

Inspection Report

17 May 2022



Barnvale Cottage

Type of Service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: Greenvale House Responsible Individual: Mrs Margaret Foster | Registered Manager: Mrs Barbara Frances Foster Date registered: 8 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 is a registered residential care home which provides health and social care for up to seven persons who have a learning disability. Residents' bedrooms are located over two floors. Residents have access to communal lounges, a dining room and extensive gardens. | |

2.0 Inspection summary

An unannounced inspection took place on 17 May 2022 from 9.20am to 3.30pm by a care 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 spoke positively when describing their experiences of living in the home. Staff interactions with residents were observed to be both caring and compassionate. Comments received from residents and staff are included in the main body of this report.

Three areas for improvement were identified in regards to meal options, notifications to RQIA and completion of fire drills. An area for improvement in relation to the auditing of medicines management has been partially met at this inspection and stated for the second time.

RQIA was assured that the delivery of care and service provided in Barnvale Cottage safe, effective and compassionate and that the home was well led. Staff promoted the dignity and well-being of residents and were knowledgeable and well trained to deliver care. There was a good working relationship between staff and management.

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

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

4.0 What people told us about the service

During the inspection we engaged with all seven residents in the home; the staff member on duty and the registered manager. The residents were happy and settled in their environment and were keen to show us around the home and around the rooms in which they spent most of their time. The staff member on duty told us that they enjoyed working in the home and engaging with the residents. Residents and staff referred to each other by first names and were comfortable in each other's company.

The staff on duty confirmed that they felt well supported from management and discussion with the manager and staff confirmed that they had a good working relationship.

There were no responses received from questionnaires or 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 June 2021 | | |
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| 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: First time | The registered person shall implement a robust audit system which covers all aspects of the management of medicines. | Partially met |
| | Action taken as confirmed during the inspection: Review of the medicines management audits indicated that they were focused on the administration of medicines only. It was agreed that the audit tool would be further developed to include all aspects of the management of medicines including record keeping, storage, controlled drugs and care planning. This area for improvement was partially met and is stated for a second time. | |
| Area for improvement 2 Ref: Standard 23.3 Stated: First time | The registered person shall review the system to monitor staffs' mandatory training to ensure completion of the training in a timely manner. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement has now been met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Staff were provided with a comprehensive induction programme to prepare them for working with the residents. Checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), resident moving and handling and fire safety. However, records of fire drills reviewed evidenced that not all staff employed in the home had been involved in a recent fire drill. This was discussed with the manager and identified as an area for improvement. A training matrix was maintained to monitor staffs' compliance with training and an area for improvement in this regard has now been met.

The staff member confirmed that their role in the home was clearly defined and that they felt well supported with the level of communication between staff and management. The staff member was of the opinion that one staff could easily meet the needs of the seven residents accommodated in the home. The duty rota in the home clearly identified all staff who worked in the home over a 24 hour period.

Residents spoke highly on their experiences of living in the home. Care was delivered in a caring and compassionate manner. It was clear through observation of the interactions between the residents and the staff member that they knew one another well and enjoyed each other's company. Care was delivered in a timely manner. Residents assisted staff with daily duties such as setting the dining table and bringing meals to the dining area.

5.2.2 Care Delivery and Record Keeping

Records were maintained of how each resident spent their day. Staff were aware of each resident's personal preferences and routines and communicated any changes in residents' care during a shift handover. The manager lived close to the home and staff confirmed that the manager was always available to give support or guidance if required at any time of the day or night.

Residents could remain in their bedroom if they wished. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and by offering personal care to residents discreetly. This was good practice. Residents were presented well in their appearance.

There were no wounds in the home and there were no practices in the home which would be considered as restrictive such as the use of bed rails, alarm mats or tag monitors. Residents were free to go out for a walk when they wanted and no resident was under continuous supervision in the home.

The number of falls in the home was low. On admission a falls risk assessment was completed to determine the risk of falls and identified the actions to take should a fall occur. This assessment was reviewed on a monthly basis. However, we did identify some historic falls which resulted in injury and should have been notified to RQIA. This was discussed with the manager and identified as an area for improvement. Notifications of these falls were submitted retrospectively to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the residents. Food was freshly prepared in the kitchen and residents dined together in the dining area. Residents were involved in the mealtime experience through various activities such as setting the table, pouring drinks, escorting other residents safely to the dining area, serving meals and with clearing the table when the meal was finished.

The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available served with meals. Although, the menu did not allow for residents' choice of meals. This was discussed with the manager and identified as an area for improvement. Residents' weights were monitored monthly and there was no notable residents' weight loss in the home.

Residents' needs were assessed at the time of their admission to the home. Care plans were developed from these assessments and were personalised for each resident identifying how to meet their care need. They identified how the residents enjoyed spending their day and the things that they were interested in. Care plans were reflective of recommendations from other healthcare professionals such as the speech and language therapist (SALT). Residents' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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, the kitchen, laundry and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. It was noted that staff adhered to best practice in infection prevention and control. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Residents' bedrooms were personalised with items important to them. The home was well decorated throughout. Residents had free access to their own rooms and communal rooms in the home.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE).

Visiting arrangements were managed in line with Department of Health and IPC guidance. Residents were free to leave the home with their visitors adhering to PPE and DOH guidelines.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Environmental and infection control audits were completed monthly to ensure compliance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Each resident had their own personal belongings in their rooms which included televisions, DVDs, CD/radio players, toys and books. Residents confirmed that they could go outside when they wanted, remain in their bedroom or go to a communal room when they requested.

Activities were provided on a resident group basis but also took into account those who did not wish to engage in group activities. Residents enjoyed a range of activities. The activities provided included arts and crafts, pampering, baking, shopping and music. Two residents spoke of their fondness for line dancing. Individual residents' records of activity involvement were maintained.

Each Thursday there were bus outings to neighbouring towns or local places of interest such as Spelga Dam. Social distancing was taken into consideration during outings from the home.

The gardens around the home were very well maintained and residents were free to walk around the gardens when they wished. Peacocks roamed freely around the gardens and residents could feed the hens which were kept close to the home.

Residents also discussed how they assisted in household tasks in the home. Some were involved with hoovering and dusting in the home and some were involved in baking and cooking. The household tasks were voluntary.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

There was evidence that residents were supported to have meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

The staff member was aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. There has been no change in the management of the home since the last inspection. Mrs Barbara Foster has been the registered manager in this home since 18 June 2013.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. For example, audits were conducted on accidents and incidents and care records.

Audits which had been completed on medicines management were reviewed by the pharmacist inspector following the inspection and an area for improvement in this regard has been stated for the second time with regard to the detail included within the audit.

There was a system in place to manage complaints. There had been no recent complaints recorded for the home. We discussed that any area of dissatisfaction received from a resident or relative should be recorded as a complaint. A compliments file had been maintained and compliments had been shared with staff.

The staff member commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and the staff member confirmed that there were good working relationships between staff and management.

The home was visited each month by the registered provider 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 and were available for review by residents, their representatives, the Trust and RQIA.

7.0 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 | 2* |

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Barbara Foster, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27 (f) Stated: First time To be completed by: 30 June 2022 | <p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff employed in the home will take part in a fire drill at suitable intervals throughout the year.</p> |
| Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect | <p>The registered person shall ensure that RQIA are notified of all notifiable incidents which occur in the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: RQIA will be made aware of any notifiable incidents which occur in the home.</p> |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1) | |
| Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: 30 June 2022 | <p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: A new audit system is in place which covers all aspects of the management of medicines.</p> |

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| Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 June 2022 | The registered person shall ensure that the daily menu offers an option of meals for all residents in the home to choose from. Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: The daily menu will offer an option of meals for all residents to choose from although because of the size of the home staff know residents likes and dislikes and do make alternatives on those days already. |

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



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