

# Unannounced Care Inspection Report 24 April 2018



## Carn-vaddy

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

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

### 4.0 Inspection summary

An unannounced care inspection took place on 24 April 2018 from 9.50 to 13.50.

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 a homely family environment.

Areas requiring improvement were identified in relation to putting in place a risk assessment for one resident who smokes and contacting the named worker of a resident to discuss views expressed to the inspector.

Residents said they were well looked after and that Mr and Mrs Magee were “very kind”.

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> | 1           | 1         |

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Magee, registered provider and 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 10 and 15 August 2017.

#### **5.0 How we inspect**

Prior to inspection the following records were analysed: 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 two residents, the registered manager and her husband (who is the only other permanent staff). There were no visiting professionals and no residents' visitors/representatives.

A total of six questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires from residents were returned within the requested timescale. No staff questionnaires were returned.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule
- Staff recruitment file
- Three resident's care files
- Complaints and compliments records
- Audits of accidents and incident, catering and the environment
- Accident/incident/notifiable events register
- Annual Quality Review report
- Fire safety risk assessment
- Fire drill records
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 10 and 15 August 2017

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 10 and 15 August 2017

| 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><br>Ref: Regulation 19 (2) (b)<br>Stated: First time                        | The registered person shall ensure that records required by legislation are held in the home and are available for inspection at all times.                              | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Inspector confirmed that the records selected for examination at this inspection were available for review.   |                          |
| <b>Area for improvement 2</b><br>Ref: Regulation (2) (t)<br>Stated: First time                           | The registered person shall undertake an infection and control audit of the hygiene facilities for residents.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Inspector confirmed that a programme of monthly infection prevention and control audits had been implemented. |                          |

|   |   |            |
|---|---|------------|
| <b>Area for improvement 3</b><br><b>Ref:</b> Regulation 19 (1) (a)<br><b>Stated:</b> First time | The registered person shall undertake a review of the maintenance and presentation of care records to ensure that records are maintained chronologically and in a professional manner.  | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>Inspector confirmed that there had been improvement in the maintenance of care records. The registered manager advised that further improvements are planned. These will be examined at the next inspection. |            |

### 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. One staff member is retained "as and when required". It was noted that this staff member had not been on duty since August 2017. No concerns were raised regarding staffing levels during discussion with residents.

A review of the duty roster confirmed that it accurately reflected when the staff member is required for duty.

A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. This showed that mandatory training had been provided for the temporary staff member on 27 March 2018. The registered manager advised that annual mandatory training for herself and her husband had been requested from an outside professional and a date was to be confirmed. The registered manager confirmed the date of mandatory training as 24 May 2018 in a telephone call to RQIA on 2 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 manager. A record of the competency and capability assessment was retained. The completed staff competency and capability assessment was reviewed and found to satisfactory.

Discussion with the registered manager confirmed that the only staff member had been recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The recruitment record was examined and found to be satisfactory.

Enhanced AccessNI disclosure was viewed by the registered manager for the staff member prior to the commencement of employment. The personnel record reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of the staff member with their professional body.

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 confirmed that there were plans in place to implement the new adult safeguarding procedures. 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for the staff member and was planned for the registered manager and her husband.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no suspected, alleged or actual incidents of abuse. The registered manager advised that any allegations would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; 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. It was noted that a risk assessment in respect of smoking for one resident had not been undertaken. This has been highlighted as an area of improvement.

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

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager advised there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

Review of the Infection Prevention and Control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that the staff member had received training in IPC in line with her role 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 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 3 May 2017 and all recommendations were noted to be appropriately addressed.

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

Two completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents included:

- “I’m safe in here, you can always call Margaret or Tommy (registered manager and husband) if you need anything.”

**Areas of good practice**

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

**Areas for improvement**

One area for improvement was identified during the inspection. This was in relation to a specified risk assessment for one resident

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 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 responded appropriately to and met 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, life history, 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 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. Care records reviewed 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. Audits of care plans, care review, accidents and incidents (including falls), environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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

A review 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. The advised manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Two completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **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 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 confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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. Observation of practice on the day evidenced that a resident being encouraged to attend to his personal hygiene. The resident wished to defer this task and his choice was respected by the registered manager. A resident stated that although he had no complaints he wished he was closer to the town. This was shared with the registered manager and she was advised to contact the resident's community named worker to discuss the issue.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed 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.

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 review of care records confirmed that residents were enabled and supported to engage and participate in low key activities. One resident enjoys reading three daily papers. One resident goes into Ballymena regularly. On the day of the inspection one resident was at day care. The other two residents were picked up to attend a community lunch club. Arrangements were in place for residents to maintain links with their friends and families who are welcome to visit at any time.

Two completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents included:

- “I’m just here a few months and am well looked after but I would like to be nearer to the town.”
- “We get plenty to eat and I sleep well. Margaret (registered manager) is kind to us.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the ethos of the home, listening to residents and taking account of the views of residents.

**Areas for improvement**

One area of improvement was identified as a result of the inspection. This was in relation to views expressed by a resident.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

**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. Given the special circumstances of this home the inspector advised that the home engage an outside professional consultant to provide an independent overview of the provision of care. This would add an additional layer of governance. 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.

A range of policies and procedures was in place. Policies were centrally indexed and retained in a manner which was easily accessible. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place 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.

Review 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. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. One accident 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 provider identified that she had understanding of her role and responsibilities under the legislation.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers’ liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. 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. The registered manager confirmed that the staff member could also access her to raise concerns she will offer support to staff.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Two completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of the service as very satisfied

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships with outside professionals.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 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 and registered provider 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><b>Ref:</b> Regulation 15 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>1 May 2018</p> | <p>The registered person shall ensure that a risk assessment is undertaken for an identified resident in relation to his smoking habit.</p> <p>Ref: 6.4</p> |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>risk assessment now completed</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><b>Ref:</b> Standard 1.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 May 2018</p> | <p>The registered person shall contact the named community worker for the identified resident to discuss his placement in the home.</p> <p>Ref: 6.6</p> |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>social worker contacted</p>  |

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



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