

# Inspection Report

1 December 2021



## Carrickfergus Manor

Type of Service: Residential Care Home  
Address: 76 Dunluskin Gardens, Prince Andrew Way,  
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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

<b>Organisation/Registered Provider:</b> Kathryn Homes Ltd  <b>Responsible Individual</b> Mr Stuart Johnstone – not registered	<b>Registered Manager:</b> Miss Natasha Davies– not registered
<b>Person in charge at the time of inspection:</b> Miss Natasha Davies, manager	<b>Number of registered places:</b> 43
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of residents accommodated in the nursing home on the day of this inspection:</b> 43
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 43 people. The home is on the ground floor and is divided into two units, De Courcy and Dunlusk.  There is also a registered Nursing Home under the same roof on the first floor of the building.	

## 2.0 Inspection summary

An unannounced inspection took place on 1 December 2021, from 10.05am to 4.50pm by a care inspector.

The inspection sought 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 staff's compassion and care for residents, effective working relationships with healthcare professionals, the dining experience and current management arrangements.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement were identified regarding staffing arrangements, staff training, care plans in relation to challenging behaviours and the correct use of fluid resistant surgical face masks.

RQIA were assured that the delivery of care and service provided in the home was compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Carrickfergus Manor.

The findings of this report will provide the management team 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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 management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection we spoke with nine residents, both individually and in small groups. Residents confirmed they liked the staff and the food in the home. Residents who were unable to express their opinions verbally looked relaxed and indicated through non-verbal cues that they were comfortable.

We spoke with seven staff during the inspection. Staff told us there had been ongoing issues with staffing arrangements in the home, which had recently resolved. Staff were also extremely positive about recent management changes.

One visiting professional told us that staff knew the residents very well and were proactive in making appropriate referrals to health professionals when required.

No additional feedback was received following the inspection.

## **5.0 The inspection**

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

The last inspection to Carrickfergus Manor was undertaken on 2 June 2020 by a Care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. A small number of staff had yet to complete refresher mandatory training. This was discussed with the management team who provided written confirmation following the inspection that all staff had now completed the required training. Therefore an area for improvement was not required on this occasion.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the immediate needs of the residents and it was clear that the residents' needs and wishes were very important to staff. Staff responded to requests for assistance promptly in a caring manner.

Staff said that following the recent management change in the home, there was now good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

During discussions with staff, it was established that prior to November 2021, residential care staff were routinely taken from the residential floor to cover staff shortages in the nursing home, which is on the same site. Staff advised that this practice had since ceased entirely, but that when they had raised concerns about the residential care home being left short staffed, they were dismissed by management. In addition, some staff indicated that residents are attended to by nursing home staff following a fall.

This was discussed with the management team. It was acknowledged that in an emergency situation, staff have a duty of care and professional responsibility to respond to residents' or patients' needs. However; it should not be routine custom and practice as each home should be adequately and discretely staffed at all times, in line with their registration. An area for improvement was identified.

### 5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Discussion with staff and observation of practice identified a need for additional and/or refresher training on the management of challenging behaviour. An area for improvement was identified.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with staff and one visiting professional confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. We spoke with one visiting professional who said that staff followed all recommendations for care and kept good communication with professional colleagues regarding the management of falls and changes to resident's mobility.

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 may include simple encouragement through to full assistance from staff.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care 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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected throughout the records.

Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff.

However; care plans and daily records regarding residents who may present with challenging behaviours did not include sufficient personalised detail on the strategies and interventions used by staff. An area for improvement was made.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Some areas of the home had been redecorated and repainted, with additional work planned for the New Year.

Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Discussion with staff and inspection of the linen closet established that there was insufficient clean bed linen, towels and face cloths available on the day of inspection. This was due to delays with the laundry as one washing machine was broken. However; the manager immediately placed a bulk order to increase the home's supply and provided written assurances following the inspection that additional contingency plans were in place to ensure there was no impact on resident's care.

Following consultation with staff, and review of the dining experience, management had changed one dining room into a lounge, and the café/lounge area was now being used as a dining room. Management and staff described how this had positively benefitted the resident's dining experience by providing more space. The manager agreed to retroactively submit notification of this change to RQIA.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence 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 and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures, hand hygiene and the use of PPE had been provided. However; on several occasions, staff were observed touching and/or pulling down their fluid resistant face masks and were reminded of the need to then change their mask and sanitise their hands. An area for improvement was identified. Following the inspection, the manager provided written confirmation of a range of actions taken by the home to address and monitor this issue.

Visiting arrangements were managed in line with DoH and IPC guidance.



#### 5.2.4 Quality of Life for Patients

The residents we met and spoke with during the inspection did not raise any concerns about their care in the home. Several residents told us they were delighted to be getting their hair blow dried, and that the hairdresser “was such a lovely girl.” Residents who had difficulty communication indicated their contentment through non-verbal responses, such as smiling, waving or nodding.

Observation of practice confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff in the home. The range of activities included social, community, cultural, religious, spiritual and creative events. A well-being lead is employed in the home and is responsible for organising and facilitating activities. During the inspection, staff supported residents to attend the hairdresser, met with visitors and sing Christmas carols.

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

#### 5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Miss Natasha Davies has been the manager in the home since 1 November 2021. A new manager has been recruited and is due to commence work in the home in January 2022. Staff commented very positively about the current management arrangements and described the manager as supportive, approachable and always available for guidance.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff advised they currently felt confident that management would address any issues or concerns in a timely way.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

There were adequate systems and processes in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

The home was visited each month by a representative of 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 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/or **the Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Home Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall having regard to the size of the residential care home, the statement of purpose and the number and needs of residents –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The home recognises distinction between both residential and nursing units. Nursing and residential units both have been informed that nursing staff should not assist on the residential unit and that both homes should run as separate and a distinct area.</p>



<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 10.5  <b>Stated:</b> First time  <b>To be completed by:</b> 1 March 2022	When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support. This includes, but is not limited to, the management of aggression and/or challenging behaviour.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Challenging behaviour and Aggression Training has been booked for the 10/02/2022. This will be mandatory and attendance monitored. Guidance and support is available from the Dementia team and senior management.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 10.3  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. This should include detail on the required responses and interventions of staff to promote positive outcomes for the resident.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Care plans have been reviewed for residents requiring a consistent approach. Following a Care Team Leader meeting on 06/12/2021, staff are aware of the details required in each careplan. Daily notes are now more detailed in regard to behaviours displayed.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff's adherence to effective infection and prevention control measures. This includes, but is not limited to, the correct usage of fluid resistant surgical face masks.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> At each handover staff will be briefed re the mandatory requirement regarding strict adherence to PPE. Staff will be continuously monitored throughout the shift. Audits are being completed and individual supervisions provided when required. Daily spot checks will be completed and addressed at flash meetings..

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



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