

Inspection Report

23 & 30 November 2020



Carn-vaddy

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

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 3 residents.

3.0 Service details

Organisation/Registered Provider: Carn-vaddy Responsible Individual: Margaret Magee	Registered Manager and date registered: Margaret Magee 1 April 2005
Person in charge at the time of inspection: On 23 November 2020: Tom Magee, from 12.40 hours and Margaret Magee, from 13.00 hours thereafter On 30 November 2020: Margaret Magee	Number of registered places: 3
Categories of care: Residential Care (RC) I – Old age not falling within any other category LD – Learning disability LD (E) – Learning disability – over 65 years	Number of residents accommodated in the residential home on the day of this inspection: 3

4.0 Inspection summary

An unannounced care inspection took place on 23 November 2020 from 12.40 to 14.55 hours. Due to the concerns identified during this inspection an unannounced medicines management inspection was also undertaken on 30 November 2020 from 12.25 to 15.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. RQIA received intelligence from the Northern Health and Social Care Trust (NHSCT) on 13 November 2020 which raised concerns in relation to staffing arrangements, care delivery and care recording in the home. In response to this information RQIA decided to undertake an inspection.

The following areas were examined during the inspection:

- management, leadership and governance arrangements
- medication management arrangements
- staff recruitment
- care delivery.

Significant concerns were identified during the inspection regarding the management, leadership and governance arrangements, medicines management and staff recruitment. Therefore, on 3 December 2020 RQIA held a serious concerns meeting with the manager who is also the responsible individual, via teleconference, to discuss any action taken and planned action to address the matters identified. During the meeting the manager failed to provide evidence of sufficient progress in addressing the concerns, nor did the manager provide sufficient assurances of being able to make the necessary improvements to bring the home into compliance with regulations and standards.

Following this meeting we remained concerned and the decision was made to escalate our concerns to an intention to issue failure to comply notices.

This meeting was held on 11 December 2020 in RQIA with the intention of issuing three Failure to Comply (FTC) notices under The Residential Care Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10.-(1) relating to the management, leadership and governance arrangements
- Regulation 13.-(4) relating to the health and welfare of residents, specifically the management of medicines
- Regulation 21.-(1) relating to staff recruitment.

The meeting was attended, via teleconference, by the manager. At the meeting, RQIA did not receive the necessary assurances required in relation to the effectiveness and robustness of the management, leadership and governance arrangements within the home, medicines management or staff recruitment.

It was therefore decided that all three FTC notices would be issued with the date of compliance to be achieved by 20 January 2021.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

Enforcement action resulted from the findings of this inspection.

Three FTC notices were issued under The Residential Care Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000138 with respect to Regulation 10.-(1)

FTC Ref: FTC000139 with respect to Regulation 13.-(4)

FTC Ref: FTC000140 with respect to Regulation 21.-(1)

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

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

- notifiable events since the last care and medicines management inspection
- the registration status of the home

- written and verbal communication received since the last care and medicines management inspection
- the last care and medicines management inspection reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Tell Us' cards were left in the home to obtain feedback from residents and residents' representatives. No responses were received at the time of issuing this report.

The following records were examined during the inspection:

- staff duty rota for November 2020
- one staff recruitment and training record
- two staff competency and capability assessments
- staff supervision records
- care records for three residents
- monthly food audits dated March 2020, May 2020 and July 2020
- infection prevention and control (IPC) audits dated 11 June 2020, 6 July 2020 and 16 August 2020
- annual quality review report dated 9 January 2020
- personal medication records
- medicine administration records
- medicine receipt and disposal records
- care plans related to medicines management
- admission process regarding medicines for new residents
- governance and audit arrangements for medicines management
- staff training and competency assessment in medicines management.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from last care inspection on 25 February 2020 and the last medicines management inspection on 17 May 2017

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered provider must investigate the observations made in one identified medicine and forward a written report of the findings and action taken to RQIA.	Met
	Action taken as confirmed during the inspection: A written report of the investigation and outcomes was provided.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered provider should review the medicines management systems for residents accommodated for respite care, to ensure robust systems are in place.	Not met
	Action taken as confirmed during the inspection: There was limited evidence that robust systems were in place to manage new residents' medicines. A record of the medicines supplied at the time of admission was recorded; however, written confirmation of the resident's medicine regime was not in place and the medicines had not been verified with the prescriber. See Section 6.2.2. This has been included in the FTC Notices.	

6.2 Inspection findings

6.2.1 Management, Leadership and Governance Arrangements

During the inspection, we evidenced deficits in the overall day to day leadership, management and governance of this home.

Significant concerns were identified regarding the oversight and management of staffing arrangements, staff induction, competency and capability assessments, infection prevention and control measures, care records and systems of governance.

The staff duty rota reviewed did not accurately reflect the staff working in the home on the day of inspection. The manager also acknowledged that the duty rota did not clearly indicate the shifts they worked.

Staff induction records were not available in the home and we could not determine if or when a detailed induction had been completed for new staff.

We reviewed two staff competency and capability assessments; these were not robust and did not include any reference to, or specific assessment of staff's ability regarding the safe management of medicines or fire safety in the home. The assessments had not been signed by the staff member. A competency and capability assessment was also not in place for a third member of staff, who had worked recently as a lone worker and person in charge of the home in the absence of the manager.

In addition, there was no evidence that staff supervision or annual appraisal schedules were in place. The last staff supervision recorded in the home was dated August 2019. The manager advised that due to the COVID-19 pandemic, she was aware that these were overdue. We were also advised that one staff member had not worked in the home during 2020; however, the manager later advised that the same staff member had indeed worked in the home in October 2020.

Infection Prevention and Control (IPC) Measures and Practice

There were no clinical waste bags available in the home; we highlighted this to the manager for immediate action.

While we acknowledged that the manager was not on duty at the commencement of the inspection on 23 November 2020, we observed that she had not presented for work in keeping with IPC guidance on hand hygiene; specifically in relation to the wearing of nail varnish and jewellery. This was brought to the manager's attention and discussed in detail in accordance with the Northern Ireland Regional Infection Prevention and Control (IPC) Manual. However, the same concerns were observed and brought to the attention of the manager again on 30 November 2020.

Additional IPC concerns were identified during the inspection on 30 November 2020. The communal toilet was stained and had not been effectively cleaned. There was no toilet paper, disposable hand towels or bin available in the bathroom. The manager said that each resident had their own supply of toilet paper and fabric towels, and that these were brought to and from the bathroom by each resident. This practice was further discussed at the serious concerns meeting regarding the need to ensure effective IPC measures.

Care Records

Further deficits were identified in residents' care records, which lacked sufficient information to direct staff on the care required for each resident. For example preferences and wishes for assistance with their personal care.

Care records were not accurately or consistently maintained to enable the tracing of actions taken, by whom, or when residents' care needs or well-being had changed. One resident's care plan had not been completed or reviewed since their admission to the home. Another resident's care plan in relation to therapeutic activities had not been updated, despite significant changes in their weekly routine.

Care records did not include documentation relating to adult safeguarding investigations, Mental Capacity Assessments and Deprivation of Liberty Safeguards (DoLS). This was concerning, as was the lack of understanding of what constituted a deprivation of liberty as the manager described, to the inspector, a practice which clearly deprived one resident of their liberty.

RQIA were concerned that these deficits had highlighted through the inspection process rather than by the manager through effective monitoring of the service. There was no system in place for the manager to monitor and review the quality of care and other services provided by the home.

Audits of the dining experience and IPC had been completed by the manager; but these lacked the necessary detail to provide RQIA with assurance that the process was robust and meaningful.

The home's annual quality review report did not provide any assurance that resident's views about the home were sought; there was no reference to residents or relatives views included in the report.

Due to the findings and lack of assurance provided at both meetings held with the manager, a decision was made that the FTC Notice with regard to Regulation 10.-(1) would be served. The actions required to address the deficits evidenced are stated within the FTC Notice.

6.2.2 Medicines management arrangements

Personal medication records and associated care plans

Personal medication records were in place for each resident. These records were not up to date with the most recent prescription and some were incomplete. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. There was no system in place to ensure that these were accurate, the date of writing was not recorded and the resident's photograph was not in place. See also Section below.

The management of pain was discussed with the manager. Pain relieving medicines were prescribed for administration as needed. The manager advised of the residents who could or could not express their pain; however, this was not recorded in a care plan.

Sometimes residents may want to administer their own medicines. This is encouraged if the resident is capable and has been deemed competent to do this. The manager said that inhaled medicines were self-administered. From a review of residents' records we evidenced that there was no risk assessment regarding the resident's competency, or a monitoring arrangement to oversee their self-administration of inhaled medicines. We found that the residents had not been taking their inhalers for several months. One inhaler was in use from before February 2020 and the other inhaler was labelled 10 January 2020. Both inhalers, if administered correctly, would have required replacement after one month. This had gone unnoticed by the manager. The manager was requested to report this to the residents' General Practitioner (GP).

Medicine storage and record keeping

The records inspected showed that records of incoming medicines were maintained. We were advised that there was a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained. However, we could not conclude the audit on one discontinued medicine, as there were insufficient details in the resident's care notes and no record of disposal was maintained. The manager advised that this was returned to the community pharmacy, but was not recorded.

Medicines were stored safely and securely to prevent any unauthorised access. One expired medicine was removed from stock.

Administration of medicines

A sample of the medicine administration records indicated that medicines supplied in a monitored dosage system (MDS) had been administered as prescribed. However, when medicines were supplied in original packs, we could not conclude all of the audits, as the date of opening was not recorded.

Two types of medicine administration records were in use. Pre-printed records were supplied each month by the community pharmacist for medicines supplied in MDS. We noted that these records did not include medicines prescribed on a 'when required' basis. A different format of record was used by the home for one resident which had been over photocopied; this affected the legibility. One medicine had not been recorded as administered for several doses. The audit trail showed there was a surplus of two tablets, indicating there had been two missed doses.

The auditing arrangements were reviewed. These are processes which when applied, assist with monitoring that residents are being administered their medicines, that the medicine systems are working well and enable identification of any deficits to be addressed. Therefore it is essential that these audits are completed regularly. There was no evidence of any audits completed by the manager or staff. The need for a robust process to audit medicines management on a regular basis, including recording the date of opening had been discussed at previous inspections.

Management of medicines on admission/re-admission to the home

We reviewed the admission process for residents new to the home. There was no evidence that written confirmation of the resident's current medicines regimen had been verified by the resident's GP. Cross reference with the records of incoming medicines showed that some medicines were no longer listed on the personal medication record, as they had been discontinued. However, following discussion at the serious concerns meeting, it was established that one resident had not been receiving two medicines since admission and the prescriber had not been contacted.

Medicine related incidents

There have been no medicine related incidents reported to RQIA since registration in 2005. The findings of this inspection indicate that there had been medicine related incidents, but because there was no auditing system, they were not identified. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.

Medicines management training

Following discussion with the manager, we were advised of the staff who would routinely administer medicines and those who would occasionally do this. Medicine training records were available for one member of staff. There was limited evidence to indicate that all staff members had completed a detailed induction and had been deemed competent to manage medicines.

Due to the findings and lack of assurance provided at both meetings held with the manager, a decision was made that the FTC Notice with regard to Regulation 13.-(4) would be served. The actions required to address the deficits evidenced are stated within the FTC Notice.

6.2.3 Staff recruitment

We reviewed staff recruitment records which evidenced that staff were not recruited safely in accordance with legislation and standards put in place to safeguard residents.

For example, there was no written or recorded evidence of staff interviews prior to staff commencing work in the home. We were unable to confirm that Access NI checks had been undertaken on all staff prior to them commencing employment in the home.

There was also no managerial oversight of staffs' professional registration with Northern Ireland Social Care Council (NISCC).

At the meeting on 3 December 2020, we required the manager to submit a copy of the current staff duty rota to RQIA and to confirm in writing that an Access NI check had been completed urgently for one member of staff. At the second meeting on 11 December 2020, these requirements had not been actioned.

As a consequence of the lack of action on the Access NI check, RQIA directed the manager to ensure that the identified member of staff did not work in the home until this safeguard was in place.

Due to the findings and lack of assurance provided at both meetings held with the manager, a decision was made that the FTC with regard to Regulation 21.-(1) would be served. The actions required to address the deficits evidenced are stated within the FTC Notice.

6.2.4 Care delivery

We observed that resident's rooms were clean and tidy.

Residents were watching television in their rooms throughout the inspection on 23 November 2020. On 30 November 2020, we observed that the residents also stayed in their bedrooms throughout the inspection, with the exception of the lunch time meal. The manager said that the residents prefer to be in their own rooms.

Meals are considered a time for social interaction and a positive dining experience. During the lunch time meal, we observed that there was little to no interaction between the manager and residents, or the residents with each other.

We spoke with the residents. They didn't raise any concerns and their comments included:

- "I like cowboy films. If I need anything I ask Margaret (manager) or Tom (staff). I'm happy. Yes, I have everything I need."
- "I'm ok."
- "I miss church but Margaret (manager) brought me a DVD of it to watch the other night. I like colouring in too. I'm happy enough."

6.3 Conclusion

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of care delivery and the safe management of medicines.

Enforcement action resulted from the findings of this inspection.

Three Failure to Comply notices were issued on 16 December 2020 under The Residential Care Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000138 with respect to Regulation 10.-(1)

FTC Ref: FTC000139 with respect to Regulation 13.-(4)

FTC Ref: FTC000140 with respect to Regulation 21.-(1)

Compliance with these notices is to be achieved by 20 January 2021.

7.0 Quality improvement plan

Areas for improvement identified during this inspection were discussed with the manager and have been detailed in the three Failure to Comply Notices, which were issued on 16 December 2020. For this reason, a QIP is not required on this occasion.



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