one reading or listening to plays on the radio. Staff demonstrated they knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come. Residents said, "there's lots going on", "bingo three times a week and mass daily."

Staff understood that meaningful activity was not isolated to the planned social events or games. Care records were completed to evidence residents engagement in activities however, they did not always reflect the names of the residents who attended these activities. A discussion took place with the management team and assurances were provided this would be addressed.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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. Care plans were not always in place for individuals to reflect the risks associated with specific aspects of an individual's care, for example; the use of denture cleaning tablets and smoking. An area for improvement was identified.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of refurbishments having taken place to aspects of the home since the last inspection for example; the dining area. The management team advised that further works were ongoing.

There was evidence of 'homely' touches such as newspapers, magazines, snacks and drinks available to residents.

Review of records and discussion with the management team confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks. There was evidence of a fire extinguisher being blocked by a cabinet. This was addressed immediately and an area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. It was observed that some PPE had been stored inappropriately in different areas of the home. Assurances were provided by the manager that this would be addressed.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Julianne Treacy has been the manager in this home since 1 April 2005.

Residents, relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	4

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.

Findings of the inspection were discussed with Mrs Julianne Treacy, manager, as part of the inspection process and can be found in the main body of the report.

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 19 (1) (a) Schedule 3 (3) (j)</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2024</p>	<p>The Registered Person shall ensure post falls documentation clearly records staff's consideration to head injury at the time of the incident and the actions taken.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Incident report documentation has been amended to include consideration to head injury.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2024</p>	<p>The Registered Person shall ensure that fire extinguishers are not obstructed in any area of the home.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Fire extinguishers have been checked and are not obstructed in any area of the home.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 25.3 Stated: First time To be completed by: 14 October 2024	<p>The Registered Person shall ensure there is a competent and capable person in charge of the home at all times and that this is clearly identified on the duty rota.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The person in charge of the home at all times is now clearly identified on the duty rota.</p>
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 11 November 2024	<p>The Registered Person shall ensure that the system in place to monitor those residents with a DoLs in place is regularly reviewed and updated to reflect the most recent DoLs status of each resident.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The register of DoLs in place is reviewed and updated to reflect the DoLs status of each resident.</p>
Area for improvement 3 Ref: Standard 12.10 Stated: First time To be completed by: 14 October 2024	<p>The Registered Person shall ensure that resident's receive the correct level of assistant at meal times as directed in their Speech and Language Therapy (SALT) assessments.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The correct level of supervision is given as per resident's SALT assessments.</p>
Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by:	<p>The Registered Person shall ensure that care plans are drawn up to direct care for individuals and manage any associated risks, this is with specific reference to:</p> <ul style="list-style-type: none"> • Denture Cleaning Tablets and, • Smoking <p>Ref: 3.3.3</p>

11 November 2024	Response by registered person detailing the actions taken: Care plans have been drawn up in relation to Denture Cleaning tablets and smoking and are in place for residents as appropriate.
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Please ensure this document is completed in full and returned via the Web Portal



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