



Enforcement Inspection Report 22 & 24 February 2021



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 which is registered to provide care for up to three 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: Three
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: Three

4.0 Inspection summary

This inspection was undertaken by two care inspectors and one pharmacist inspector on 22 February 2021 from 09.50 to 13.05 and on 24 February 2021 from 07.35 to 11.25.

The inspection sought to assess the level of compliance achieved in relation to the three Failure to Comply (FTC) Notices issued by RQIA on 16 December 2020. These were in relation to the management and governance arrangements (FTC000138), health and welfare of residents regarding medicines management (FTC000139); and fitness of workers (FTC000140). The date of compliance with the notices was 20 January 2021.

A compliance inspection was undertaken on 20 January 2021. While there was evidence of some improvement and progress made to address the required actions within the notices, full compliance was not evidenced. RQIA made the decision to extend the three FTC notices with a compliance date of 22 February 2021.

During the compliance inspection of 22 February 2021, we evidenced that the actions within the three FTC notices, issued on 16 December 2020, had not been fully met and in some instances improvements achieved by 20 January 2021 had regressed. In addition RQIA evidenced that there had been significant changes to the staffing and living arrangements in the home, without consultation with the residents, the trust or RQIA. RQIA made the decision to review the operation of the home by undertaking an 'out of hours' unannounced inspection on 24 February 2021. This inspection identified further significant concerns in relation to the day to day operation of the home, governance arrangements, staffing, the health, welfare and safety of residents; the delivery of care, resident rights, fire safety; and the registered person's recognition, understanding and management of any potential risk of harm to residents; and established that the home was not operating in accordance with the Residential Care Homes Regulations (Northern Ireland) 2005.

Due to these findings, RQIA made the decision to invite the registered person to an intention meeting to serve a Notice of Proposal to cancel the registration of the registered person.

This meeting was held on 3 March 2021; the registered person declined to attend and confirmed in writing that the meeting should proceed in her absence. Given the seriousness of the concerns identified during the inspections of 22 and 24 February 2021; RQIA served a Notice of Proposal to cancel the registration of Mrs Margaret Magee, registered person, in respect of Carn-vaddy. This notice was served on 5 March 2021.

4.1 Inspection outcome

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 and QIP
- enforcement notices and associated correspondence
- recent correspondence regarding the home
- notifications received by RQIA since the last inspection.

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

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

- template for care plan audits
- staff duty rota from 1 March 2020 to 28 February 2021
- staff training records
- residents' records
- monthly monitoring report received 4 February 2021
- staff recruitment checklist
- medicines received
- personal medication records
- medicine administration records
- medicine audits
- the home's Statement of Purpose and Resident's Guide
- a sample of governance records
- a sample of policies and procedures
- induction records and competency and capability assessment records for any person left in charge of the home in the absence of the registered manager
- accident and incident records

- complaints record
- current fire risk assessment
- activities programme and records.

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 20 January 2021

Quality Improvement Plan		
Action required to ensure compliance 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 31 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The manager had reviewed the management of changes and adhesive labels are no longer in use. New medicine details were handwritten onto the medication administration records and were signed by two staff.	

6.2 Inspection findings

6.2.1 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 governance system was not in place. The only audit completed since 20 January 2021 was in relation to medicines.

A template was in place to audit care records, however no audit had been completed.

The manager had not identified any other areas of practice which should be reviewed on a regular basis.

There were no action plans or systems in place to identify any deficits in the care and services being delivered in the home.

Competency and capability assessments reviewed had not been updated since the last compliance inspection. Discussion with the registered person and staff did not provide sufficient assurances that they had the necessary knowledge and skills to drive the improvements necessary to achieve compliance with the FTC notice actions.

In addition, care staff had still to complete the required medicines management training.

The duty rota did not include the full name of staff members, and changes to the rota had not been recorded. Discussion with staff raised additional concerns regarding the accuracy of the rota.

Staff induction records had not been reviewed or updated to improve their robustness since the last compliance inspection.

The staff training matrix in place had been updated to include dates of recent fire drills attended by staff. However there were no dates recorded on the training matrix for medicines management training. The registered person stated they had recently completed online NISCC training regarding medicines. RQIA were not assured that this training was sufficient to meet the requirements of the FTC notice as the training attended was for domiciliary care staff rather than residential care staff. No other training had been identified or arranged by the registered person.

We observed staff wearing Personal Protective Equipment (PPE) as required. Temperature checks were completed with inspectors on their arrival to the home on 22 February 2021.

Some care plans had been rewritten since the last inspection. These were legible and provided more detail on communication and pain. Care plans regarding the management of challenging behaviour and mental health had been reviewed but continued to lack the required detail.

Although some care plans had been updated, there had been no audits completed or system in place regarding management oversight and management of this process. Deficits in care plans continued to be identified by NHSCT and RQIA staff, rather than by the registered person recognising any deficits and driving improvement in the home.

The manager submitted a completed monthly monitoring report to RQIA on 3 February 2021. While an appropriate template was now in place, it was not a comprehensive or meaningful quality monitoring report. There was no reference to the views or opinions of residents or their representatives on their experience of the home. The report lacked detail, analysis or evaluation of any deficits identified, or of any changes or improvements to the service. An action plan to provide a clear and detailed guide to drive and monitor improvement was not in place.

While there was evidence of some improvement and progress made to address the required actions within the notice, significant deficits remain. Improvements made during the previous inspection on 20 January 2021 had not been sustained. The evidence was therefore insufficient to validate compliance with this FTC Notice.

6.2.2 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.

There was evidence of a policy regarding new admissions and medicines lists, in the policy folder, which was dated and signed. New medicine lists had been obtained and noted at the last inspection and these had been obtained again on 11 February 2021. No new residents had been admitted since the last inspection.

Residents had a supply of their prescribed medicines. However, the audit trail on an inhaled medicine indicated that a resident had missed numerous doses of this medicine as staff had not recognised that the inhaler was empty. A new inhaler was available and brought into use at the inspection. Staff were asked to report this as a medicine related incident to RQIA and to notify the resident's doctor and care manager.

There were no residents responsible for the self-administration of medicines. A policy was in place should this be needed in the future.

Whilst we had identified improvements in the completion of personal medication records and medication administration records, a recent dose reduction in one medicine had not been safely managed. The correct dose was administered to the resident; however the records had not been updated and indicated that the previous prescribed dose was still being administered. This also highlighted an issue with the management of medicine changes in relation to the monitored dosage system (MDS) as staff were removing the medicine from the MDS to adjust the dose. An agreement should be in place with the community pharmacist on how to safely manage dosage changes.

There was evidence that the audit process for medicines management had been developed and included each resident's medicines. Audits were completed by the manager and one member of staff. The most recent audit, completed on 8 February 2021, indicated that satisfactory outcomes had been achieved.

The audit records showed that correction fluid had been used. Correction fluid must not be used on medicine records and original entries must not be obscured.

There continued to be lack of evidence that staff were trained and deemed competent in medicines management by a suitably qualified person. The registered person advised that she had completed online NISCC medicines related training. There was no evidence of the completion of training and as stated previously this training module is not tailored for residential care homes.

There was no evidence that a suitably qualified person had completed the competency assessments for the registered person and staff.

While there was evidence of some improvement and progress made to address the required actions within the notice, significant deficits remain. Improvements made during the previous inspection on 20 January 2021 had not been sustained. The evidence was therefore insufficient to validate compliance with this FTC Notice.

6.2.3 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.

A recruitment policy and guidance on the Vetting and Barring Scheme and Adult Safeguarding was in place in the home. However, there was no evidence that the correct procedure was embedded into practice.

Discussion with the registered person raised significant concerns about their lack of knowledge and understanding of their role and responsibilities in relation to recruitment and Adult Safeguarding.

A recruitment checklist was now in place which referenced the need for Access NI checks. However this was not robust as there was no system for confirming or tracking if and when the required information had been received. Discussion with the registered person raised significant concerns about their lack of knowledge and understanding of their role and responsibilities in relation to Access NI checks.

The recruitment checklist referenced requirements for staff references. However this was not robust as there was no system for confirming or tracking if and when the required information had been received.

There was no system in place to track or maintain management oversight of staff's professional registration with NISCC, regarding annual renewals.

There was no evidence to validate compliance with this FTC Notice.

6.2.4 Resident's wellbeing

During the inspection on 22 February 2021, the inspectors remained concerned regarding the lack of social interaction and stimulation for residents. All three residents remained in their rooms for the duration of the inspection unless using the bathroom or the kitchen. There was little to no interaction between residents and staff.

At the conclusion of the inspection, the inspectors established that the registered person had made the decision to move an employee and their family into the Residential Care Home without evidence of any consultation with residents, their next of kin and relevant agencies such as the Trust and RQIA. RQIA were concerned that the registered person was not operating this home in accordance with the Residential Care Homes Regulations (Northern Ireland) 2005.

As a result of the new information, a further unannounced inspection was undertaken on 24 February 2021 to review the change to the operation of the home.

6.2.5 Findings of the inspection on 24 February 2021

During this inspection, RQIA identified significant concerns in relation to the day to day operation of the home, governance arrangements, staffing, the health, welfare and safety of residents, the delivery of care, residents' rights, fire safety, and the registered person's recognition, understanding and management of any potential risk of harm to residents. There was no supervision of residents during the night time period, as the one member of staff on duty went to bed after residents had settled. There was no effective system for residents to call for assistance using call bells or alarms. Staff who undertook night duty said that although they were asleep they would hear if a resident had fallen, or became unwell during the night.

Both the registered person and staff lacked robust knowledge and understanding of their roles and responsibilities in relation to Adult Safeguarding, Deprivation of Liberty Safeguards or Child Protection. There was no consideration of the potential risks posed to those living at the home due to the change in living arrangements in the home.

There was a failure to adequately manage potential risk to residents in the home in respect of, management of medication, fire safety and the management of hazardous substances. Both residents' and staff medications were stored and accessible in the home's communal fridge. The most recent fire risk assessment was not available for inspection and the registered person confirmed that this had not been updated to reflect the recent changes to the home. There was no evidence that those now living at the home adhered to COVID-19 guidance for Residential Care Homes in Northern Ireland.

RQIA observed multiple examples of staff not prioritising the privacy and dignity of residents. Personal health information for one resident readily available in the kitchen; staff entered bedrooms without knocking or seeking permission from the resident and one resident's clothing was stored in an office rather than their bedroom. RQIA were particularly concerned at the lack of consultation or involvement of residents regarding the change in living arrangements and their access to all communal parts of the home.

There was a notable lack of effort made to engage residents in any meaningful activity or therapeutic interventions. Interactions with residents were basic and task-orientated. Throughout the inspection, residents remained alone in their bedrooms, only leaving to use the bathroom or to have breakfast in the kitchen. There was no planned or structured activity available in the home. The registered person advised that residents were quiet and preferred to remain in their bedrooms to watch television. However, prior to COVID-19 restrictions, we noted that two residents had enjoyed socialising and engaging in activities outside the home. No sufficient alternative arrangements were now in place.

There were clear deficits in the internal governance arrangements which failed to effectively recognise or address the issues identified at the inspection. Records were not accurate or up to date. This included the duty rota which did not accurately reflect staff working in the home; the Statement of Purpose; and care records which did not reference restricted practices. The management of recruitment, staff induction and training was not robust or safely managed to protect residents from potential harm. There was no evidence of accurate recording of accidents and incidents in the home, or that the required systems were in place to notify these to RQIA or the NHSCT.

RQIA were concerned that the deficits identified in the governance and management arrangements during the inspections on 22 and 24 February 2020; and the lack of progress in relation to the FTC Notices issued on 16 December 2020, present a significant risk to resident's health, welfare and well-being. Given the length of time these issues have persisted, RQIA were concerned in relation to the efficacy and tenability of the current arrangements. RQIA were concerned that the registered person did not have the necessary care, competence and skill to make and sustain the necessary improvements and carry on and manage the home.

Following the inspection, RQIA senior management held a meeting on 25 February 2021 and a decision was made to convene an intention meeting to serve a Notice of Proposal to cancel the registration of the registered person. This meeting was held on 3 March 2021; the registered person declined to attend. The Notice of Proposal was issued on 5 March 2021.

6.3 Conclusion

Evidence was not available to validate compliance with the three Failure to Comply Notices issued on 16 December 2020 and extended on 22 January 2021.

Following the inspection, RQIA senior management held a meeting on 25 February 2021 and a decision was made to convene an intention meeting to serve a Notice of Proposal to cancel the registration of the registered person. This meeting was held on 3 March 2021; the registered person declined to attend and confirmed in writing that the meeting should proceed in her absence.

The Notice of Proposal was issued on 5 March 2021.

7.0 Quality improvement plan

Ongoing enforcement action resulted from the findings of this inspection; therefore a QIP is not required or included, as part of this inspection report.



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