

Unannounced Care Inspection Report 5 September 2017



Barnvale Cottage

Type of Service: Residential Care Home
Address: 82b Mill Hill, Castlewellan, BT31 9NB
Tel No: 028 4377 1378
Inspector: Bronagh Duggan

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with seven beds that provides care for residents living with learning disabilities.

3.0 Service details

Organisation/Registered Provider: Greenvale House Responsible Individual(s): Margaret Foster	Registered Manager: Barbara Foster
Person in charge at the time of inspection: Barbara Foster	Date manager registered: 18 June 2013
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 7

4.0 Inspection summary

An unannounced care inspection took place on 5 September 2017 from 10:30 to 15:10.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to infection prevention and control, the home's environment, communication between residents, staff and other key stakeholders.

Areas requiring improvement were identified in relation to staff completing training in Control of Substances Hazardous to Health (COSHH) and formally gathering the views of residents on an annual basis.

Residents said "I'm happy here. The staff are kind" and "I am getting on fine, I get on with staff".

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Barbara Foster, registered 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP.

During the inspection the inspector met with two residents, one staff, and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of environment/ infection prevention and control procedures
- Cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met in three areas and not met in one area.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 April 2017

The most recent inspection of the home was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 13 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27. (d) Stated: First time	The registered provider must ensure fire safety checks are completed and maintained on a regular basis and records of all fire drills should be available in the home.	Met
	Action taken as confirmed during the inspection: Inspection of records and discussion with the registered manager confirmed fire safety checks were maintained on an up to date basis and records of fire drills were maintained in the home.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered provider should ensure risk assessments are completed regarding the identified behaviours for two identified residents.	Met
	Action taken as confirmed during the inspection: Information provided confirmed the risk assessments had been completed accordingly.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 2 Ref: Standard 6.3 Stated: First time	The registered provider should ensure the identified care plan is signed by the resident and or representative. If the resident is unable or unwilling to sign this information should be recorded.	Not met
	Action taken as confirmed during the inspection: Review of the identified care plan showed that it had not been signed by the resident or representative. There was no evidence to say if the resident was unwilling to sign. This area for improvement has been stated for a second time in the QIP appended to this report.	
Area for improvement 3 Ref: Standard 16.1 Stated: Second time	The registered provider should ensure the adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.	Met
	Action taken as confirmed during the inspection: The adult safeguarding procedure was reviewed and updated accordingly.	

6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff and review of information in the home evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. The registered manager was advised to ensure supervision and annual appraisal sessions be held separately and not at the same time as some records indicated.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

A recruitment and selection policy and procedure was in place. Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and identified documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager confirmed there had been no recent safeguarding referrals or investigations. Review of accident and incidents notifications, care records and complaints records confirmed this. The registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety. Review of training records showed staff had not completed recent training in Control of Substances Hazardous to Health (COSHH). This issue was discussed with the registered manager and identified as an area for improvement to comply with standards.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

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 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 and external environment identified that the home and grounds were 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a fire risk assessment in place dated 23 June 2016, no recommendations were made. Records available in the home showed the fire risk assessment in place had been reviewed in June 2017 and there had been no changes.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed June 2017 records were retained of staff who participated and any learning outcomes. The registered manager was advised to liaise with a fire safety professional regarding the efficacy of the homes fire drill procedure. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, infection prevention and control and the home's environment.

Areas for improvement

One area for improvement was identified in relation to staff completing training in Control of Substances Hazardous to Health (COSHH).

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed, they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Two of the care records reviewed were observed to be signed by the resident and/or their representative. The signing of one identified care record was identified as an area for improvement during the previous inspection; this has been stated for a second time in the QIP appended to this report. Discussion with staff confirmed that a person centred approach underpinned practice for example residents are encouraged to maintain individual interests such as following particular TV programmes, and musical instruments.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of the environment and infection prevention and control measures were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment for example the menu was available in picture format.

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

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents' meetings, suggestion box, annual reviews etc.

Representatives are consulted with formally, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. It was noted resident's views were not included in the report available. The value of gaining residents views formally was discussed with the registered manager. This was identified as an area for improvement to comply with standards.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example arts and crafts, quizzes, walks around the grounds of the home. Arrangements were in place for residents to maintain links with their friends, families and wider community for example attending local day centres, visiting local shops and going out for lunch.

Residents spoken with during the inspection made the following comments:

- "I'm happy here. The staff are kind, I like going out every week to the shops".
- "I am getting on fine, I get on with staff. Margaret's cooking is unreal, it's out of this world".

One staff member commented:

- "It's like a family here, it is really homely. I am very happy in my work, the manager is very approachable".

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to ensuring the views of residents were formally gathered on an annual basis.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the display in the hallway and information in each bedroom.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Review of complaints records and discussion with the registered manager confirmed there had been no new complaints 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 confirmed that these were effectively documented and reported in accordance with the legislation and procedures.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. For example information was available regarding NISCC Code of Professional Conduct. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example management of self-injurious behaviours.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits and updates.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed

that staff could also access line management to raise concerns and that they will offer support to staff.

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

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Barbara Foster, registered manager/ registered provider, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 5 December 2017	The registered person shall ensure staff complete training in Control of Substances Hazardous to Health (COSHH). Ref: 6.4
	Response by registered person detailing the actions taken: COSHH Training will be provided to all staff by 5th December 2017.
Area for improvement 2 Ref: Standard 1.6 Stated: First time To be completed by: 5 December 2017	The registered person shall ensure the views of residents are gathered formally on an annual basis preferably by an organisation or person independent of the home. Ref: 6.6
	Response by registered person detailing the actions taken: This will be investigated but it is increasingly difficult to get the resident views in a suitable format.
Area for improvement 3 Ref: Standard 6.3 Stated: Second time To be completed by: 5 October 2017	The registered provider should ensure the identified care plan is signed by the resident and or representative. If the resident is unable or unwilling to sign this information should be recorded. Ref: 6.3
	Response by registered person detailing the actions taken: Identified Care Plan is now signed by the Resident in question.

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



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