

Inspection Report

22 & 24 May 2023



Barnvale Cottage

Type of Service: Residential Care Home

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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: Mrs Barbara Frances Foster	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: 7
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 22 May 2023 from 9.15am to 2.50pm by a care inspector and on 24 May 2023 from 10.00am to 2.00pm by a finance inspector.

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

Residents were well presented in their appearance and told us that they were happy living in the home. Comments received from residents and staff are included in the main body of this report.

The staff member on duty engaged well with residents in a caring and compassionate manner. It was clear through these interactions that they knew one another well and were comfortable in each other's company. There was a good working relationship between staff and management.

Areas for improvement were identified during the care inspection in relation to record keeping, maintaining a record of visitors to the home and with staff registration pre-employment checks.

With regards to finance, five areas for improvement were identified in relation to: the arrangements for retaining a resident's bank card, recording of items held in the safe place, issuing receipts when monies deposited on behalf of residents, updating residents' written agreements and updating residents' personal property records. Details of the areas for improvement can be found in Section 5.2.6 and the Quality Improvement Plan.

RQIA was assured that the delivery of care and service provided in Barnvale Cottage was safe, effective and compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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. In relation to finance a sample of residents' financial files which included records of residents' financial arrangements and residents' personal property were reviewed. Controls surrounding the management of residents' monies and property were also reviewed.

The findings of the inspections were discussed with the manager at the conclusion of the inspections.

4.0 What people told us about the service

During the inspection we consulted with the residents, the manager and the staff member on duty. Residents told us that they were happy living in the home and spoke positively about what they did during the day and the choices offered to them. The staff member told us that they felt well supported by management and enjoyed working in the home and interacting with the residents.

We received no questionnaire responses or any response from the online survey.

5.0 The inspection

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

Areas for improvement from the last inspection on 17 May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (f) Stated: First time	The registered person shall ensure that all persons employed in the home take part in a fire drill and that fire drills are repeated at suitable intervals.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that RQIA are notified of all notifiable incidents which occur in the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 30 Stated: Second time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that the daily menu offers an option of meals for all residents in the home to choose from.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Regular checks were made to ensure that care staff applied to and maintained their registrations with the Northern Ireland Social Care Council (NISCC). However, a NISCC check was not evidenced as part of pre-employment checks. This was discussed with the manager and identified as an area for improvement.

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 such as adult safeguarding, infection prevention and control (IPC), resident moving and handling and fire safety. There was a system in place to ensure staff were compliant with mandatory training requirements.

Staff were further supported through staff supervisions and appraisals. A supervision and appraisal tracker was maintained to ensure that staff received, at minimum, two recorded supervisions and an appraisal on an annual basis.

There was one staff member allocated to work in the home at all times. Each staff member had a person in charge competency and capability completed prior to commencing work. The staff member confirmed that they were happy that residents' needs were met with this staffing level. The staff member also confirmed that the manager lived alongside the home and would be available to provide support and assistance at any time of the day or night if required.

Discussion with residents and observation of working practices identified no concerns in relation to the staffing arrangements. The staff duty rota accurately reflected all of the staff working in the home on a daily basis.

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 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 consulted spoke highly on the care that they received and on their experiences of living in the home. Care was provided promptly in a caring and compassionate manner. Residents were free to leave the home if they wanted to. Doors were not locked and residents could go outside to sit in the garden area or go for a walk.

When we entered the home, a sign in/out book was not available. Records of visitors to the home had not been maintained. This was discussed with the manager and identified as an area for improvement.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care support 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. However, not all care records had a photograph of the resident on file. This was discussed with the manager and identified as an area for improvement.

Care plans focused on the social aspects of the residents' lives and also considered physical needs such as moving and handling, nutritional requirements and continence needs. Significant gaps were identified within two residents' bowel management records. This was discussed with the manager and identified as an area for improvement.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bedrails. It was established that, while bedrail risk assessments had been completed and reviewed monthly to ensure safe use, the appropriate consents or care planning for use had not been evidenced within the care records. This was discussed with the manager and identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was good availability of food and fluids identified during the inspection. Residents had access to the kitchen and, those who could, could make themselves a cup of tea or a snack when they wished. Residents were weighed regularly to monitor for weight loss or weight gain. Nutritional risk assessments were completed monthly.

Residents dined together in the dining room. The menu offered a choice of meal and residents selected their meal choice in the morning time. Alternatives were offered when residents did not like either choice. Food was prepared fresh in the kitchen. Residents assisted with the mealtime by setting tables and pouring drinks for one another. None of the residents required to have fluids thickened to aid in safer swallowing. The food appeared nutritious and appetising and portion sizes were appropriate for the residents to whom the food was served. Staff wore the appropriate personal protective equipment (PPE) when serving meals and only those residents who required wore clothing protectors. The staff member sat with residents when assisting them and provided assistance in a dignified manner.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Residents' bedrooms were personalised with items which were important to them. Bedrooms and communal areas were well decorated and suitably furnished.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Records were maintained of fire drills in the home.

Monthly infection control audits were completed. All rooms in the home were audited. There was good compliance with infection control identified during the inspection. There were good supplies of PPE and hand hygiene. Cleaning records were reviewed as part of the home's internal monthly monitoring.

5.2.4 Quality of Life for Residents

Monthly activities' schedules were available for review and activities included bingo, bowls, music making, puzzles, games, reminiscence, movies, exercises, quiz and colouring. Some residents had resumed attending day care facilities. Outings had recommenced to places of interest or out for picnics. Special days, such as, birthdays were celebrated.

Residents could choose how they spent their day. They could have a lie in or watch television when they wanted. Each resident had a record maintained of how they spent their day and which activities they were involved in. There were multiple resources for activities in the home. The staff member was aware of which activities each resident preferred.

Some residents chose to assist in household tasks such as dusting, cleaning, doing dishes and clearing tables.

The home is situated in extensive grounds with well-maintained gardens which the residents can walk around. There is also an enclosed area to the back of the home which has a swing and seating areas for residents. Peacocks roam freely on the grounds.

Residents' meetings were held quarterly. Minutes of the meetings were maintained to evidence discussions had and the decisions made.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Visiting was open and visits could take place at the residents' preferred visiting area; including their bedrooms. Residents were free to leave the home with their relatives if they wished to go out.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no changes to the management arrangements. Mrs Barbara Foster has been the registered manager of the home since 18 June 2013. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management. Staff told us that they found the manager to be 'approachable' and 'would always listen to any staff concerns'.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Areas audited included medicines management, the environment, staff training and staff registration monitoring.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to residents' next of kin, their care manager and to RQIA when appropriate. The number of incidents in the home was low.

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 told us they were confident about reporting any concerns about residents' safety. The staff member was aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

The home was visited each month by the Responsible Individual 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Reports were available for review by residents and their relatives, the Commissioning Trust and RQIA.

5.2.6 Finance Inspection

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies held at the home showed that the records were up to date at the time of the inspection.

A number of items, including a bank book and bank card, were held in the safe place on behalf of residents. These items were not listed in the home's safe register. It was noticed that records of the bank card being removed and returned to the home had been in place, however, the last recording was dated December 2021. The findings were discussed with the manager who agreed to implement a system for recording the items in order to facilitate the audit process. An area for improvement was identified.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of residents were undertaken on a weekly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff. A review of records evidenced that in addition to the weekly checks the manager had undertaken a monthly audit of the monies held.

Discussion with staff confirmed that no bank accounts were used to retain residents' monies and no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

A bank card was retained on behalf of a resident, the use and management of the card was discussed with the manager. There was no evidence that the arrangements in place, at the time of the inspection, were agreed with the resident's care manager at the Health and Social Care Trust. The arrangements were not recorded in the resident's agreement or care plan. The manager was advised to contact the Health and Social Care Trust to arrange a review of the current arrangements for the resident. A record of the outcome of the review should be retained in the resident's file and a copy forwarded to RQIA. An area for improvement was identified.

Two residents' finance files were reviewed. Written agreements were retained within both files. A list of services provided to residents as part of their weekly fee was included in the agreements. Both agreements were signed by the resident, or their representative, and a representative from the home. It was noticed that the agreements did not include the details of the current weekly fee paid by, or on behalf of, the residents. An area for improvement was identified.

Review of records and discussion with staff confirmed that all residents' weekly fees were paid to the home by the health and social care trusts. Discussion with staff confirmed that residents were not paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

A sample of records of monies deposited at the home on behalf of a resident evidenced that receipts were not provided to the person depositing the monies. The person had not signed the records in the absence of receipts. An area for improvement was identified.

A sample of records of one resident's monies forwarded to the home from the Health and Social Care Trust was reviewed. The amounts recorded as received on behalf of the resident agreed to the records forwarded from the Trust.

A review of a sample of purchases undertaken on behalf of residents showed that the records were up to date. Two signatures were recorded against each entry in the residents' records and receipts from the transactions were retained for inspection.

A sample of records of payments to the hairdresser was reviewed. The records were up to date at the time of the inspection. The records were signed by the hairdresser and countersigned by a member of staff to confirm that the treatments took place.

A sample of two residents' files evidenced that property records were in place for both residents. There was no evidence that the records were updated with items brought into the residents' rooms or disposed of following admission. There was also no recorded evidence to show that the personal possessions were checked and at least quarterly. An area for improvement was identified.

Discussion with the manager confirmed that policies and procedures for the management and control of residents' finances and property were available for inspection. The policies were not reviewed during the inspection on 24 May 2023. The manager was advised to ensure that the policies covered all operational areas in relation to residents' finances and property, including the procedure for undertaking on-line purchases on behalf of residents. The policies will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that no transport scheme was in place at the time of the inspection.

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 (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	2	8

Areas for improvement and details of the Quality Improvement Plan were discussed with Barbara Foster, Registered Manager, 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 19 (2) Stated: First time	The registered person shall ensure that a daily record is maintained of all visitors to the home. Ref: 5.2.2
To be completed by: Immediate action required	Response by registered person detailing the actions taken: New visitors book available within the home.

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<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>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: Trust keyworker contacted and visited home - trust are going to look further into who within the trust is managing the lady in questions finances and get back to us ASAP.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that pre-employment recruitment checks include a review of the person's NISCC registration status.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All new staff will have a review of the person's NISCC registration status as part of pre employment recruitment checks.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 22 June 2023</p>	<p>The registered person shall ensure that residents' care records contain an up to date photograph of the resident.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care records now contain up to date photographs.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that residents' bowel management is recorded contemporaneously.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A contemporaneous record is maintained for residents bowel management.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plan is updated and consent obtained from patients family in relation to use of bedrails.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 15.5</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 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.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: A system has been implemented to ensure that any item held within the safe on behalf of residents is recorded</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4.6</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2023</p>	<p>The registered person shall ensure that residents' written agreements are updated to show the current weekly fee paid by, or on behalf of, residents.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: Written agreements have been updated to show the current weekly fee paid for the residents.</p>
<p>Area for improvement 7</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: 5.2.6</p> <p>Response by registered person detailing the actions taken: Receipts are provided to any person depositing monies on behalf of a resident.</p>

<p>Area for improvement 8</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: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An inventory of personal possessions is kept up to date with any additional items being brought into the residents room also being included.</p> <p>A reconciliation of the records is undertaken 3 monthly and signed by two staff members.</p>

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