

Enforcement Monitoring Inspection Report 20 January 2021



Carn-vaddy

Type of Home: Residential Care Home
Address: 15 Doctors Road, Ballymena, BT42 4HL
Tel No: 028 2563 2678
Inspectors: Marie-Claire Quinn & Judith Taylor

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Carn-vaddy Responsible Individual: Mrs Margaret Magee	Registered Manager and date registered: Mrs Margaret Magee 1 April 2005
Person in charge at the time of inspection: Mrs 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	Total number of residents in the residential care home on the day of this inspection: 3

4.0 Inspection summary

This inspection was undertaken by two inspectors on 20 January 2021 from 09.35 hours to 15.25 hours.

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/ the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection sought to assess the level of compliance achieved in relation to the three Failure to Comply (FTC) Notices which were issued following the last inspection. The areas identified for improvement and compliance with the regulations were in relation to the registered person's roles in governance, medicines management and staff recruitment. The date of compliance with the notices was 20 January 2021.

The following FTC Notices were issued by RQIA:

FTC ref: FTC000138 Regulation 10(1) Registered person: general requirements
FTC000139 Regulation 13(4) Health and welfare of residents
FTC000140 Regulation 21(1) Fitness of workers.

Evidence was not available to validate compliance with the Failure to Comply Notices. There was evidence of some improvement and progress made to address the required actions within the notices. RQIA senior management held a meeting on 21 January 2021 and a decision was made to extend the compliance date to 22 February 2021, to allow a further period of time to achieve full compliance with the regulations.

In addition to the extension of the notices, we also identified one area for improvement in relation to the transcribing of medicine details.

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

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret Magee, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[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

Before the inspection a range of information relevant to the home was reviewed. This included the following:

- the last inspection report
- enforcement notices and associated correspondence
- recent correspondence regarding the home
- the management of incidents reported to RQIA since the last inspection.

We met with the manager, one member of staff and three residents.

A sample of the following records was examined or discussed during the inspection:

- audits of Infection Prevention and Control (IPC) measures
- dining experience audits
- two staff competency and capability assessments
- staff duty rota from 1 December 2020 to 20 January 2021
- induction record for one staff member
- staff training matrix
- one staff supervision record
- care plans and progress notes for three residents
- monthly monitoring report received 3 January 2021
- medicines received
- personal medication records
- medicine administration records

- disposal of medicines
- medicine audits
- three staff recruitment records.

The findings of the inspection were provided to Mrs Margaret Magee at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection

The most recent inspection of the home was an unannounced care and medicines management inspection. The outcomes resulted in the issue of three Failure to Comply Notices.

6.2 Inspection findings

FTC Ref: FTC000138

Notice of failure to comply with Regulation 10(1) of The Residential Care Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—

(1) The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following 11 actions were required to comply with this regulation.

1. A robust system of governance, including regular audits, is put in place to ensure that the quality of care and other services provided by the home are reviewed at regular intervals. This includes regular auditing of medicines management; infection prevention and control measures and maintenance of residents' care records.
2. There is clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made.
3. Any person given the role of being in charge of the residential home has been deemed competent and capable to do so; this must include medicines management.
4. The staff duty rota should clearly identify the person in charge of the home, the name and role of each staff member working in the home and the capacity and hours in which they worked.
5. New staff receive an induction and orientation to the home which is recorded and signed and dated by the person carrying out the induction and the staff member.
6. A staff training matrix is maintained which includes the names of all staff working within the home and the training they have completed and when.

7. All staff working in the home can demonstrate their knowledge of infection prevention and control measures commensurate with their role and function in the home.
8. Comprehensive, individualised and holistic care plans are in place that reflect the individual assessed needs of residents; and detail the care and support required from staff to meet those needs.
9. Residents' care record audits are implemented with clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made.
10. A comprehensive and meaningful quality monitoring report is completed monthly in accordance with Standard 20.11 of the Residential Care Homes Minimum Standards (2011).
11. The completed quality monitoring report is forwarded to RQIA by the fourth day of each month, until further notice.

A robust auditing system was not in place. The manager had completed audits of IPC measures, the dining experience and the medicines for one resident in December 2020. There was no audit system in place for review of care records. The manager had not identified any other areas of practice which should be reviewed on a regular basis.

Completed audits of IPC measures, the dining experience and the medicines for one resident from December 2020 were reviewed. These audits lacked detail and did not include any evaluation or analysis of working practices in the home. The manager did not identify any deficits in completed audits, despite findings made during the inspection. Action plans were not included in completed audits.

A competency and capability assessment was in place for two staff in the home. However, these assessments were not robust. Assessments did not include evidence of how the manager had assured herself of staff's competence and capability, for instance, through observations of practice or discussion of training. The assessments made no specific reference to either medicines management or fire safety. No assessment was in place for a third member of staff; the manager advised this person is no longer given the role of person in charge of the home.

The duty rota did not include staff's full name, the capacity in which they worked or detail the shift times when two staff members were on duty.

A record of the most recently recruited staff member was filed in the recruitment records. This had been dated and signed by both the manager and staff member. However, this induction record was not robust. There was no analysis or evaluation of staff's knowledge, understanding and skills, or of how the manager had been assured that the induction was effective.

Although a training matrix was now in place, it did not include the dates when staff had completed mandatory annual fire evacuation drills in the home.

On arrival to the home, the manager was wearing appropriate PPE including a visor, face mask, disposable apron and gloves. The manager was repeatedly observed touching and pulling her face mask down under her chin; the potential risk and correct use of the mask was discussed.

The manager was 'bare below the elbow' adhering to IPC best practice regarding hand hygiene. The manager advised that additional touchpoint cleaning is completed throughout the day. The bathroom was clean; paper hand towels were in the dispenser and there was now a small foot operated pedal bin with clinical waste disposal bag available. Toilet roll was available in a drawer in a cabinet beside the toilet. There were clinical waste bags available in the home. Audits of IPC included a stock check of masks and visors. There was written evidence that one staff member had completed supervision with the manager in December 2020, which focused on IPC and Personal Protective Equipment (PPE). However, COVID-19 guidance for visitors was not adhered to. The manager did not complete temperature checks or health screenings with either inspector.

The manager advised that care plans had been rewritten twice since November 2020, with input and support from Northern Health and Social Care Trust (NHSCT) staff. We reviewed the new care plans. These were more detailed and individualised to each resident. However, both inspectors highlighted that further amendments of care plans were required. These were in relation to medication, pain management, management of challenging behaviour and mental health. The manager advised that one care plan was already in the process of being rewritten, on the direction of NHSCT staff.

Although care plans had been rewritten, there was no system in place to audit these. Deficits in care plans were identified by NHSCT trust and RQIA staff, rather than by the manager.

The manager had provided a short list of completed actions relating to the FTC notices on 3 January 2021. This was not a comprehensive or a meaningful quality monitoring report. It did not include any detail, analysis or evaluation and there was no reference to residents'/ representatives' views on their experience of the home. An action plan to provide a clear and detailed guide to drive and monitor improvement was not in place. This was further discussed with reference to RQIA website for a sample template of a quality monitoring report.

There was evidence of some improvement and progress made to address the required actions within the notice; however, significant deficits remain and the evidence was insufficient to validate compliance with this FTC Notice.

FTC Ref: FTC000139

Notice of failure to comply with Regulation 13(4) of The Residential Care Homes Regulations (Northern Ireland) 2005

Health and welfare of residents

Regulation 13.—

(4) Subject to paragraph (5) the registered person shall make suitable arrangements for the ordering, storage, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the home to ensure that –

(b) medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed, and to no other resident; and

(c) a written record is kept of the administration of any medicine to a resident.

In relation to this notice the following eight actions were required to comply with this regulation.

1. The admission process for new residents is reviewed and detailed in a policy; this must include arrangements to obtain written confirmation from the prescriber of new resident's medicines, processes to check that the correct medicines have been supplied; and how any issues are managed.
2. Residents have a supply of their currently prescribed medicines.
3. Where residents are responsible for the self-administration of their medicines, a written risk assessment is completed and reviewed regarding resident's competence, compliance and capability to manage this.
4. Personal medication records are up to date and accurate at all times.
5. Records of administered medicines are accurately completed.
6. A robust auditing process must be developed and implemented for medicines management.
7. The registered manager and all staff with responsibility for managing medicines are provided with further medicines management training from a suitably qualified person, and records are maintained.
8. Staff competency assessment regarding medicines management is completed by a suitability qualified person and records are maintained.

We could not evidence that a policy regarding medicines management for new admissions was in place. The manager had obtained written confirmation of each resident's current medicine regime immediately following the inspection on 30 November 2020. However, there had been medicine changes in December 2020 and January 2021 and written confirmation of this was not obtained. A copy of prescriptions for new medicines/medicine changes, including hospital discharge letters should be kept in the home and used for reference when updating the personal medication records, and/or printed medication administration records.

There were no instances where residents did not have a supply of their medicines; and records indicated that medicines had been administered as prescribed.

The self-administration of medicines had been reviewed by the manager in consultation with the residents. The resident's care plans indicated that the residents had decided they would rather have staff administer their medicines.

Improvement had been made in the completion of the residents' personal medication records. They had been rewritten, dated, and signed by two staff to ensure accuracy. Medicine changes and dates of discontinuation were appropriately recorded. A photograph of the resident was in place.

We reviewed the medicines administration records for each resident. Most had been completed accurately. Two different styles of administration records remained in use and the manager advised of the action taken in an attempt to resolve this. Advice was given by the inspector and it was agreed that the manager would further discuss this with the community pharmacist. It was observed that handwritten, adhesive labels were affixed to one resident's records. This must not occur as it is not a permanent record and medicine details should be handwritten directly onto the record and initialled by two staff. This was identified as an area for improvement.

There was evidence that the manager had undertaken a medicine audit. The scope of the audit was very limited and did not cover the main aspects of medicines management.

Advice was given on what should be included in the audit and sample documents were supplied for reference. The need for a good audit process, which is effective at identifying shortfalls in the medicines systems, was reiterated.

Records to indicate that staff were trained and had been deemed competent in medicines management were not in place. The manager stated she had tried to obtain medicines management training but had been unsuccessful. We provided information on how to source this training and reiterated that she must have records to show that staff have the knowledge and skills to safely manage medicines.

There was evidence of some improvement and progress made to address the required actions within the notice; however, the evidence was insufficient to validate full compliance with this FTC Notice.

FTC Ref: FTC000140

Notice of failure to comply with Regulation 21(1) of The Residential Care Homes Regulations (Northern Ireland) 2005

Fitness of workers

Regulation 21.—

(1) The registered person shall not employ a person to work at the residential care home unless –

- (a) the person is fit to work at the home;*
- (b) subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2;*
- (c) he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person.*

In relation to this notice the following five actions were required to comply with this regulation.

1. A robust recruitment policy and procedure is in place which reflects relevant legislation and adult safeguarding requirements to ensure that at all times staff are recruited and employed safely.
2. A robust monitoring system is in place to ensure that the recruitment process is compliant with legislation and adult safeguarding requirements.
3. There is evidence available that Access NI enhanced checks are completed and scrutinised prior to an individual commencing employment in the home.
4. There is evidence that two written references are obtained including one from the present or most recent employer and that these are scrutinised prior to the individual commencing employment in the home.
5. A robust monitoring system is in place to ensure that staff are registered with the relevant regulatory body in accordance to their job role.

There was evidence that the recruitment policy had been reviewed in December 2020. Additional guidance on the Vetting and Barring Scheme and Adult Safeguarding were kept within the policy folder.

There had been no new staff recruited since the last inspection. There was no template checklist that would be used should staff be recruited.

We were not assured that should the manager recruit staff in the future that the correct documentation would be obtained prior to commencement of employment in the home.

The duty rota listed a member of staff working in the home from 4 December to 26 December 2020; however, their Access NI check had not been received until 13 January 2021. This was particularly concerning as RQIA had highlighted this issue on three separate occasions in November and December 2020. RQIA had told Mrs Magee that this staff member must not work in any capacity in the home until the Access NI check had been received.

A record of a second reference for the newest member of staff was not available during the November 2020 inspection, but was now available in recruitment records. There was limited evidence of how the manager had assured herself regarding the quality of references received.

There was evidence that three staff were registered with NISCC and that one staff member had applied to register with NISCC in December 2020. There was no system in place to track or maintain management oversight of this, regarding annual renewals.

There was evidence of some improvement and progress made to address the required actions within the notice; however, the evidence was insufficient to validate full compliance with this FTC Notice.

Areas for improvement

One new area for improvement was identified during the inspection in relation to the transcribing of medicine details.

	Regulations	Standards
Number of areas for improvement	0	1

6.4 Conclusion

Evidence was not available to validate compliance with the above Failure to Comply Notices and significant deficits remain.

However, there was evidence of some improvement and progress made to address the required actions within the notices.

Following the inspection, RQIA senior management held a meeting on 21 January 2021 and a decision was made to extend the compliance date to allow the manager a further period of time to achieve full compliance with the regulations. Compliance with the notices must therefore be achieved by 22 February 2021. It should be noted that if there is no significant improvement and/or full compliance is not achieved within the revised timescales, RQIA may take further enforcement action.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 20 February 2021	The registered person shall ensure that adhesive labels are not used and all handwritten entries on medication administration records are initialled by two staff to ensure the transcribing is accurate. Ref: 6.2 Response by registered person detailing the actions taken: I can advise that labels are no longer in use within the residential home and all handwritten entries on medication administration records are initialled by two staff.

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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