



Unannounced Inspection Report

23 January 2020



Barnvale Cottage

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

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 Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered to provide care for up to seven residents who are living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Greenvale House Responsible Individual: Mrs Margaret Foster	Registered Manager: Mrs Barbara Frances Foster
Person in charge at the time of inspection: Ms Margaret Tate, Care Assistant	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 The home is approved to provide care on a daily basis only for two persons for five days each week (Mon-Fri 9.00 – 16.00). There must be no more than seven persons in the home at any one time.

4.0 Inspection summary

An unannounced inspection took place on 23 January 2020 from 10.20 to 12.45.

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 staffing, the home's environment, communication between residents and staff and taking account of the views of residents and their families.

Two areas for improvement in relation to medicines management were identified.

Residents said that they enjoyed living in the home. They were observed to be relaxed and comfortable.

Comments received from residents, people who visit them 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 resident's experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

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 inspection dated 18 and 24 July 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 and 24 July 2019. 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 last inspection findings in relation to care and medicines management 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. One relative completed and returned a questionnaire.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned.

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

- personal medication records and medication administration records
- the management of medication changes and antibiotics
- medicine management audits
- care plans
- the minutes/dates of staff meetings
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and the 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 areas for improvement from the most recent care inspection dated 18 and 24 July 2019

Areas for improvement from the most recent inspection dated 18 and 24 July 2019		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure the identified bedroom carpet is improved upon or replaced.	Met
	Action taken as confirmed during the inspection: The identified carpet had been replaced by vinyl floor covering.	
Area for improvement 2 Ref: Standard 25.8 Stated: First time	The registered person shall ensure staff meetings are held on a regular basis and at least quarterly.	Met
	Action taken as confirmed during the inspection: The minutes of the staff meeting which took place in August 2019 were available for inspection. A team meeting was planned for 19 December 2019. It was rescheduled due to work pressures. It is planned for February 2020 when all staff will be back from annual leave.	

6.2 Inspection findings

6.3 Is care safe?

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

On arrival we were greeted by the care assistant who was the person in-charge of the home throughout the inspection. She advised that she felt that there were enough staff to meet the needs of the residents and this was evidenced during the inspection. The residents we spoke with said that they felt well looked after in the home and that there were activities each day. Residents' needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean and warm. All areas inspected were appropriately decorated, clean and fresh smelling. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by residents. Bedrooms had been decorated in accordance with residents' preferences.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Some minor discrepancies were brought to the attention of the registered manager who advised that they would be addressed immediately after the inspection. Due to these assurances an area for improvement was not identified. Medicines were observed to be stored securely. Staff were reminded that an identified cream should be stored in the refrigerator and this was addressed during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

There was evidence that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained.

The audits we completed evidenced that the majority of medicines were administered as prescribed. Two discrepancies were identified. These were discussed with the registered manager for investigation and follow up. An area for improvement was identified.

We reviewed the midday meal in the dining room. Residents were observed to dine in the dining room with the care assistant and registered provider. The dining table was laid appropriately by one of the residents. Food was served directly from the kitchen when residents were ready to eat their meal. The care assistant wore an apron and chatted with residents when serving and assisting with the meal. The food served appeared nutritious and appetising. Placemats detailing the residents' speech and language therapist recommendations were available in the dining room and a pictorial menu was in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between residents and staff and the encouragement provided by staff to ensure that residents received a nutritious meal.

Areas for improvement

The registered person should investigate the discrepancies identified in relation to two medicines. A report of the findings and action taken to prevent a recurrence should be forwarded to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	0

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.

The administration of medicines to residents had been completed before we arrived in the home. The care assistant advised that residents were given time to take their medicines and medicines were administered as discreetly as possible. Medicines are added to food to assist swallow for some residents. This had not been discussed with the prescriber or referred to a pharmacist for guidance. Care plans were not in place. An area for improvement was identified.

We spoke with all three residents who were in the home during the inspection. They said: "I like it here. I like the music and helping out. I like baking and we are going to make a cheesecake and buns this morning. I go out lots. I like music so we watch videos and we go to concerts."

Residents who were unable to express their views were observed to be relaxed and comfortable. They were engaging with staff.

Staff spoke with residents in a manner that was sensitive and understanding of their needs. The registered manager and care assistant advised that they were aware of each resident's likes and dislikes and that activities were tailored accordingly.

Of the questionnaires that were issued, one was returned from a relative. The response indicated that they were very satisfied with all aspects of the care. They wrote: "My sister is very well cared for, happy and well stimulated at Barnvale Cottage."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to ensuring that residents were provided with activities that they enjoyed, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

The registered person should review and revise the systems in place for when medicines are added to food to assist swallow. The prescriber and pharmacist should be consulted and a detailed care plan should be in place.

	Regulations	Standards
Total number of areas for improvement	1	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.

The registered manager advised that there had been no medication related incidents since the last inspection and that staff were aware of how to identify incidents which would then be reported to her for investigation and follow up. Monthly audits were completed by staff and reviewed by the registered manager.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The registered manager advised that she had completed Level 2 training and that staff will complete this training before March 2020. The registered manager has requested to attend further training provided by the Trust.

We met the care assistant on duty. She advised that she felt that residents were well cared for in the home and that staff were aware of how to report any concerns regarding residents' care. Comments included:

- "I enjoy working here. The residents are great. We get good support from the manager, she is a great boss. There is good communication at handover and we have the diary."

Areas of good practice

There were examples of good practice found in relation to meeting residents' needs 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, 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 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 the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 23 February 2020	<p>The registered person should investigate the discrepancies identified in relation to the administration of two medicines.</p> <p>A report of the findings and action taken to prevent a recurrence should be forwarded to RQIA.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: On more detailed examination of medicine trolley discrepancy of the 1 tablet that was missing was located in the corner of the trolley - as these medications were no longer used they were returned to pharmacy and recorded in returns book. Second medication was not commenced at date of medicine being dispensed as eye appeared to be improved with washing with normal saline but a few days later became sticky again so eye ointment was commenced.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 23 February 2020	<p>The registered person should review and revise the systems in place for when medicines are added to food to assist swallow.</p> <p>The prescriber and pharmacist should be consulted and a detailed care plan should be in place.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: A care plan is in place to state the named residents tablets are given in food. The GP has been contacted on several occasions asking for written permission for this but to date has not returned the relevant paperwork. The pharmacist has also been advised.</p>

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



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