



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 25 February 2020



Carn-vaddy

Type of Service: Residential Care Home
Address: 15 Doctors Road, Ballymena BT42 4HL
Tel no: 028 2563 2678
Inspector: Elizabeth Colgan

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 registered residential care home which provides care for up to three residents in the categories of care outlined in section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Carn-vaddy Responsible Individual: Margaret Magee	Registered Manager and date registered: Margaret Magee 1 April 2005
Person in charge at the time of inspection: 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: 2

4.0 Inspection summary

An unannounced care inspection took place on 25 February 2020 from 10.20 hours to 12.20 hours.

The following areas were examined during the inspection:

- staffing – including recruitment
- a sample of staff training records and records relating to staff registration with the Northern Ireland Health and Social Care Council (NISCC)
- deprivation of liberty safeguards (DoLS)
- the environment
- fire safety
- the care records of two residents
- meals and mealtimes
- consultation with residents, and staff

The resident we met with described living in the home in very positive terms.

No areas of improvement were made during the care inspection.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Margaret Magee, Manager as part of the inspection process and can be found in the main body of the report.

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 12 August 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection the inspector met with one resident. The other resident was attending a day care placement. Questionnaires and 'Have We Missed You?' cards were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- staff duty rotas from 18 February to 3 March 2020
- a sample of staff training records
- records relating to staff registration with the Northern Ireland Health and Social Care Council (NISCC)
- the care records of two residents
- fire safety records

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not 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 previous inspection(s)

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
Area for improvement 1 Ref: Regulation 27. – (4) (d) (v) Stated: First time	The registered person shall make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals had been put in place.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.7 Stated: Second time	The registered person shall ensure that a record of residents' possessions is maintained. The record should be reconciled at least quarterly. Two signatures should be recorded against the reconciliation.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a record of residents' possessions is maintained and is reconciled at least quarterly. Two signatures were recorded against the reconciliation.	

<p>Area for improvement 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records are maintained for each resident detailing any recordable events. When no recordable events occur, there is an entry at least weekly for each resident to confirm that this is the case.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that records were maintained at least weekly and any recordable events were noted.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure the resident's records contain a recent photograph of the resident.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that resident's records contained a recent photograph of the resident.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure individual care plans for those residents with additional mental health needs includes details of the management of any identified risks and strategies or programmes to manage specific behaviours.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that individual care plan for a resident with additional mental health needs included details of the management of any identified risks and strategies or programmes to manage specific behaviours.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the resident or their representative, where appropriate, sign their care plan. If the resident or their representative is unable to sign or choose not to sign, this is recorded.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that the residents have signed their care plan.</p>		

6.2 Inspection findings

6.2.1 Staffing arrangements

This is a small family run residential home where the registered provider/manager lives with their family and up to three residents. There was a very relaxed and homely atmosphere during the inspection. Upon arrival to the home we were greeted by the manager who immediately confirmed the inspector's identity by viewing photographic identification.

Staffing levels within the home were discussed with the manager who confirmed that staffing levels consisted of one member of staff on duty throughout the day / night to attend to residents' needs. No concerns were expressed to the inspector in relation to staffing levels by either staff or residents. Duty rotas examined confirmed these arrangements and the manager stated there had been no new staff employed since the previous inspection.

6.2.2 Staff training and NISCC registration

We were told by the manager that staff receive regular mandatory training to ensure they know how to provide the right care. Review of training records confirmed that a system had been put in place and mandatory training was ongoing. Review of records relating to staff registration with the Northern Ireland Health and Social Care Council (NISCC) found that there were effective arrangements for monitoring and reviewing the registration status of care staff with NISCC.

6.2.3 Deprivation of Liberty Safeguards (DoLS)

We were informed that there was a policy and procedure on restrictive practice/behaviours that challenge which was in keeping with current legislation and reflected best practice guidance on Deprivation of Liberty Safeguards (DoLS). The manager confirmed that she was currently arranging appropriate training for staff. This area should be reviewed at a future inspection.

6.2.4 The environment

We reviewed the home's environment undertaking observations of all bedrooms, bathrooms, lounges, the kitchen, the dining room and storage areas. The home was clean and appropriately heated. Resident's bedrooms were clean, tidy and well-furnished.

6.2.5 Fire safety

We reviewed fire safety checks. Fire drills were completed twice a year. Fire checks regarding means of escape and emergency lighting were reviewed monthly. Fire exits were observed to be clear of clutter and obstruction.

The annual fire risk assessment was completed in June 2019; we confirmed that the two identified issues had been addressed.

6.2.5 Meals and mealtimes

The resident commented positively on the food provided in the home and stated that they had 24 hour access to food and drink. The resident stated "it's good home cooking". The manager was knowledgeable in relation to residents' dietary requirements.

6.2.6 Care records

We reviewed two care records, which evidenced person centred care planning. Care plans were individualised to the needs of residents, including management of specific health conditions such as diabetes. There was evidence that risk assessments were completed and reviewed on a regular basis, progress notes were recorded on a weekly basis or if a recordable event occurred. Care records were maintained in line with the legislation and standards.

6.2.7 Consultation with residents, and staff

The manager had a very strong knowledge and understanding of resident's individual needs, preferences and personalities and was able to provide examples of how care is tailored to each resident.

During the inspection only one resident was present in the home. The resident appeared to be relaxed and comfortable in their surroundings. The resident spoken with was very positive about their experience of living in the home, stating that staff were very friendly and helpful. They stated "I like living here the manager takes me out and about with her."

Of the two questionnaires left in the home, two were returned. Both residents were very satisfied in all four domains. No completed staff questionnaires were submitted to RQIA following the inspection.

Areas of good practice

Evidence of good practice was found in relation to the homely environment, person centred care planning and care delivery, the culture and ethos of the home, management arrangements, and relationships in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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)