

Unannounced Care Inspection Report 12 and 19 August 2019



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 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(s): 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: 3

4.0 Inspection summary

An unannounced care inspection took place on 12 August 2019 from 10.15 hours to 12.30 hours.

This inspection was undertaken by the care inspector supported by the finance inspector who conducted an unannounced inspection on 19 August 2019 from 10.15 hours to 11.15 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of the last finance inspection have also been reviewed and validated as required.

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, relationships in the home and retaining details of residents' financial arrangements within their files.

Areas requiring improvement were identified in relation to review of fire precautions and care records. One area for improvement identified at the last finance inspection in relation to updating records of residents' property has been stated for a second time.

Residents described living in the home as being a good experience and did not raise any concerns or issues with the inspector.

Comments received from residents during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*5

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Magee, 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 inspection dated 17 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 17 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous finance and care inspections, registration information, and any other written or verbal information received, for example serious adverse incidents.

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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. One resident responded and reported they were very unsatisfied that the care in the home is safe, effective and compassionate and that the service was well led. No specific comments were made.

During the inspection a sample of records was examined which included:

- NISCC application for one member of staff
- accident and incidents records August 2018 – August 2019
- visitors book
- fire safety records
- care records of three residents
- annual care reviews for two residents
- employers liability insurance certificate
- RQIA registration certificate
- a sample of audits June – July 2019
- annual quality review report for 2018 dated May 2019
- two residents' finance files including copies of written agreements and details of their financial arrangements
- a sample of records of residents' personal property

Areas for improvements identified at the last care inspection were reviewed and 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 20 (1) (a) Stated: First time	The registered person shall ensure that any member of staff employed in the home with caring duties is registered accordingly with the appropriate professional regulator.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of correspondence from NISCC confirmed that this had been addressed.	

Area for improvement 2 Ref: Regulation 15 (2) (b) Stated: First time	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.	Met
	Action taken as confirmed during the inspection: The manager provided written evidence that this had been completed on 17 October 2018; this was not retained in care records, however this was rectified on the day of inspection.	
Area for improvement 3 Ref: Regulation 30 (1) (d) Stated: First time	The registered person shall notify RQIA without delay any event in the home that affects the well-being of resident(s).	Met
	Action taken as confirmed during the inspection: Review of accident and incident records confirmed that relevant events were notified to RQIA.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 3.4 Stated: First time	The registered person shall liaise with the identified resident's named worker to ensure the home is registered to meet the assessed needs within the home's registered categories of care.	Met
	Action taken as confirmed during the inspection: Review of the resident's care records including the most recent annual care review confirmed this had been addressed.	

Areas for improvement identified at the last finance inspection have been reviewed. Of the three areas for improvement, two were met and one was assessed as not met and has been stated for a second time.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

This is a small family run residential home where the registered provider/manager lives with their family and three residents. There was a very relaxed and homely atmosphere during the inspection.

No concerns regarding staffing levels were raised by residents during the inspection. Staffing levels appeared adequate to meet the needs of the residents. No new staff had been recruited in the home since the last care inspection.

The home was clean and appropriately heated. Resident's bedrooms were clean, tidy and well-furnished. Residents told us:

- "I'm happy here. Everyone is nice to me."
- "Yes, I like it (the home)."

Review of accident, incident and care records confirmed that there have been no incidents, including falls or adult safeguarding issues, since the last inspection. No restricted practices are used in the home.

We reviewed fire safety checks. Fire drills were completed twice a year. Fire checks regarding means of escape and emergency lighting were reviewed monthly; however these had not been reviewed since May 2019. This was highlighted to the manager and an area of improvement made.

The annual fire risk assessment was completed in June 2019; however the two identified issues had not been addressed. This was discussed with the manager, who confirmed with the inspector that this had been addressed within two days of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the homely environment.

Areas for improvement

One area for improvement was identified in relation to review of fire precautions.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We observed care being delivered in a friendly, kind and polite manner. Residents were very at ease in their surroundings and in their interactions with staff. Residents told us:

- “Margaret keeps my room clean. The food is grand. Aye, you get seconds if you want.”
- “Food’s lovely...I get on with the others (residents). I see them at mealtime, that’s how I like it. I like to sit in my room and watch what I want on television.”

When we spoke to the manager, it was clear that they had a very strong knowledge and understanding of resident’s individual needs, preferences and personalities. They were able to provide examples of how care is tailored to each resident.

Annual care reviews had been completed with residents, and feedback from residents and the professionals involved in their care was positive. All agreed that the home was currently able to meet resident’s needs. One resident had requested additional choice at mealtimes and this was being reviewed with the manager.

We reviewed 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. We did note that progress notes had not been updated in August 2019. Two of the three care records did not include a photograph of the resident. Care plans in relation to supporting resident’s mental health lacked specific detail. Care plans had not been signed by the resident and/or relative. Four areas of improvement were made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person centred care planning and delivery.

Areas for improvement

Four areas for improvement were identified within this domain during the inspection. These were in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 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.

Residents maintained their own daily routines; two residents were enjoying a lie in when we arrived to the home. One resident had just finished breakfast before getting themselves washed and dressed.

Residents were encouraged and prompted to attend to personal care, to maintain their independence and skills of daily living.

We saw evidence that residents were supported and enabled to engage in the social, leisure and spiritual activities of their choice. Care plans included residents' preferences and needs and reflected what we saw on the day of inspection. Residents enjoyed privacy in their own bedrooms. One resident had asked to go into town on the day of inspection, and this was facilitated by a member of staff. Residents told us:

- "I like watching television. I love cowboy films!"
- "I used to go for a walk, but the road is dangerous and I don't like all the wasps (this time of year). I got to church every Sunday; the bus comes and gets me and leaves me home."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Discussion with the manager and review of records confirmed that the home was operating within their registered categories of care. RQIA registration certificate and employers liability insurance were displayed in the home.

The home had not received any complaints. Residents told us that management were approachable and effective:

- "You can ask Margaret for anything. If you ask, you usually get."
- "I'd have no bother going to Margaret. Margaret helps me."

A range of monthly audits were completed to monitor the quality of care provided in the home, for instance infection prevention and control audits. Feedback from residents was sought on a monthly basis, such as the monthly food audit. Improvements made as a result of this was the addition of chicken curry to the menu. We did note that audits were not always fully dated, and we asked the manager to ensure this was addressed to improve governance systems in the home.

We reviewed the annual quality review report for 2018. Feedback was positive and the report included detail on the social activities provided in the home. Staff also continue to provide all transport for residents.

Management of service users monies

A finance inspection was conducted on 19 August 2019. A review of a sample of residents' records was taken to validate compliance with the areas for improvement identified from the last finance inspection, these included copies of residents' written agreements, records of residents' financial arrangements and records of residents' personal property.

A review of a sample of property records for one resident evidenced that since the last finance inspection the records had not been updated with items belonging to the resident. There was also no evidence that the records had been reconciled at least quarterly. This was identified as an area for improvement at the last finance inspection and has been stated for the second time within the QIP of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements, the maintenance of good relationships in the home and retaining details of residents' financial arrangements within their files.

Areas for improvement

No areas for improvement were identified within this domain 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, 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 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	
Area for improvement 1 Ref: Regulation 27. – (4) (d) (v) Stated: First time To be completed by: with immediate affect	The registered person shall make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals. Ref: 6.4
	Response by registered person detailing the actions taken: All fire precautions reviewed
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 8.7 Stated: Second time To be completed by: 16 September 2019	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. Ref: 6.6
	Response by registered person detailing the actions taken: Records now updated
Area for improvement 2 Ref: Standard 8.2 Stated: First time To be completed by: with immediate affect	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. Ref: 6.5
	Response by registered person detailing the actions taken: Now written up weekly
Area for improvement 3 Ref: Standard 8.6 Stated: First time To be completed by: 12 October 2019	The registered person shall ensure the resident's records contain a recent photograph of the resident. Ref: 6.5
	Response by registered person detailing the actions taken: Photographs now in care plan

Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: 12 October 2019	<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>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Residents under mental health, no special needs, no behavioural problems. Noted for future reference</p>
Area for improvement 5 Ref: Standard 6.3 Stated: First time To be completed by: 12 October 2019	<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>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All care plans now signed</p>

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



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