

Inspection Report

2 May 2024



Barnvale Cottage

Type of Service: Residential Care Home

**Address: 82b Mill Hill,
Castlewellan, BT31 9NB
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Greenvale House Responsible Individual: Mrs Margaret Foster	Registered Manager: Mrs Barbara Frances Foster Date registered: 18 June 2013
Person in charge at the time of inspection: Miss Mary Hardy, Person in Charge	Number of registered places: 7 The home is also approved to provide care on a daily basis only to 2 persons for 5 days each week (Mon-Fri 9am-4pm) ensuring there is no more than 7 persons in the home at any one time.
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 6
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to seven people who have a learning disability. Residents' bedrooms are located over two floors and residents have access to communal lounges, kitchen and dining areas. Residents also have access to extensive garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 2 May 2024 at 9:35 am to 4:20 pm by a care inspector.

The inspection was undertaken 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 care delivery and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships.

Areas for improvement have been identified in relation to staff recruitment, staff competency and capability assessments, care records, risk assessment, audits and staff meetings. Two areas for improvement have been stated for a second time and five areas for improvement regarding finance are carried forward for review at the next inspection.

The home was found to be clean, tidy, comfortably warm and free from malodour.

The person in charge advised that staffing levels were reviewed regularly in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

Comments received from residents and staff are included in the main body of this report.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Miss Mary Hardy, Person in Charge, at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Barnvale Cottage.

Staff told us that the manager was approachable and they felt well supported in their role. They said they could speak freely to the manager if they had any concerns and would be confident that anything raised would be sorted out promptly. Staff said that they enjoyed working in the home caring for the residents and knew them well. They confirmed that there was enough time to complete daily tasks and the staff team were reliable and supportive.

Following the inspection no resident, resident representative or staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The most recent inspection was undertaken by a care inspector on 22 May 2023 and a finance inspector on 24 May 2023.

Areas for improvement from the last inspection on 22 & 24 May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Stated: First time	The registered person shall ensure that a daily record is maintained of all visitors to the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Regulation 14 (4) Stated: First time	<p>The registered person shall ensure that the Health and Social Care Trust is contacted to request a review of the arrangements for retaining and managing the bank card, for the resident identified during the inspection.</p> <p>The outcome of the review should be forwarded to RQIA once available</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		
Area for improvement 1 Ref: Standard 19.2 Stated: First time	<p>The registered person shall ensure that pre-employment recruitment checks include a review of the person’s NISCC registration status.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 2 Ref: Standard 8.6 Stated: First time	<p>The registered person shall ensure that residents’ care records contain an up to date photograph of the resident.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met.</p> <p>This area for improvement is stated for a second time.</p> <p>Refer to section 5.2.2 for details.</p>	
Area for improvement 3 Ref: Standard 8.2 Stated: First time	<p>The registered person shall ensure that residents’ bowel management is recorded contemporaneously.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

Area for improvement 4 Ref: Standard 6 Stated: First time	The registered person shall ensure that when a restrictive practice, such as bedrails, are implemented, the appropriate consents are obtained and the practice is care planned.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This area for improvement is stated for a second time. Refer to section 5.2.2 for details.	
Area for improvement 5 Ref: Standard 15.5 Stated: First time	The registered person shall ensure that a system is implemented to record items held in the safe place on behalf of residents. The records should show when the items are removed and returned to the safe place.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Standard 4.6 Stated: First time	The registered person shall ensure that residents' written agreements are updated to show the current weekly fee paid by, or on behalf of, residents.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 7 Ref: Standard 15.7 Stated: First time	The registered person shall ensure that receipts are provided to the person depositing monies on behalf of a resident. The person depositing the monies should sign the record along with a member of staff.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 8 Ref: Standard 8.7 Stated: First time	<p>The registered person shall ensure that the residents' inventory of personal possessions is kept up to date with additional items brought into the residents' rooms or when items are disposed of.</p> <p>A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, evidence was unavailable to view to show that gaps in the employment record had been explored and explanations recorded during the recruitment process for the member of staff. This was discussed with the person in charge and an area for improvement was identified.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including dysphagia awareness, dementia awareness, first aid, moving and handling, adult safeguarding, infection prevention and control (IPC), food hygiene, control of substances hazardous to health (COSHH) and fire safety. Further training had been undertaken in falls prevention and learning disability and autism.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). Records showed that staff had completed training in Deprivation of Liberty Safeguards (DoLS) level 2.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Barbara Frances Foster, Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice.

Records requested regarding competency and capability assessments for staff left in charge of the home when the manager was not on duty, were unavailable to view. This was discussed with the person in charge and an area for improvement was identified.

Correspondence received by RQIA on 6 May 2024 confirmed that staff had completed the necessary assessments to enable them to take charge of the home in the manager's absence.

The person in charge advised that supervision is ongoing and that arrangements are in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. The person in charge told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said they were happy in the home and felt well looked after. Interaction between staff and residents was respectful and friendly.

5.2.2 Care Delivery and Record Keeping

Staff received a handover at the beginning of each shift to discuss any changes in the needs of the residents. The staff member on duty was knowledgeable of residents' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed, such as appointments.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. However, not all care records had a photograph of the resident on file or an up to date photograph to show the resident's true likeness. This was discussed with the person in charge and an area for improvement was identified for a second time.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bedrails. It was established that, whilst bedrail risk assessments had been completed and reviewed monthly to ensure safe use and the appropriate consents were in place, care planning for the use of bedrails had not been recorded within the care records. This was discussed with the person in charge and an area for improvement was identified for a second time.

Care records regarding nutrition and weight were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. However, for one resident who is recommended to have a modified diet, evidence was unavailable to show that a choking risk assessment had been completed. This was discussed with the person in charge and an area of improvement was identified.

Review of supplementary charts for residents regarding bowel management, personal care and the provision of showers/baths evidenced they were well documented.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

We observed the serving of the lunchtime meal in the dining room. The daily menu was displayed in both written and pictorial form showing residents what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. The staff member on duty ensured that residents were comfortable throughout their meal and demonstrated her knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. Residents spoken with indicated that they had enjoyed lunch.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout. Residents' bedrooms were personalised, suitably furnished and tidy. Communal areas were appropriately furnished and comfortable.

Review of the daily cleaning schedule confirmed that tasks had been documented and signed by staff on completion. Equipment used by residents such as shower chairs were seen to be clean and well maintained.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

On arrival to the home, staff were observed assisting residents who attend day care to get ready for their day.

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The monthly programme of activities was displayed on the notice board advising residents of forthcoming events. Residents' needs were met through a range of individual and group activities such as name that tune, sing alongs, armchair exercises, arts and crafts. Staff said that residents enjoyed a recent scenic bus run to the harbour and the beach and they also enjoy growing their own vegetables.

Review of residents' activity records evidenced that a record is kept of the activities that take place, the names of the persons leading each activity and the residents who take part. Care records showed that staff discuss and observe residents' preferences for involvement in activity and their individual choices of preferred activities. Comments recorded showed that residents enjoyed the activities they attended.

Records reviewed evidenced that resident meetings were held on a regular basis. Minutes of these meetings were available.

Residents' relative/representative views and opinions about the quality of services and facilities at Barnvale Cottage were sought in April 2024. The manager is currently awaiting questionnaire returns.

Visiting arrangements were in place and residents could go out with relatives if they wished. Staff reported positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Discussion with the person in charge and observations confirmed that the home was operating within the categories of care registered.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

Discussion with the person in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding complaints, care records, and infection prevention and control (IPC). It was noted that a hand washing audit was not in place. This was discussed with the person in charge and an area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Review of records evidenced that staff meetings were held on a regular basis. Minutes of these meetings were available. However, whilst the date and time of all meetings was recorded, a record of the names of those attending was unavailable to view. This was discussed with the person in charge and an area for improvement was identified.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. There were no recent or ongoing complaints relating to the home.

Staff commented positively about the manager and described her as supportive, approachable and responsive to any issues that were brought to her attention.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	1*	11*

* the total number of areas for improvement includes two that have been stated for a second time and five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Mary Hardy, Person in Charge and Ms Lorna Malone, Administrator, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time To be completed by: 30 June 2023	The registered person shall ensure that the Health and Social Care Trust is contacted to request a review of the arrangements for retaining and managing the bank card, for the resident identified during the inspection. The outcome of the review should be forwarded to RQIA once available Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 8.6 Stated: Second time To be completed by: 22 June 2023	The registered person shall ensure that residents' care records contain an up to date photograph of the resident. Ref: 5.1 & 5.2.2
	Response by registered person detailing the actions taken: All care records have up to date photos of the resident.
Area for improvement 2 Ref: Standard 6 Stated: Second time To be completed by: Immediate action required	The registered person shall ensure that when a restrictive practice, such as bedrails, are implemented, the appropriate consents are obtained and the practice is care planned. Ref: 5.1 & 5.2.2
	Response by registered person detailing the actions taken: Consent for bedrail and care plan has been updated.
Area for improvement 3 Ref: Standard 15.5 Stated: First time To be completed by: From the date of inspection (24 May 2023)	The registered person shall ensure that a system is implemented to record items held in the safe place on behalf of residents. The records should show when the items are removed and returned to the safe place. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Standard 4.6 Stated: First time To be completed by: 31 July 2023	The registered person shall ensure that residents' written agreements are updated to show the current weekly fee paid by, or on behalf of, residents. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 5</p> <p>Ref: Standard 15.7</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (24 May 2023)</p>	<p>The registered person shall ensure that receipts are provided to the person depositing monies on behalf of a resident. The person depositing the monies should sign the record along with a member of staff.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>The registered person shall ensure that the residents' inventory of personal possessions is kept up to date with additional items brought into the residents' rooms or when items are disposed of.</p> <p>A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (2 May 2024)</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with statutory employment legislation. This relates specifically that any gaps in employment records are explored and explanations recorded.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff recruited are asked about any gaps in employment and record kept of same.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (2 May 2024)</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities and that records kept are made available on request by RQIA representatives.</p> <p>This relates specifically to staff competency and capability assessments.</p> <p>Ref: 5.2.1</p>

	<p>Response by registered person detailing the actions taken:</p> <p>Competency and capability records will be within staff files and therefore will be available on request.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (2 May 2024)</p>	<p>The registered person shall ensure that where required, choking risk assessments are completed. Care plans will be reviewed in line with the outcomes of a choking risk assessments.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Choking risk assessments are being completed for those patients who are at risk.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (2 May 2024)</p>	<p>The registered person shall ensure that a robust hand washing audit tool is developed to comply with infection prevention and control policies, procedures and best practice guidance.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Hand wash audit tool has been developed and will be available for review at next inspection.</p>
<p>Area for improvement 11</p> <p>Stated: First time</p> <p>Ref: Standard 25.8</p> <p>To be completed by: From the date of inspection (2 May 2024)</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at least at a minimum quarterly.</p> <p>Records are kept which include:</p> <ul style="list-style-type: none"> • The date of all meetings; • The names of those attending; • Minutes of discussions; and • Any actions agreed. <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff meeting took place and will continue on a regular basis</p>

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



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