

# Unannounced Care Inspection Report 12 January 2017



## Carn-vaddy

**Type of service: Residential care home**  
**Address: 15 Doctors Road, Ballymena, BT42 4HL**  
**Tel No: 0282563 2678**  
**Inspector: Ruth Greer**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Carn Vaddy took place on 12 January 2017 from 9 50 to 12 50.

The inspection sought to assess progress with any issues raised 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.

It should be noted that Carn vaddy is the personal residence of the registered provider Mrs Margaret Magee. Care in the home is provided by Mrs Magee and her husband. The home is registered to provide accommodation for three persons. This report should be read in conjunction with the specific circumstances of Carn Vaddy in that the registered providers also reside in the premises. On the day of the inspection there was one permanent resident and one resident who was temporarily in the home for a period of respite care.

### **Is care safe?**

There were examples of good practice found throughout the inspection in relation to, adult safeguarding awareness, risk management and the home's environment.

One requirement was made in regard to the frequency of fire training.

### **Is care effective?**

There were examples good practice found throughout the inspection in relation to communication between residents, the registered manager/provider and other stakeholders.

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

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

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Margaret Magee, registered manager/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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 July 2016

### 2.0 Service details

<b>Registered organisation/registered person:</b> Margaret Magee	<b>Registered manager:</b> Margaret Magee
<b>Person in charge of the home at the time of inspection:</b> Margaret Magee	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment RC-A - Past or present alcohol dependence	<b>Number of registered places:</b> 3

### 3.0 Methods/processes

Prior to inspection the following records were analysed:- the previous inspection report and notifications of accidents/incidents since that date.

During the inspection the inspector met with two residents. Apart from Mr and Mrs Magee there were no other staff on duty. There were no visiting professionals and no residents' visitors present.

The following records were examined during the inspection -:

- Sample of competency and capability assessments
- Staff training schedule/records
- Two residents' care files

- The home’s Statement of Purpose and Residents’ Guide
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Fire safety risk assessment
- Fire drill records
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector at this inspection.

**4.2 Review of requirements and recommendations from the last care inspection**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2016</p>	<p>The registered provider must ensure that a competency and capability assessment is undertaken for any person who undertakes the management of the home in her absence.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that a competency assessment had been undertaken for the staff member who at times is left in charge of the home.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 13 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider must ensure that there are policies in place and meet the minimum requirements in line with standard 21, appendix 2 of Residential Care Standards.2011</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A random selection of policies was examined and found to have been reviewed and updated.</p>	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 30 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2016</p>	<p>The registered provider must ensure that RQIA is notified of any accident/incident which affects the wellbeing of any resident in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the home had notified the RQIA of accidents/incidents since the previous inspection.</p>	<b>Met</b>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 17 Standard 20.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2016</p>	<p>The registered provider should undertake an annual review of the home and collate the findings into a report which should be made available to residents and their families.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that Mrs Magee had prepared an overview report of the past year.</p>	<b>Met</b>

#### 4.3 Is care safe?

The registered manager confirmed that the staffing arrangements were provided by herself and her husband. One member of staff is also employed on an "as and when basis" but does not undertake regular hours of duty in the home.

A schedule for mandatory training was maintained and was available for inspection.

The registered manager and her husband are the main carers in Carn Vaddy. However there is one person who is retained as an "as and when" required member of staff. The registered manager confirmed that a competency and capability assessment was undertaken for this additional staff member who is, at times, given the responsibility of being in charge of the home for periods in the absence of the manager; a record of the competency and capability assessment was retained and was available for inspection.

The adult safeguarding policies and procedures in place were 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 she was the nominated safeguarding champion for the home and that she understood the responsibilities of that role as set out in the Adult Safeguarding Prevention in Partnership document, 2015. A copy of the document was available in the home. A review of staff training records confirmed that mandatory adult safeguarding training was provided for Mr and Mrs Magee and the part time staff member.

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 the day of the inspection none were observed.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. The policy referenced DHPSS document “Infection Control in Care Homes” Staff training records confirmed that 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 and alcohol hand gels 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 home’s 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 environment identified that the home was 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.

The home had an up to date fire risk assessment in place dated 30 March 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that fire safety training had not taken place twice annually.

Fire drills/training was last completed in March 2016. A requirement is made that fire safety training takes place every six months in line with regulation 27 (4) (f) and standard 29.4. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems escape were checked weekly and were regularly maintained.

Comments received from two residents were as follows:

- “I came here from hospital they are looking after me well but I want to go home when I get my strength back”
- “I’ve been here from the beginning and I can’t imagine living anywhere else. I just do my own thing”

### Areas for improvement

One area for improvement was identified during the inspection. This was in relation to the frequency of fire training

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home 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. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. There was evidence that the home is facilitating an ongoing investigation by the safeguarding team from the trust. This is in relation to an incident involving a resident before admission to Carn Vaddy. Systems included pre-admission information and multi-professional team reviews. The registered manager confirmed that when the part time staff member came on duty that she received a thorough up to date report of the residents’ care since her last shift on duty. This is important given that there may be several weeks in between each duty shift.

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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

**4.5 Is care compassionate?**

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with residents confirmed that residents’ spiritual and cultural needs, were met within the home.

The registered manager confirmed that consent was sought in relation to care and treatment for residents. The registered manager confirmed her awareness of promoting residents’ rights and independence and dignity. For example one resident is in the home for a temporary period and the registered manager confirmed that she is working with the social worker to rehabilitate the resident and enable her to return to her own home.

Discussion with the permanent resident confirmed that she attended day care and various evening activities organised by community and church groups.

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

Comments received from residents were as follows:

- “I enjoy day care but I love the days I’m here in my room. I like to read and watch television”

- “I like going shopping with Margaret” ( registered provider)
- “My visitors can come any time”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

#### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. Due to the special circumstances highlighted previously in this report, governance mainly is provided by the commissioning trust(s) in the form of care reviews. The care review for the permanent resident had taken place on 16 January 2017.

The health and social care 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.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There had been no complaints recorded since the previous inspection.

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. There had been no accidents /incidents recorded since the last inspection.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

The registered manager/provider had compiled an annual review report dated August 2016 and confirmed that this was available for the resident to read.

Comments received from residents were as follows:

“This has been my home now for a long time and it’s good to know Margaret is always there if I want something”

“They are helping me to get back to my own home and I appreciate that”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Magee, registered manager/provider as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP RQIA's office for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 27  
(4)(f)

**Stated:** First  
time

**To be completed by:**  
31 January 2017

The registered provider must ensure that fire training is undertaken at least twice annually in line with legislative requirements.

#### **Response by registered provider detailing the actions taken:**

Fire Training has been done.



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](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews