



# Unannounced Care Inspection Report

## 17 October 2018



## Carn-vaddy

**Type of Service: Residential Care Home**  
**Address: 15 Doctors Road, Ballymena, BT42 4HL**  
**Tel No: 028 2563 2678**  
**Inspector: John McAuley**

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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.

## 1.0 What we look for



## 2.0 Profile of service

Carn-vaddy has been a registered residential care for 22 years. The home was first registered under previous legislation as a “small residential home”. This legislation provided the opportunity for registered persons to provide residential care and accommodation in their own family residence. Carn-vaddy’s registration was transferred to RQIA in April 2005 under the new legislation (The Residential Care Homes Regulations (NI) 2005) which made no distinction in the requirements for all residential care homes.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Carn-vaddy  <b>Responsible Individual(s):</b> Margaret Magee	<b>Registered Manager:</b> Margaret Magee
<b>Person in charge at the time of inspection:</b> Margaret Magee	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 3

### 4.0 Inspection summary

An unannounced care inspection took place on 17 October 2018 from 10.00 to 13.00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to the homely relaxed environment.

Four areas requiring improvement were identified. One related to a smoking risk assessment. The other three areas of improvement related to professional registration of a member of staff, notification of an incident(s) and consultation with an aligned named worker regarding confirmation of a category of care.

Both residents in the home at the time of this inspection were keen to express their praise and gratitude for the homeliness of the home, their relationship with Mr. and Mrs. Magee and the provision of meals and its general atmosphere.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Magee, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 April 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the two residents, the registered manager and her husband.

Questionnaires were provided for distribution to all residents and/or their representatives to enable them to share their views with RQIA. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was inspected which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff member's recruitment records
- Two residents' care files
- Complaints and compliments records
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Individual written agreements
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 the most recent inspection dated 24 April 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 24 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (2) (b) <b>Stated:</b> First time	The registered person shall ensure that a risk assessment is undertaken for an identified resident in relation to his smoking habit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager reported that a risk assessment was put in place pertaining to this resident who has since been discharged.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 1.3 <b>Stated:</b> First time	The registered person shall contact the named community worker for the identified resident to discuss his placement in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This resident's aligned named worker was duly notified of the issues raised.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. The special circumstances of the home mean that care is provided by the registered manager and her husband who live with the residents. A staff member is retained "as and when required". This staff member had not been on duty since July 2018. No concerns were raised regarding staffing levels during discussion with residents.

A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was inspected during the inspection. This showed that mandatory training had been provided for the temporary staff member on 27 March 2018 and for the registered manager and her husband on 24 May 2018.

The registered manager confirmed that a competency and capability assessment was undertaken for the part time staff member who is given the responsibility of being in charge of the home for any period in the absence of the registered manager. This record of competency and capability assessment was inspected and found to be satisfactory.

Discussion with the registered manager confirmed that recruitment practices were maintained in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The personnel record was inspected and found to be satisfactory.

Arrangements were in place to monitor the registration status of the staff with their professional body. However the registered manager's husband was not registered with the NISCC (Northern Ireland Social Care Council). This has been identified as an area of improvement in accordance with legislation. The registered manager acknowledged this omission and agreed to act on this application later that day. An email was received on 2 November 2018 from the registered manager to confirm that this application had been made.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager advised that she was the identified safeguarding champion within the home.

A copy of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) was available in the home. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff in the home.

Discussion with the registered manager identified that the home did not accommodate any individuals outside the registered categories of care. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. A pre-admission assessment is also undertaken by the registered manager so as to ensure the home can meet the assessed needs of any potential resident.

There was one resident in the home who smoked. This resident had neither a risk assessment nor corresponding care plan pertaining to this risk. Despite this matter being raised in April 2018 for a previous resident, it was of concern that appropriate risk assessment and care planning was not maintained. Advice was given in respect of this risk. This was identified as an area of improvement in accordance with legislation.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The home's Infection Prevention and Control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed staff had received training in IPC in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust and home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken. The home was akin to a domestic type setting. Cleaning of the home had yet to take place with delay due to the arrival of plumbers and the inspector.

Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items.

The boiler in the home was reported to be broken from 12 October 2018 with no subsequent heating. This issue was being repaired at the time of this inspection with the replacement of a new boiler. Neither of the two residents in the home complained about this issue as they stated that alternative electric heaters had been put in place in this interim period.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, suitable for and accessible to residents, staff and visitors.

The home had not Legionella risk assessment in place. This was referred to the aligned estates inspector.

The home's last fire risk assessment was dated 3 May 2017. Two of the three recommendations in the assessment had been dealt with. The other recommendation had no evidence of what action had been taken. This has been referred to the aligned estates inspector, with advice for the registered manager to liaise with the fire safety assessor about this outstanding recommendation.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system with a log of visits was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The registered manager reported that there were no safe moving and handling issues with the current residents and therefore no need for manual handling lifting equipment in the home.

Fire safety records identified that fire safety training and drills, were up to date and fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment and training.

**Areas for improvement**

Two areas for improvement were identified in respect of this domain during the inspection. These were in relation to professional registration of a staff member and risk assessment for any resident who smokes. Need to make requirements re legionella and adherence to the fire risk assessment issues

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	0

**6.5 Is care effective?**  
**The right care, at the right time in the right place with the best outcome**

Discussion with the registered manager established that she and her husband generally responded appropriately to, and met the assessed needs of the residents.

An inspection the two residents’ care records were undertaken. These were generally maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. As discussed in 6.4 above, the registered manager was advised to update with urgency a risk assessment and care plan in relation to smoking.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The care records inspected were signed by the resident.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The registered manager also confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission assessments and multi-professional team reviews.



Formal residents' meetings do not take place. Residents live together with the registered manager and her husband and share dining and sitting space within the home. The registered manager reported that informal discussions with residents as a group take place several times daily and at mealtimes.

Both residents spoke positively on the provision of meals, on the quality, quantity and choice as well as the flexibility of when meals were available in accordance to their wishes.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between residents and the registered manager and other key stakeholders.

### Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager confirmed that the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with residents confirmed that residents' spiritual and cultural needs were met within the home.

Discussion with residents also confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced from inspection of residents' progress records. Issues of pain and discomfort had a recorded statement of care given with effect of same recorded.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager and residents confirmed that consent was sought in relation to care and treatment.

The registered manager advised that residents were listened to, valued and communicated with in an appropriate manner. Residents validated that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. Interactions with staff and residents were warm and friendly.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in low key activities. At the time of this inspection, one resident was relaxing in the grounds of the home and the other resident was relaxing in their bedroom. One resident talked about their attendance at a day care placement three days a week and how they enjoyed this. Both residents also talked about how Mr. and Mrs. Magee readily brought them into Ballymena for shopping and how they enjoyed these trips. Arrangements were in place for residents to maintain links with their friends and families who are welcome to visit at any time.

Comments received from residents included:

- “I feel very safe here. It is lovely and peaceful”
- “Margaret and Tommy (Mr. and Mrs Magee) are great and bring me into town any time I need messages. We all get on great and there are no problems at all”.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the feedback from residents and the relaxed homely atmosphere in place.

**Areas for improvement**

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home. On the previous inspection to the home, the inspector advised that given the special circumstances of this home that the home engages an outside professional consultant to provide an independent overview of the provision of care. Given the governance

issues identified above in regards to a smoking risk assessment, the absence of a legionella risk assessment and the lack of progress in compliance with an area of the recent fire risk assessment the use of an external professional consultant would add an additional layer of governance. It is disappointing that this consultation has yet to be put in place.

The registered manager reported that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA. The inspector made query on the category of care of one resident in the home and asked the registered manager to liaise with the aligned named worker regarding this. This was identified as an area of improvement in accordance with standards.

A range of policies and procedures was in place.

The home's complaints policy and procedure which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide.

Inspection of the complaints records confirmed that no complaints had been received.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents and incidents confirmed that in general these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. However it was identified with the broken boiler that occurred on 12 October 2018 had not been reported to RQIA. Advice was given that this event or any other that affects the well-being of residents must be reported in accordance with legislation to RQIA. The registered manager was advised that a retrospective notification must be sent to RQA asap. This has been identified as an area of improvement in accordance with legislation. No accidents had occurred since the last inspection.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was a clear organisational structure. This was outlined in the home's Statement of Purpose and Residents' Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place. The registered manager confirmed that the staff member could also access her to raise concerns she will offer support accordingly.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the day to day management of the home by the registered person.

## Areas for improvement

Two areas for improvement were identified in respect of this domain during the inspection. These were in relation to liaising with an aligned named worker regarding a category of care and notification of incidents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Magee, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 20 (1) ( a )</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 October 2018</p>	<p>The registered person shall ensure that any member of staff employed in the home with caring duties is registered accordingly with the appropriate professional regulator.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> application submitted &amp; returned, staff member not required to register, not doing personal care</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 15 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2018</p>	<p>The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Assessment completed</p>

<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 October 2018</p>	<p>The registered person shall notify RQIA without delay any event in the home that affects the well-being of resident(s).</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> RQIA informed that the boiler replaced and heating working</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 3.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 October 2018</p>	<p>The registered person shall liaise with the identified resident's named worker to ensure the home is registered to meet the assessed needs within the home's registered categories of care.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Named worker has no issues with placement, residents needs being met</p>



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