

# **Announced Care Inspection Report 9 September 2020**



## **Barnvale Cottage**

**Type of Service: Residential Care Home**  
**Address: 82b Mill Hill, Castlewellan BT31 9NB**  
**Tel no: 028 4377 1378**  
**Inspector: Dermot Walsh**

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Assurance, Challenge and Improvement in Health and Social Care

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

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to seven residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Greenvale House  <b>Responsible Individual:</b> Margaret Foster	<b>Registered Manager and date registered:</b> Barbara Frances Foster 18 June 2013
<b>Person in charge at the time of inspection:</b> Barbara Foster	<b>Number of registered places:</b> 7  The home is also approved to provide care on a daily basis for two people for five days each week (Mon-Fri. 09.00 – 16.00). There must be no more than seven persons in the home at any one time.
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 7

### 4.0 Inspection summary

An announced inspection took place on 9 September 2020 from 09.45 to 13.05 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control
- quality of life for residents
- quality improvement
- nutrition
- safeguarding
- consultation.

Residents consulted with spoke positively regarding their experience of living in Barnvale Cottage and some of their comments can be found in the main body of the report. Those who could not verbally communicate looked to be relaxed and settled in their environment.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Barbara Foster, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- a selection of quality assurance audits
- organisational structure
- complaints review
- compliments records
- duty rota from 30 July to 19 August 2020
- incident and accident review
- minutes of residents'/relatives'/staff meetings
- activity planner
- three residents' nutritional care records
- menus.

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten residents' questionnaires; ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Barbara Foster, manager.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 January 2020.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person should investigate the discrepancies identified in relation to the administration of two medicines.  A report of the findings and action taken to prevent a recurrence should be forwarded to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The outcomes of the registered person's investigations were reported to RQIA. There had been no errors in the administration of the two medicines.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The prescriber had provided written authorisation for this practice. Care plans which provided sufficient detail to direct the staff were in place.	

## 6.2 Inspection findings

### Staffing

The manager confirmed that there was one staff member on duty in the home at all times. The staff member would be responsible for attending to the residents' needs, cleaning duties and provision of food for residents. Discussion with the staff member on duty confirmed that they were satisfied with the staffing arrangements and that the residents' needs were met. The manager confirmed that they lived adjacent to the home and would be in regular daily contact with the home staff. There were no concerns raised in regards to staffing when consulting with six residents in the home.

Discussion with the staff member and manager confirmed that face to face training had been postponed due to the Covid – 19 pandemic. Training was facilitated electronically and through the use of DVDs. The manager confirmed that a training matrix was maintained to ensure that all staff in the home completed relevant identified mandatory training. The matrix was monitored on a monthly basis to ensure completion.

The manager confirmed that staff completed competencies to take charge of the home and to administer medicines. These were reviewed annually and a competency matrix maintained to ensure completion. There were systems in place to ensure that all staff were involved in an annual appraisal and received a minimum of twice yearly supervision discussions recorded.

Staff meetings were held regularly to discuss any changes in the home. Agendas were available prior to the meetings for staff reference and staff were informed to speak with the manager if they wanted to add any areas to the agenda. Minutes of the meetings were available for review reflecting any discussions which had taken place during the meeting. The most recent meeting acknowledged the staffs' hard work during the Covid pandemic and highlighted the continued importance of infection prevention and control and the provision of activities.

### Management arrangements

The management arrangements have not changed since the last inspection. There was a clear organisational structure in the home. The manager confirmed that they and the responsible individual (RI) were contactable throughout the day and night. Staff were aware of the manager's and RI's contact details. Nominated persons would be identified if either the RI or manager were not available.

### Governance systems

Prior to the inspection we requested copies of audits to be sent to RQIA for review. We reviewed the incidences of accidents and incidents over a two month period from June to July 2020. The monthly audit records had been completed and indicated that there were no accidents or incidents over this period of time. A monthly complaints audit also indicated no complaints had been received for the same period.

Residents' weights were monitored on a monthly basis. A malnutrition universal screening tool (MUST) was completed to determine residents' risk of weight loss or weight gain.

This would give staff an indication of the actions to take depending on the amount of weight lost or gained. In addition, a weight chart was maintained to visually indicate when a resident gained or lost weight.

Residents' care records were audited monthly. The home was registered to accommodate seven residents and the manager confirmed that one resident's care records would have had an in-depth audit completed each month. There were no restrictive practices deemed necessary for use in the home.

An annual survey was conducted to enable all residents and their families/representatives to give their opinions on the service provision and care delivery in the home. The results of the survey were collated and reproduced into a report. The annual survey report for 2020 had been completed and was available for review.

Three monthly residents' meetings were conducted and minutes of these meetings were maintained. During the meetings, residents were asked for their opinion on areas of care such as food provision or activities or any area of concern that they may have. The residents' meeting was also one of the methods used by the staff/manager to keep residents up to date with guidance on Covid – 19 and any changes in daily routines that this may bring.

The manager confirmed that a plan had been in place to develop a new structured meeting with residents' relatives/representatives coming together as a group. This was now on hold due to the Covid pandemic. However, good communication links were maintained between residents and their families and between staff and residents' next of kin as required.

## **Infection Prevention and Control**

The manager confirmed that throughout the pandemic the home had remained free from Covid – 19. Environmental infection control audits were completed monthly. Auditing records identified the areas in the home which had been reviewed and the actions taken to ensure cleanliness. The manager confirmed that spot checks were conducted on hand hygiene practices and compliance with staffs' use of personal protective equipment (PPE). However, a record of the spot checks had not been recorded. Following discussion, the manager provided an assurance that this will now be recorded. The staff member on duty was observed, during a virtual walkaround the home, wearing PPE appropriately.

The manager confirmed that when staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with residents. The manager confirmed that all staff and residents' temperatures were checked twice a day as a means to quickly identify developing symptoms. In addition and as part of the regional testing programme, all staff were tested for Covid – 19 on a two weekly basis and all residents on a four weekly basis.

Visiting professionals were also required to wear PPE on entering the building. Their temperatures were checked and, where possible, residents were brought to the visiting professional in an identified area to minimise the risk of contamination in the home. If this was not appropriate, the visiting professional would see the resident in the privacy of their own bedroom.



Residents' visitors were facilitated with outdoor visits following the completion of a risk assessment. Social distancing was promoted during the outdoor visits and the visiting area was fully decontaminated following each visit.

### **Quality of life for residents**

During the inspection we undertook a 'virtual walk around' the home with the use of technology. Bedrooms and communal rooms observed were clean and tidy. Residents' bedrooms were personalised with their own belongings. Corridors were clear of any clutter or obstruction. The residents we consulted with were presented well in their appearance and were calm and relaxed in their environment.

Residents were positive in their answers when asked about living in Barnvale Cottage. They told us what they enjoyed doing during the day. Normally five of the seven residents would attend day care, however, due to the Covid – 19 pandemic, this arrangement has been temporarily postponed.

Residents had free access to the garden when they wished. There was a large seating area and an area identified for barbequing. There was a greenhouse where residents could grow their own vegetables. Around the outside of the home there were hens and peacocks. The residents were involved in the collection of eggs laid by the hens.

The provision of activities for residents was discussed and agreed during staff meetings. Monthly activity planners were available for review. Activities included darts, spelling, bingo, air hockey, puzzles, colouring in, daily news, boxing, card games, rhymes, short stories, reminiscing, mathematics challenges and bowls. There was an identified activity room in the home which residents could enter at any time. Virtual visits with residents' families were facilitated. The manager confirmed that staff actively promoted residents' independence and gave support where required. Residents' personal choices were respected for example, selecting which clothes to wear for the day.

### **Quality improvement**

The manager confirmed recent environmental quality improvements in the home. For example, the activities room had been revamped. All surfaces in the room were now washable. The laundry room had been refurbished with easy wipe surfaces and a new dryer installed and all residents' bedrooms had been redecorated within the previous year. There were also future plans in place to install a lift into the home. All residents could manage the stairs but the manager confirmed that they were thinking ahead when the stairs may become more difficult for some.

### **Nutrition**

We reviewed three residents' nutritional care records. Each resident had a nutritional assessment completed monthly or more often as required. Oral assessments had been completed and there was evidence of dental review within the records.

Nutritional care plans in place for two of the three residents reviewed; were up to date and indicated safe consistencies of food and fluids which the resident could consume as determined by the recommendations of other healthcare professionals such as the speech and language therapists and/or dieticians.



One resident's care plan had not been updated sufficiently to reflect the changes to their plan of care and gaps were identified with the dating and signing of this resident's records. This was discussed with the manager and identified as an area for improvement. We also asked the manager to ensure that all residents' documents had a resident identifier recorded on each.

We reviewed the current menus served in the home. A choice of meal was not evident on the menu. This was discussed with the manager who confirmed that they will review the menu for choice. The staff member involved with the provision of food confirmed that the residents would let them know if they didn't like the food on the menu and would request something which they preferred. Residents were complimentary in relation to the food provision in the home and confirmed that they could choose what they wanted to eat at mealtimes.

## **Safeguarding**

The manager confirmed that there were no ongoing or recent safeguarding concerns relating to the home. A plan was already in place to ensure that all staff had completed safeguarding training and additional online training with reference to the Mental Capacity Act (NI) 2016. As previously stated, there were no restrictive practices in use in the home. The manager was the nominated adult safeguarding champion in the home and had attended training pertinent to this role. The manager was aware of her responsibility to complete an annual position report in relation to any decisions made regarding adult safeguarding in the home.

## **Consultation**

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed residents and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We did not receive any feedback.

We also provided the home with questionnaires to be distributed to residents, residents' representatives and staff. Staff also had the opportunity to complete an online survey.

Consultation with six residents individually confirmed that living in Barnvale Cottage was a positive experience.

Resident comments on the day of inspection included:

- "It's not bad; I am happy here."
- "It's alright here; the staff are very nice."
- "Have a choice at dinner time. I can always pick something different."

No resident representatives were available for consultation during the inspection. We did not receive any comments from representatives via telephone or email. No residents' representatives' questionnaires were returned.

Staff had the option of completing an online survey or completing a questionnaire; we received no responses. The staff member on duty spoke very positively about working in Barnvale Cottage and on engaging with the residents.

Any comments from residents, resident representatives and staff received after the return date will be shared with the manager for their information and action, as required.

Records of compliment and thanks were retained in the home and shared with staff. Records included flowers sent to staff from residents' relatives in appreciation of the care they delivered and/or gifts sent to staff for their continued hard work during the pandemic.

### Areas for improvement

One area for improvement was identified in relation to care planning and record keeping.

	Regulations	Standards
Total number of areas for improvement	0	1

### 6.3 Conclusion

Overall the feedback from the inspection was positive. There was stable management arrangements in the home. Residents were well presented in their physical appearance and were seen to be relaxed in their environment. The home offered residents choice on how to spend their day with the activities and facilities available to them. Staff were compassionate in their interactions with residents and embraced infection control measures put in place for the safety of all in the home. One area for improvement was identified in relation to care planning and record keeping.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Barbara Foster, 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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

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

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 9 October 2020	The registered person shall ensure that the identified resident's nutrition care plans are updated to reflect the resident's current nutritional plan of care.
	Any changes to residents' care files should be signed and dated by the person making the change.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> The identified resident's nutrition care plan has been updated to reflect the resident's current nutritional plan of care. Any changes to resident's care files are signed and dated by the person making the change.

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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