



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 18 and 24 July 2018



Barnvale Cottage

Type of Service: Residential Care Home

Address: 82b Mill Hill, Castlewellan BT31 9NB

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Inspector: Bronagh Duggan and Catherine Glover

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to seven residents within the categories of care as outlined in section 3.0 of this report.

3.0 Service details

<p>Organisation/Registered Provider: Greenvale House</p> <p>Responsible Individual: Margaret Foster</p>	<p>Registered Manager and date registered: Barbara Frances Foster 18 June 2013</p>
<p>Person in charge at the time of inspection: Barbara Foster</p>	<p>Number of registered places: 7</p> <p>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.</p>
<p>Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years</p>	<p>Total number of residents in the residential care home on the day of this inspection: 7</p>

4.0 Inspection summary

An unannounced care inspection took place on 18 July 2019 from 10.30 hours to 15.15 hours and a medicines management inspection was completed on 24 July 2019 from 10.30 to 12.30.

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

Evidence of good practice was found in relation to staff recruitment, training, care records, regular reviews and the culture and ethos of the home.

In relation to medicines management, evidence of good practice was found in the administration of medicines, medicine records and the storage of medicines.

Areas requiring improvement were identified in relation to the improvement/replacement of an identified carpet and the frequency of staff meetings.

No areas for improvement were identified regarding the management of medicines.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with 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 inspection dated 10 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were completed and returned from residents representatives, all responses indicated that they were very satisfied with the care provided.

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

- staff duty rotas from 11 July 2019 to 24 July 2019
- staff training schedule and training records
- one staff recruitment and induction record
- staff supervision and appraisal schedule
- competency and capability assessment
- three residents' records of care
- complaint records
- minutes of staff meetings
- activities records
- cleaning records
- sample of governance audits/records
- accident/incident records from January 2019 to July 2019
- a sample of reports of visits by the registered provider for April, May and June 2019
- RQIA registration certificate

The following areas/records were reviewed during the medicines management inspection:

- staff training and competency
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- care planning in relation to distressed reactions
- medicines management audits
- storage of medicines

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection

The area of improvement identified at previous care inspection has been reviewed and was met.

There were no areas of improvement from the last medicines management inspection on 3 May 2018 (IN031429).

6.2 Inspection findings

6.3 Is care safe?

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

On arrival we observed the home was comfortably heated and welcoming. All residents appeared well cared for, appropriately dressed, with obvious time and attention afforded to personal care needs. Some residents sat within the lounge watching TV, others were relaxing in their bedrooms or the outside area.

The registered manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. The registered manager gave the example of a residents recent day trip where additional staff were brought in to support residents who stayed at home whilst others went out as was their choice. The staff duty roster reviewed reflected staff on duty over the twenty four hour period.

The registered manager confirmed competency and capability assessments were in place for staff in charge of the home in the manager's absence. A sample of one was viewed and was found to be satisfactory.

Residents spoken with confirmed staff were available to help when needed. Review of the recruitment records for the most recently recruited member of staff showed all relevant information and all relevant pre-employment checks had been completed. Records showed that Access NI disclosures were confirmed prior to any new staff commencing work.

The registered manager explained that all care staff were registered or in the process of being registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and recorded by way of a matrix that was regularly reviewed and updated.

Review of one induction programme showed that the NISCC induction programme/framework was being used within the home, this is good practice. Staff spoken with said they received good support from the manager who was very approachable and through the provision of supervision and annual appraisals.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis.

The registered manager, is the adult safeguarding champion for the home, the adult safeguarding position report for 2018 was completed and available in the home during the inspection. Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records were reviewed, the measures in place to minimise the risk of falls included for example: fall risk assessments, and referral to trust occupational therapist regarding the provision of various aids and appliances to aid mobility as needed.

Care reviews were undertaken at regular intervals. Three care records reviewed contained risk assessments and care plans with recorded measures in place to minimise the risk of falls.

An inspection of the home was undertaken. Resident's bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be comfortably heated, odour free and clean. It was noted the carpet in an identified bedroom was badly stained, this should be improved upon. An area for improvement was identified to comply with the standards.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Review of training records showed staff completed training in infection prevention and control (IPC).

Walkways throughout the home were kept clear, records showed fire safety checks were completed on a weekly basis and staff had completed fire safety training.

Medicines management

Medicines records complied with legislative requirements, professional standards and guidelines. Medicine records were legible and accurately maintained as to ensure that there was a clear audit trail and audits that were completed showed that medicines had been administered as prescribed. Where medicines were prescribed on a 'when required' basis, parameters of use were clearly defined in the patient's records. Systems were in place to manage the ordering of medicines to ensure adequate supplies were available and to prevent wastage.

Medicines were safely and securely stored. Medicine storage areas were clean, tidy and well organised. The registered manager was advised that medicines supplied in blister packs expired within 8 weeks of preparation and agreed to obtain new supplies of those medicines which had expired.

The management of medicines prescribed on a 'when required' basis for the management of distressed reactions was discussed. The registered manager was advised that a care plan should be in place for the management of these medicines and the reason and outcome of administering the medicines should be recorded. It was agreed that this would be implemented immediately following the inspection. As staff were knowledgeable and provided clear details for the management of this medicine, an area for improvement was not stated on this occasion.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and the home's environment.

Areas of good practice were identified in relation to administration of medicines, medicine records and the storage.

Areas for improvement

One area was identified for improvement in relation to the improvement or replacement of the carpet in the identified bedroom.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

There was evidence within three residents' care records reviewed that risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management, nutrition, pressure management and moving and handling. Care plans had been developed which were reflective of the risk assessments. The care plans had also been reviewed regularly or as the residents needs changed.

Records showed residents were weighed regularly, the registered manager advised that the home was involved in a weight monitoring programme with the HSC Trust which helped to identify any significant weight changes and ensure appropriate action was taken as a result to best support residents. Care records reviewed and discussion with staff confirmed that speech and language therapist (SALT) guidance was in place for identified residents. Place mats including SALT guidance were positioned for residents to aid staff awareness for mealtimes. This is good practice. Residents spoken with confirmed they had a good choice of meals at meal times and drinks were observed as being freely available in the home.

Regarding the dining experience we could see that the dining room was warm, clean and bright. There was a menu on display on the wall near the door, the menu rotated on a three weekly basis. A picture menu was also displayed in the kitchen area of the home. We could see that the portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised. The residents said that they enjoyed the food in the home. One resident commented "I like it here, everyone is nice. The food is nice, stew is my favourite."

Review of care records and discussion with the registered manager confirmed resident's risk of pressure related skin damage was assessed on their admission and reviewed regularly. The registered manager advised there was no residents in the home receiving input for pressure care damage but if needed district nursing would be involved.

Keypads were in place to enter the laundry and food store which were located outside and main office of the home. The registered manager advised there were no restrictive practices used within the home that would impact on residents, during the inspection none were observed.

There was good evidence of effective team work, staff confirmed they were kept up to date with any changes. Staff said there was very good team work with few staff changes over the years. Staff demonstrated good knowledge of residents care needs and confirmed that all residents' care needs were being met. Review of staff meeting minutes showed that the last meeting was held in October 2018, the need for more frequent staff meetings was discussed with the registered manager. An area for improvement was identified to comply with the standards.

The registered manager explained referrals were made to other health care professionals when required, for example; speech and language therapists (SALT) and dieticians when necessary. Care reviews were held regularly, the completion of these was monitored accordingly.

The staff member confirmed they were aware of their roles and responsibilities within the team. Staff confirmed that if they had any concerns, they could raise these with the manager. Staff commented that the home's management were: "Very approachable" and "We always get anything that we need."

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to the frequency of staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

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

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with detailed knowledge of residents' choices, likes, dislikes and preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner. Residents spoke openly with us and appeared relaxed and content.

Staff were observed to respond promptly to residents requests for assistance. This was evidenced from observations of staff interactions with residents, responses from residents about the care received and information recorded within care records.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. For example; where they liked to sit each day, how their furniture and memorabilia was displayed within their bedrooms, their choice of clothes to wear each day.

Care records reviewed also outlined residents preferred activities and daily routines; such as chosen times for getting up and going to bed. Staff said that these were flexible and that resident choice was always a priority.

Staff described how they aim to promote residents independence; for example by way of encouragement; being involved in house hold tasks and wash and dress themselves. One resident shared how she liked to participate in household chores and was observed doing so during the inspection.

Activities such as arts, crafts, church representative's visits, and day trips were available for residents. Staff said activities were based on residents' hobbies and interests and they were consulted about their preferences when activities were being planned. A selection of materials and resources were available for use during activity sessions. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. Records of activities provided were retained.

One comment received from a resident's representative stated "My sister is very happy and well cared for at Barnvale. She is well stimulated and I have no worries about her management."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

Staff in the home stated that they got good support from the registered manager who was supportive and approachable. The registered manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

The registered manager advised the assessed needs of residents were met in accordance with the home's statement of purpose, legislation and best practice guidance.

The registered manager remained on duty throughout the inspection. There has been no change in the organisational structure of the home since the previous inspection. Staff we spoke with demonstrated good understanding of their roles and responsibilities.

The home retains a wide range of policies and procedures in place to guide and inform staff which were reviewed and revised by the registered manager.

The registered manager explained that there were arrangements in place to ensure risk assessments were reviewed on a monthly basis. Risk assessments viewed within care records were noted to be current and had been reviewed as explained by the registered manager.

The registered manager explained that audits of care plans, accidents/incidents, complaints, NISCC registration, infection prevention and control and environment were undertaken. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider. Review of reports for April, May and June 2019 confirmed compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 and minimum care standards.

The home had a complaints policy and procedure which reflected information in accordance with legislation and Department of Health and Social Service (DHSS) guidelines. The home's statement of purpose and resident guide, which is given to all residents on admission, contains information on how and to whom they can complain. We looked at the records of complaints since the last inspection, there had been no new complaints.

The registered manager made sure that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Accident and incident records were maintained in the home and were reviewed on a monthly basis. There was a low level of accidents and incidents recorded.

Staff spoken with were aware of the homes whistleblowing procedure and confirmed they would be comfortable in approaching management if they had any concerns.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, 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 Barbara Foster, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 2 August 2019	<p>The registered person shall ensure the identified bedroom carpet is improved upon or replaced</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Carpet is being replaced within the next two weeks. RQIA will be informed once this has been completed.</p>
Area for improvement 2 Ref: Standard 25.8 Stated: First time To be completed by: 18 August 2019	<p>The registered person shall ensure staff meetings are held on a regular basis and at least quarterly.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff meeting has taken place and further meetings will be held at least quarterly.</p>

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



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