

Unannounced Care Inspection Report

13 April 2017



Barnvale Cottage

Type of service: Residential Care Home
Address: 82b Mill Hill, Castlewellan, BT31 9NB
Tel no: 02843771378
Inspector: Bronagh Duggan

1.0 Summary

An unannounced inspection of Barnvale Cottage took place on 13 April 2017 from 10:15 to 15:45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

One requirement was made in regards to fire safety. One recommendation in relation to the review and updating of the home's adult safeguarding policy and procedure has been stated for a second time.

Is care effective?

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

Two recommendations were made in regards to the completion of risk assessments for two identified residents, and to ensure one identified care record is signed by appropriate persons.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 6 October 2016.

2.0 Service details

Registered organisation/registered person: Greenvale House	Registered manager: Mrs Barbara Foster
Person in charge of the home at the time of inspection: Mrs Barbara Foster	Date manager registered: 18 June 2013
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 7

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the returned Quality Improvement Plan (QIP).

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

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal information
- Sample of two competency and capability assessments
- Staff training schedule/records
- Two staff recruitment files
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care reviews, environment
- Equipment maintenance / 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
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Sample of policies and procedures

A total of 18 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.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 November 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 4 October 2017

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19. (3) (b) Stated: First time To be completed by: 6 October 2016	The registered provider must ensure that all relevant records are available in the home at all times for inspection.	Met
	Action taken as confirmed during the inspection: All relevant records were available during the inspection. The registered manager outlined arrangements in place in her absence.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 16.1 Stated: First time To be completed by: 4 January 2017	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.	Not Met
	Action taken as confirmed during the inspection: The policy and procedure had not been updated. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.	
Recommendation 2 Ref: Standard 9.5 Stated: Carried Forward To be completed by: 6 August 2016	The registered person should ensure a system to monitor the frequency of care reviews for residents is introduced.	Met
	Action taken as confirmed during the inspection: Review of records showed a system was in place to monitor the frequency of care reviews.	
Recommendation 3 Ref: Standard 25.8 Stated: Carried Forward To be completed by: 6 July 2016	The registered person should ensure that staff meetings are held at least quarterly and more often if required.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed staff meetings are held on a quarterly basis. The most recent meeting was in January 2017, with another planned for April 2017.	
Recommendation 4 Ref: Standard 1 Stated: Carried Forward To be completed by: 6 July 2016	The registered provider should ensure that an agenda is set for residents meetings therefore giving residents greater opportunities to have their say regarding issues which are important to them.	Met
	Action taken as confirmed during the inspection: Review of the minutes of residents meetings showed an agenda was set regarding issues for discussion at the meetings.	

4.3 Is care safe?

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.

Review of completed induction records and discussion with the registered manager and staff 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 were regularly provided.

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 two completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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

A recommendation relating to the updating of the homes adult safeguarding policy and procedure has been stated for a second time in the QIP appended to this report. The registered manager confirmed that plans would be implemented relating to the establishment of a safeguarding champion.

A copy of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) was made 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.

The registered manager confirmed there had been no recent safeguarding investigations. A review of accident and incidents information, care records and complaints records confirmed this. The registered manager confirmed that any 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.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

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 etc.

Staff training records confirmed that all staff had received training in infection prevention and control (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 layout of furniture in one room was discussed with the registered manager. 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 23 June 2016, no recommendations were made. Review of staff training records confirmed that staff completed fire safety training twice annually. Review of fire safety records identified omissions in relation to the completion of weekly fire safety checks, it was also noted records were not available relating to the most recent fire drill. A requirement was made. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area for improvement was identified in relation to fire safety.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

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, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. A recommendation was made that risk assessments should be completed with regard to behaviours identified for two identified residents.

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. A recommendation was made that the identified care record should be signed by the resident and or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are encouraged to maintain individual interests such as music, following particular TV characters, and are supported to visit local shops.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

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 infection prevention and control measures, care reviews and the environment 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, their representatives and other key stakeholders. Minutes of resident 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 for improvement

Two areas for improvement were identified during the inspection in relation to this domain. These included one recommendation for risk assessments to be completed for two identified residents relating to behaviour displayed, and one recommendation that an identified care plan should be signed appropriately by the resident and or their representative.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

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 made available in picture format.

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. For example staff were aware of the need to ensure residents were encouraged to develop and maintain independent practical skills.

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 and 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, annual reviews, satisfaction questionnaires.

Residents and or representatives are consulted with, 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.

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 some residents have specific household chores and or recycling activities. Arrangements were in place for residents to maintain links with their friends, families and wider community for example residents are supported to attend local day centres.

Staff and residents spoken with during the inspection made the following comments:

- “This place is 100%, I love it. Staff are all really good, you couldn’t beat it”
- “I like it, I recycle the bottles, that’s my job I do it every day. I like living here”
- “This is a lovely place to work, residents are really happy. There is a good sense of team work”
- “It’s like one big family here, home from home. We know the residents are happy”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

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 poster /information available in each bedroom. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. 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/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

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.

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. This was outlined in the home's Statement of Purpose and Residents Guide. 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 employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

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 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 for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1 Ref: Regulation 27. (d) Stated: First time To be completed by: 15 April 2017	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. Response by registered provider detailing the actions taken: Fire Safety checks are completed and maintained on a regular basis and records of fire drills are available in the Home.
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Recommendations

Recommendation 1 Ref: Standard 5.2 Stated: First time To be completed by: 20 April 2017	The registered provider should ensure risk assessments are completed regarding the identified behaviours for two identified residents. Response by registered provider detailing the actions taken: The risk assessments have been completed regarding the identified behaviours for the two identified residents.
Recommendation 2 Ref: Standard 6.3 Stated: First time To be completed by: 13 May 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. Response by registered provider detailing the actions taken: The identified Care Plan is now signed.
Recommendation 3 Ref: Standard 16.1 Stated: Second time To be completed by: 13 May 2017	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. Response by registered provider detailing the actions taken: The adult safeguarding policy and procedure has been reviewed and updated to reflect regional guidance.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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