Unannounced Care Inspection Report
10 and 15 August 2017

Carn-vaddy

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

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 is a residential care home registered to provide care for three persons who have been assessed as living with conditions cited in the home's certificate of registration. The home is also the family home of the registered provider and her husband. Communal areas, for example the kitchen, lounge and bathroom are used by both the residents and Mr and Mrs Magee.

3.0 Service details

Organisation/Registered Provider: Carn-vaddy **Responsible Individual(s):** Margaret Magee	**Registered Manager:** Margaret Magee
Person in charge at the time of inspection: Marie O'Neill on 10 August 2017 and Margaret Magee on 15 August 2017	**Date manager registered:** 1 April 2005
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	**Number of registered places:** 3

4.0 Inspection summary

An unannounced care inspection took place on 10 August 2017 from 10:15 to 12:30 and on 15 August from 14:30 to 15:45.

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 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 family environment and individualised care.

Areas requiring improvement were identified in relation to infection prevention and control, the maintenance of care records and the availability of records for inspection.

Residents spoke positively about their life in the home and confirmed that the special arrangements of living in the family home of the registered provider as suitable to their needs and wishes.

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	3	0

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Magee, registered manager and provider, 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 12 January 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, two staff (including the husband of the registered provider/manager who assists with the running of the home) and the registered provider/manager.

The inspection commenced on10 August 2017 when a care assistant was the person in charge of the home. The inspection resumed on 15 August 2017 to review documentation which was not available on the 10 August. This has been highlighted as an area of improvement.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- One competency and capability assessment for the home's only employee
- Staff training schedule
- Staff recruitment file
- Two resident's care files
- The home's Statement of Purpose and Residents' Guide
- Complaints records
- Accident register
- Annual Quality Review report
- Fire safety risk assessment
- Fire drill records
- Individual written agreement
- Programme of activities
- Policies and procedures manual

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 17 May 2017

The most recent inspection of the home was an announced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 January 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**
Area for improvement 1 **Ref**: Regulation 27 (4)(f) **Stated:** First time	The registered provider must ensure that fire training is undertaken at least twice annually in line with legislative requirements.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that fire training had taken place.	

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 arrangements were provided by herself and her husband. One member of staff is employed on an as and when basis. This member of staff was in charge of the home on the first day of this inspection. Several records in relation to staff training, staff recruitment and fire were not available for review on the first day of this inspection. This was identified as an area of improvement in accordance with legislation. No concerns were raised regarding staffing levels during discussion with residents.
Discussion with one staff member confirmed that mandatory training, supervision and appraisal of staff was regularly provided. 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 manager, husband and the one staff member in March 2017.

The registered manager and staff member confirmed that competency and capability assessments were undertaken for the 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 assessments was retained.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of the staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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

The adult safeguarding policy in place was consistent with the current regional guidance. The staff member in charge of the home on the first day of inspection was able to describe definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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 confirmed 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 were 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.

The registered manager confirmed that no restrictive practices were undertaken within the home and on neither day of the inspection were any observed.

The registered manager confirmed 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 this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels.

It was noted that disposable towels were not available and communal towels were being used and shared with staff. Some hygiene appliances were seen to be rusted which may pose an infection risk. These areas were shared with the registered manager and an IPC assessment of hygiene facilities has been raised as an area of improvement.

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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.

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. NI Fire and Rescue Service undertook an inspection of the home on 11 October 2016.

Review of staff training records confirmed that staff completed fire safety training twice annually. Records were retained of staff who participated and any learning outcomes. 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.

Comments received from residents included:

"I don't know if I'm going home or not but I'd be happy to stay here"

"I've been here so long I feel part of the family"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of the residents as individuals and staff induction and training.

Areas for improvement

Two areas of improvement in relation to the availability of records and infection control issues have been raised for action

	Regulations	Standards
Total number of areas for improvement	2	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 responded appropriately to and met the assessed needs of the residents.

A review of two 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. Care needs assessment and risk assessments (e.g. nutrition) were reviewed and updated on a regular basis or as changes occurred.

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 were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident. Discussion with one staff confirmed that a person centred approach underpinned practice. The staff member on duty on the first day of this inspection described how she was able to take the two residents out shopping and for coffee. The staff member stated that as there were just two residents she could "make anything they fancied for their tea."

An individual agreement setting out the terms of residency was in place and appropriately signed.

It was noted that residents care records were not filed in sections or chronologically. This made it difficult to review the care and has been highlighted as an area of improvement.

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. Residents live in the family home of the registered provider/manager and are in close contact every day.

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. For example one resident had been referred to Speech and Language Therapy for a nutritional assessment. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and the registered provider.

Areas for improvement

The maintenance and storage of care records needs to be reviewed.

	Regulations	Standards
Total number of areas for improvement	1	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 staff in 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.

Discussion with the registered manager, one staff and residents confirmed that residents' spiritual and cultural needs, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The staff member confirmed her awareness of promoting residents' rights, independence and dignity and was able to demonstrate how residents' confidentiality was protected by examples shared in discussion with the inspector.

The registered manager and staff 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.

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.

Comments received from residents included:

"It's very quiet here but that suits me"
"I go out all the time to day care twice every week and meetings in the evenings"

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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. This home is run and managed by the registered person and her husband. In discussion it was advised that an external professional undertakes a quality assurance audit of the home and provides an objective report for the registered provider/manager.

The registered manager confirmed that 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 to guide and inform staff. 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 and leaflets. Discussion with one staff confirmed that she was knowledgeable about how to receive and deal with complaints.

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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. 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.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with one staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

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.

Areas of good practice

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

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Magee, registered provider/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 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 to RQIA offices for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 19 (2)(b) **Stated:** First time **To be completed by:** 30 August 2017	The registered person shall ensure that records required by legislation are held in the home and are available for inspection at all times. Ref: 6.4
	Response by registered person detailing the actions taken: All records are held and staff are aware and know where to get them.
Area for improvement 2 **Ref:** Regulation 27(2)(t) **Stated:** First time **To be completed by:** 30 August 2017	The registered person shall undertake an infection and control audit of the hygiene facilities for residents. Ref: 6.4
	Response by registered person detailing the actions taken: Audit now done.
Area for improvement 3 **Ref:** Regulation 19 (1)(a) **Stated:** First time **To be completed by:** 30 August 2017	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. Ref: 6.5
	Response by registered person detailing the actions taken: All care records now in order for residents.

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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews