



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Carn-vaddy (1348)
Date of Inspection: 23 September 2014
Inspector's Name: Ruth Greer
Inspection No: 17761

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Home:	Carn-vaddy
Address:	15 Doctors Road Ballymena BT42 4H
Telephone Number:	028 2563 2678
E mail Address:	tom.magee@btinternet.com
Registered Organisation/ Registered Provider:	Mrs Margaret Magee
Registered Manager:	Mrs Margaret Magee
Person in Charge of the home at the time of Inspection:	Mrs Magee
Categories of Care:	RC-I ,RC-LD ,RC-LD(E)
Number of Registered Places:	3
Number of Residents Accommodated on Day of Inspection:	3 – 1 permanent and 2 for respite care
Scale of Charges (per week):	Trust rates
Date and type of previous inspection:	27 March 2014 Secondary unannounced inspection
Date and time of inspection:	23 September 2014 09:50 - 13:30
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider/manager
- Examination of records
- Observation of care delivery and care practice
- Consultation with residents individually
- Inspection of the premises

- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	2
Staff	0
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	2	1

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Carn Vaddy Residential Care home is situated rurally on the outskirts of Ballymena. The residential home is owned and operated by Mrs Margaret Magee. The premises is also the residence of Mrs Magee and her husband. Mrs Magee is the registered manager.

The home is a domestic bungalow and three bedrooms are registered for residents.

There is a lounge designated for residents. Meals are eaten in the kitchen of the home along with Mr and Mrs Magee.

The home is registered to provide care for a maximum of three persons under the following categories of care:

Residential care

I	Old age not falling into any other category
LD	Learning Disability
LD(E)	Learning Disability – over 65 years

8.0 Summary of Inspection

This primary announced care inspection of Carn-vaddy was undertaken by Ruth Greer on 23 September 2014 between the hours of 10:00 and 13:30. Mrs Magee was available during the inspection and for verbal feedback at the conclusion of the inspection.

It should be noted Carn-vaddy is Mr and Mrs Magee's personal home. Care is provided by Mr and Mrs Magee, in the main, although two staff are employed on a part time basis as and when required. These special circumstances mean that some elements within the Residential Care Standards cannot be applied. However there is a requirement that all other criteria within the legislation/standards are met by the home as would be by larger stand alone residential care homes.

Three recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these have been addressed satisfactorily.

Prior to the inspection, Mrs Magee completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Magee in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, Mr and Mrs Magee, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. However, the policy is dated 2010 and requires review. Through the inspector's observations, a review of documentation and discussions with residents, confirmation was obtained that restraint is not used in the home. Residents' care records outlined their usual routine, behaviours, means of communication. Mrs Magee was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. Neither Mrs Magee nor her staff have had training in the management of challenging behaviour. A recommendation has been made in this regard.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Carn-vaddy was substantially compliant with this standard.

Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with two respite residents confirmation was obtained that the programme of activities was based on the assessed needs of the resident(s). There is just one permanent resident in Carn-vaddy. The activities provided are those associated with "ordinary domestic life". The resident goes to day care, shopping and attends church. Activities within the home include watching television, word search and baking. Two residents who were in the home for respite confirmed that they enjoy walks and the outdoors. One resident was being discharged later on the day of the inspection and one was going out with family. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed an activity coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate/Comprehensive records were maintained. The evidence gathered through the inspection process concluded that name of home is add compliance with this standard.

Resident, representatives, staff and visiting professional's consultation

During the course of the inspection the inspector met with residents, representatives, staff and visiting professionals. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Two requirements and four recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager/registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 27 March 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 12.1	Mrs Magee should obtain a copy of the Nutritional Guidelines and cross reference the information to ensure that the food provided for residents is in keeping with the recommended guidelines.	A copy of the Nutritional Guidelines was available on the day of the inspection.	Compliant
2	Standard 12.4	The daily menu should be on view for residents / visitors and should accurately reflect the food planned for that day.	The daily menu was on view in the kitchen.	Compliant
3	Standard 12.11	The record of food provided should be sufficiently detailed to allow any person inspecting it to assess if this is satisfactory for each individual resident.	The record of food provided was examined and has been developed to include the recommendation made.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
All staff understands each residents behaviour, and can communicate with each resident.	Substantially compliant
Inspection Findings:	
<p>The home had a policy on dealing with challenging behaviour in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint. The policy and procedure was dated 2010 and included the need for Trust involvement in managing behaviours which challenge. The policy requires review to include current guidance.</p> <p>A review of staff training records identified that all neither Mr and Mrs Magee nor either of the two part time staff had had training in behaviours which challenge. A recommendation has been made in this regard.</p> <p>A review of all residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs.</p> <p>Mrs Magee demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication.</p>	Substantially compliant

<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
All staff know to report any changes in behaviour to manager who will speak to named worker	Compliant
Inspection Findings:	
<p>The policy on responding to residents' behaviour included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff 	Compliant
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
This is in residents care plan and residents representative informed also behaviour team if applicable.	Substantially compliant
Inspection Findings:	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate and the registered manager.</p>	Substantially compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment This is in the residents care plan.	Compliant
Inspection Findings: The registered manager/whoever informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment Staff are trained by behaviour team involved.	Compliant
Inspection Findings: Mrs Magee confirmed that there have been no residents who have required a specific behavioural plan but should this be the case she would source and provide relevant training from the community behavioural management team.	Not applicable
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment All incidents will be reported.	Substantially compliant

Inspection Findings:	
A review of the accident and incident records from the date of the previous inspection and discussions with staff identified that no incidents had occurred outside of the scope of a resident’s care plan. One accident had occurred to a resident and records showed that this had been dealt with and reported as required.	Compliant
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Restraint has never been used records will be kept.	Moving towards compliance
Inspection Findings:	
Discussions with staff, visitors, professionals, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. A review of records, discussions with Mrs Magee and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Residents needs and interests are taken into account when programme of activities is made out.	Substantially compliant
Inspection Findings:	
The home did not have a policy on the provision of activities. A requirement has been made accordingly in the quality improvement plan appended to this report. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. The only permanent resident in the home was attending day care. The other two (respite) residents confirmed that they were satisfied with the activities provided.	Substantially compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
This is done.	Substantially compliant

Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are not organised for residents as a group. The home is registered for three residents two of whom often change for persons requiring a short term placement. The permanent resident attends day care two days each week. Her/his time in the home includes shopping, knitting, and watching television.</p> <p>The permanent resident attends her/his own church</p>	Substantially compliant
Criterion Assessed:	
<p>13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>All residents are given the opportunity to be involved in activities.</p>	Compliant
Inspection Findings:	
<p>Mrs Magee stated that at times the permanent resident enjoys board games and baking. Any other resident in the home at the time is invited to participate.</p>	Substantially compliant
Criterion Assessed:	
<p>13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Activities are displayed in kitchen.</p>	Compliant

Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the kitchen. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed they did not wish to participate as one stated, "I'd just rather go out for a walk". Another comment was "I'm going out with family".</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
Provider's Self-Assessment	
Staff support all residents in activities.	Compliant
Inspection Findings:	
<p>Activities are provided in line with the needs of (in the main) the permanent resident. These include those most associated with life in a domestic home. For example, "X enjoyed shopping in Ballymena today". "X and Y (care staff) finished a jigsaw today".</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	
Provider's Self-Assessment	
Activities are recorded and duration of each activity is according to residents ability.	Compliant
Inspection Findings:	
Mrs Magee demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment All activities are done by staff.	Compliant
Inspection Findings: Mrs Magee confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not applicable
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment Done by staff.	Compliant
Inspection Findings: Mrs Magee confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not applicable
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment Record is kept of activity residents do residents who participated how long it lasted and staff member involved.	Compliant

Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Programme reviewed twice yearly.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it is reviewed on a daily basis in line with the wishes of the resident(s) in the home.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with two temporary residents individually. Both residents were relaxing in their bedrooms. In accordance with their capabilities both residents indicated/expressed that they were happy and content with their life in the home. One resident was being discharged later that day and one in a few days time. Both stated they were satisfied with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I just like to keep myself to myself but I have been well looked after here"
- "Mrs Magee is kind and is good to us"

11.2 Relatives/representative consultation

There were no relatives in the home on the day of the inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with Mr and Mrs Magee both of whom were providing care on the day. A review of one completed questionnaire from a part time staff member confirmed that she is provided with the relevant resources to undertake their duties.

A review of the training records identified that staff had not had training in respect of managing challenging behaviour and a recommendation has been made in this regard.

11.4 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Both Mr and Mrs Magee were observed to be interacting appropriately with residents. Interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.5 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that the permanent resident in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

Mrs Magee confirmed that lessons learnt from investigations were acted upon.

A review of the complaints record identified that one complaint which had been addressed by Mrs Magee did not record the complainants satisfaction (or otherwise). A recommendation has been made in the quality improvement plan.

11.8 Environment

The inspector viewed the home Mrs Magee and inspected all three residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and that of the permanent resident was and personalised. Décor and furnishings were found to be satisfactory. It was noted that two internal doors were wedged open. This is in breach of NIFRS guidance and a requirement has been made in the quality improvement plan.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated February 2013. This assessment is required to be undertaken on an annual basis and a requirement has been made in the quality improvement plan.

A review of the fire safety records evidenced that fire training, had been provided to staff on 10 May 2014. The records also identified that an evacuation had been undertaken on the same date and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed apart from that highlighted in 11.8 above.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Margaret Magee. Margaret Magee confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Magee, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Primary Announced Care Inspection
Carn-vaddy
23 September 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Magee either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation Reference 11.8	Fire doors should not be wedged open.	One	<i>noted. doors are only wedged open when rooms are being cleaned.</i>	Immediate and on going.
2	Regulation Reference 11.10	The home's fire risk assessment should be renewed annually.	One	<i>fire risk assessment due January 2015.</i>	On or before 30 November 2014.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 10.1	The policy on challenging Behaviour should be updated in line with standard 21.5 (policies should be systematically reviewed and update at least every three years).	One	Policy updated October 2014.	On or before 30 October 2014.
2	Standard 10.1	Training on Challenging Behaviours should be provided for the registered manage and any person working in the home.	One	Training is being arranged.	On or before 30 November 2014.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3	Standard 13.1	The home should devise a policy on the provision of activities.	One	policy of activities now in place.	On or before 30 November 2014.
4	Reference 11.7	The record of complaints should include the complainant's satisfaction with the outcome.	One	complainant's said she was satisfied with the outcome of complaint. Resident was moved. he was temporary	Immediate and on-going.

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: see opposite

NAME: _____
 Registered Provider

DATE _____

SIGNED: M Mogee

NAME: MARGARET MAGEE
 Registered Manager + Registered Provider

DATE 22/10/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Paul Greer	21/11/14
Further information requested from provider			