



The Regulation and
Quality Improvement
Authority

Carn-Vaddy
RQIA ID: 1348
15 Doctors Road
Ballymena
BT42 4HL

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**Unannounced Care Inspection
of
Carn-vaddy**

30 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 30 June 2015 from 9 50 am to 12 50 pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with the Mrs M Magee as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Margaret Magee	Registered Manager: Margaret Magee
Person in Charge of the Home at the Time of Inspection Mrs M Magee	Date Manager Registered: Mrs Magee has been registered with RQIA since the organisation's inception in 2005.
Categories of care: RC-A,RC-I,RC-LD.RC-LD(E),RC-PH	Number of Registered Places: 3
Number of Residents Accommodated on Day of Inspection: 2	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: the quality improvement plan from the previous inspection and notifications of accidents/incidents submitted to RQIA.

During the inspection we met with one resident who was in the home for respite and with Mr and Mrs Magee. The resident who lives permanently in the home was out for the duration of the inspection. Accommodation is provided in the home of the registered person who is also the registered manager. Care is provided by the registered manager and her husband. No permanent staff are employed although there are two care staff employed on an "as and when" basis. There were no visiting professionals and no residents' visitors/representatives in the home.

We inspected the following records during the inspection:

- Policy on death and dying
- Policy on managing continence
- Care files (2)
- Complaints records
- Staff training record

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 15 January 2015. The completed QIP was returned to RQIA and approved by the specialist inspector.

The previous care inspection of the home was on 29 September 2014

5.2 Review of requirements and recommendations from the last care inspection - 23/9/14

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 11.8	Fire doors should not be wedged open.	Met
	Action taken as confirmed during the inspection: There were no fire doors wedge open on the day of the inspection.	
Requirement 2 Ref: Regulation 11.10	The home's fire risk assessment should be renewed annually.	Met
	Action taken as confirmed during the inspection: A fire risk assessment of the premises was undertaken on 10 January 2015	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	The policy on challenging behaviour should be updated in line with standard 21.5 (policies should be systematically reviewed and update at least every three years).	Met
	Action taken as confirmed during the inspection: A policy on challenging behaviour dated October 2014 was available for inspection.	
Recommendation 2 Ref: Standard 10.1	Training on challenging behaviours should be provided for the registered manage and any person working in the home.	Met
	Action taken as confirmed during the inspection: Training was provided on challenging behaviour on 26 November 2014	
Recommendation 3 Ref: Standard 13.1	The home should devise a policy on the provision of activities.	Met
	Action taken as confirmed during the inspection: A policy on the provision of activities dated October 2014 was available for inspection.	
Recommendation 4 Ref: Standard 11.7	The record of complaints should include the complainant's satisfaction with the outcome.	Met
	Action taken as confirmed during the inspection: We inspected the complaints record and found that the satisfaction of the complainant had been sought and recorded.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of Life)

Residents can spend their final days in the home unless there are documented health care needs which prevent this. We were informed by the registered manager that a resident had died in the home several years ago. The registered manager described her role in caring for this resident. The registered manager demonstrated knowledge of how to care for a very ill resident and of the importance of hydration/diet and pain control. The registered manager advised us that she was aware of when to contact the G P and /or nurse and of keeping the family regularly updated on the resident's condition.

Is care effective? (Quality of Management)

We inspected the home's policy on death and dying dated May 2015. We were informed that, in relation to the resident who had previously died, the registered manager assisted the family to make funeral arrangements. We inspected the care plan for the permanent resident. There was no assessment or care plan in the event of death. A recommendation has been made that care plans should be in place to record the resident's end of life wishes and preferences. The name and contact details for next of kin were recorded in the care plan. The care plan had been reviewed by the care manager on 26 January 2015.

Is care compassionate? (Quality of Care)

At the time the resident died the other residents were informed individually. The registered manager informed us that the Marie Curie nurses were involved daily for the final few days of the resident's life. The resident's son stayed in the home for three nights prior to the death and he was with his parent when he/she passed away. The resident's minister was welcome to visit at any time.

Areas for improvement

There was one recommendation for improvement made as a result of the inspection of this standard. This was in relation to recording end of life wishes in the care plan of the permanent resident in the home.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

Residents who have been assessed as incontinent have a care plan devised by the community nurse. One resident is independent in relation to continence management. One resident who was on respite had an already established regime for continence management in place on admission. The home had a policy on the management of continence dated May 2015.

Is Care Effective? (Quality of Management)

We were informed that in the event of a resident becoming incontinent the district nurse undertakes an assessment. The district nurse prescribes the type and amount of continence products and the home then re orders the products on a two monthly basis. The registered manager informed us that there are no difficulties with the supply of continence products. Mrs Magee confirmed that protective gloves and aprons were available. There were no hand sanitisers available on the day of the inspection. A recommendation has been made in this regard.

Is Care Compassionate? (Quality of Care)

In discussions, the registered manager confirmed that she recognised the potential loss of dignity associated with incontinence. The registered manager informed us that she had organised training for the “as and when required” staff and herself on infection control. Records showed that this took place in November 2014. An element of incontinence awareness was included in the training. There was one resident in the home and our observation of interactions between the registered manager and the resident showed these to be respectful and kind.

Areas for Improvement

There was one recommendation has been made as a result of the inspection of this theme. This was in regard to the provision of hand sanitisers.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Residents' views

In discussions with one resident we were informed that she was happy with the care in the home, the attention from the registered manager and the food provided. The residents stated

“It's OK here, they are very good to me but I'd rather be at home”

5.5.2 Staff views

Apart from Mrs Magee no other care staff were on duty. Two staff questionnaires were left for the “as and when staff”. Neither was returned in time for inclusion in this report.

5.5.3 Records

The care files of the two residents were inspected. There was no comprehensive needs assessment or care plan for one resident. Basic information had been supplied on admission and the home had drawn up a care plan with this information and with information obtained from the resident and the family. A requirement has been made that no residents should be admitted to the home without an initial assessment and care plan undertaken by the care manager at the time of referral. The home must obtain a copy of the assessment and care plan before any resident is admitted to the home.

5.5.4 Environment

Our inspection of the areas registered for the use of residents found these to be clean and adequately decorated. The bedroom of one resident was personalised to suit the needs and preferences of the occupant. There were no mal odours in any part of the home. There was a satisfactory standard of cleanliness noted.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

REGISTRATION AND LICENSING
 25 JULY 2015

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1 Ref: Regulation 15 (1) (a)(b) 5.5.3 refers Stated: first time</p>	<p>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</p>
<p>To be Completed by: 10 July 2015 for the identified resident and on going for any future admissions to the home Year</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: must care plan - assessments now in place</p>

Recommendations

<p>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.</p>	<p>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. Response by Registered Person(s) Detailing the Actions Taken: residents still contacted + are working to achieve this</p>
<p>Recommendation 2 Ref: Standard 28.3 Stated: First time To be Completed by: 10 July 2015</p>	<p>Hand sanitisers should be provided in the home in line with infection control guidance Response by Registered Person(s) Detailing the Actions Taken: hand sanitisers now in place</p>

<p>Registered Manager Completing QIP</p>	<p><i>In Magee</i></p>	<p>Date Completed</p>	<p>20 8.15</p>
<p>Registered Person Approving QIP</p>		<p>Date Approved</p>	
<p>RQIA Inspector Assessing Response</p>	<p><i>Ruth Glees</i></p>	<p>Date Approved</p>	<p>7/9/15</p>