

Unannounced Care Inspection Report

27 July 2016



Carn-vaddy Residential Home

Type of service: Residential care home

Address: 15 Doctors Road, Ballymena, BT42 4HL

Tel No: 0282563 2678

Inspector: Ruth Greer

1.0 Summary

An unannounced inspection of Carnvaddy residential care home took place on 26 June 2016 from 10:15 to 13:40.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Two requirements were made in relation to this domain. These were in relation to the home's policies and procedures and a competency/capability assessment for one person who is, at times, in charge of the home.

Is care effective?

No requirements or recommendations were made in relation to this domain. The care is provided within the family home of the registered provider. Residents and relatives are able to have close daily contact with the providers .

Is care compassionate?

No requirements or recommendations were made in relation to this domain. Residents are able to retain their previous links with the community and visitors are welcome at any time.

Is the service well led?

Two requirements were made in relation to this domain. These were in relation to the annual quality review report and notification of accidents/incidents to RQIA.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 30 June 2015.

2.0 Service details

Registered organisation/registered person: Margaret Magee	Registered manager: Margaret Magee
Person in charge of the home at the time of inspection: Mrs Magee	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment RC-A - Past or present alcohol dependence	Number of registered places: 3

3.0 Methods/processes

Prior to inspection we analysed the following records: The previous inspection report, notifications of accidents to RQIA since the previous inspection and any communication received at RQIA in regard to the home.

During the inspection the inspector met with two residents, in addition to the registered manager and her husband. There were no visiting professionals and no residents representatives on the day.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Programme of activities
- Policies and procedures manual

A total of nine questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned before the issue of this report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 January 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 30 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (1) (a)(b) 5.5.3 refers Stated: first time To be Completed by: 10 July 2015 for the identified resident and on going for any future admissions to the home	The registered person shall not provide accommodation to a resident at the residential care home unless – The needs of the person have been assessed by a suitably qualified or suitably trained person and the registered person has obtained a copy of the assessment	Met
	Action taken as confirmed during the inspection: Inspector confirmed that pre admission assessments were in place for the residents accommodated.	
Last Care recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14.5 Stated: First time To be Completed by: 10 July 2015 for the identified resident and on-going for any future residents admitted permanently to the home.	Care plans for any resident living permanently in the home should record the wishes of the residents regarding any other specific arrangements at the time of his or her death are carried out.	Met
	Inspector confirmed that any wishes in respect of end of life care were included in the care plan.	

Recommendation 2 Ref: Standard 28.3 Stated: First time To be Completed by: 10 July 2015	Hand sanitisers should be provided in the home in line with infection control guidance	Met
	Hand sanitisers have been provided	

4.3 Is care safe?

It should be noted that Carnvaddy residential care home is the private residence of Mr and Mrs Magee. Mrs Magee is registered provider and registered manager. There are no additional permanent staff employed in the home. Mr and Mrs Magee provide the care for the residents. The home is registered to accommodate 3 persons in addition to Mr and Mrs Magee. This report should be read in accordance with the special circumstances of the registered persons also residing in the registered facility.

The registered manager confirmed the staffing levels for the home. These are, in the main, the registered manager and her husband. One additional member is retained on an "as and when required" basis. Mrs Magee stated that this person is on duty on occasion when Mr and Mrs Magee are out of the home but that she (Mrs Magee) is always available for advice by telephone. No concerns were raised regarding staffing levels during discussion with residents.

On the day of inspection Mr and Mrs Magee were providing care.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme had been provided for the temporary staff member.

The registered manager confirmed that there are occasions when the temporary staff member is left in charge of the home. Mrs Magee stated and the rota showed that this is for short periods and that Mrs Magee is always available to contact by phone. However there was not a competency assessment in place for the temporary staff member. A requirement has been made.

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

The registered manager confirmed that she, her husband and the temporary staff member were registered with NISCC.

The adult safeguarding policy was reviewed and found not to be consistent with the current regional guidance a requirement has been made.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there have been no suspected, alleged or actual incidents of abuse. Mrs Magee confirmed that if any allegation was made it would be would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and that written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy had not been reviewed within the last three years.

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

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was not in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities.

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 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 and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 30 March 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training including drill on 1 February 2016 and 30 March 2016. Records were retained of staff who participated and any learning outcomes.

Areas for improvement

There were two areas identified for improvement. These were in relation to the home's policies and procedures and a competency/capability assessment for one person who is, at times, in charge of the home.

Number of requirements:	2	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that as both she and her husband live with the residents in a family environment they are able to respond appropriately to and meet the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information and multi-professional team reviews. Formal residents' meetings and staff meetings do not take place. Three residents live alongside the registered manager and her husband in the family home. On the occasions when the temporary staff member is on duty a handover report is provided by Mrs Magee.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. For example leaflets explaining the role of the Client and Patient Council were readily available and one resident had a designated volunteer befriender.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. As previously stated the "special circumstances" of this home in that residents live with the registered manager and her husband means that there is a family atmosphere. Residents have their meals in the family kitchen and residents' family members often come in through the back door of the home when they visit.

Discussion with two residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Care records showed that one resident had been supported to organise an individual funeral plan.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents confirmed that they were treated with dignity and respect.

Mrs Magee confirmed her awareness of promoting residents' rights, independence and dignity and the importance of confidentiality. For example due to the close nature of the living arrangements Mrs Magee stated that it was important that residents were given the privacy to meet with social workers, family etc. in private.

In the main, social activities are undertaken outside the home. Residents attend various forms of day care. Evening activities include Disabled Christian Fellowship, Church woman's' group and Gateway. Arrangements were in place for residents to maintain links with their friends, families and wider community. On the day of the inspection one resident returned from a visit to her previous home. The resident told the inspector that she was well looked after Carn vaddy but was finding it difficult to decide whether she should move in permanently. The home was working with the resident and her social worker to support her in this decision making process. There is an open visiting policy in the home and families may visit at any time.

Opportunity was taken to speak with two residents who were in the home during the inspection. Both told the inspector that they were pleased with their room, the food and their care. The inspector was told that Mr and Mrs Magee were "very kind to us" Other comments included:

"I like to out for a walk with X" (another resident)

"I am well looked after, but it's a big move to give up my flat"

"My son is always made welcome"

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.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These were found to be mainly by personal contact and/or telephone. The daily care notes reflect the contact made with family and allied health care professionals.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The health and social care 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.

A range of policies and procedures were in place to guide and inform. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures examined at this inspection were found to be out of date and had not been systematically reviewed every three years. A requirement has been made in this regard in the domain of safe care.

Residents and their representatives had not been formally consulted within the previous year about the quality of care and environment in line with regulation 17. A requirement has been made in this regard.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the leaflets seen to be available within the home.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that one notifiable incident had been reported to the Trust but had not been reported to RQIA. A requirement has been made in this regard.

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

Records showed that Mr and Mrs Magee and the temporary staff member had attended mandatory training in February 2016.

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

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place.

Areas for improvement

There were two areas identified for improvement. These were in relation to the annual quality review report and notification to RQIA.

Number of requirements:	2	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Magee, registered manager and responsible person as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

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Quality Improvement Plan		REGULATION AND QUALITY 05 SEP 2015
Statutory requirements		
Requirement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: 15 August 2016	The registered provider must ensure that a competency and capability assessment is undertaken for any person who undertakes the management of the home in her absence. Response by registered provider detailing the actions taken: <i>Report completed, assessment done.</i>	
Requirement 2 Ref: Regulation 13 (1)(a) Stated: First time To be completed by: 30 August 2016	The registered provider must ensure that there are policies in place and meet the minimum requirements in line with standard 21, appendix 2 of Residential Care Standards.2011 Response by registered provider detailing the actions taken: <i>policies updated</i>	
Requirement 3 Ref: Regulation 30 (1) Stated: First time To be completed by: 1 August 2016	The registered provider must ensure that RQIA is notified of any accident/incident which affects the wellbeing of any resident in the home. Response by registered provider detailing the actions taken: <i>noted.</i>	
Requirement 4 Ref: Regulation 17 Standard 20.12 Stated: First time To be completed by: 30 August 2016	The registered provider should undertake an annual review of the home and collate the findings into a report which should be made available to residents and their families. Response by registered provider detailing the actions taken: <i>Report now completed</i>	

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address

In Manager

Name of registered manager/person completing QIP	MARGARET MAGEE .		
Signature of registered manager/person completing QIP	In Snogee.	Date completed	30/8/16.
Name of registered provider approving QIP			
Signature of registered provider approving QIP		Date approved	
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response	Ruth Greer	Date approved	13/9/16



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