

Announced Care Inspection Report 2 June 2020



Carrickfergus Manor

Type of Service: Residential Care Home
Address: 76 Dunluskin Gardens, Prince Andrew Way,
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Tel No: 028 9336 9780
Inspector: Marie-Claire Quinn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the 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 care for up to 43 residents living with dementia. This care home is on the same site as a nursing home and is under the same management.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Joanne Alderdice
Person in charge at the time of inspection: Joanne Alderdice	Date manager registered: 17 January 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 35

4.0 Inspection summary

A short notice announced inspection took place on 2 June 2020 from 09:25 hours to 16:50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

As this home experienced an outbreak of coronavirus, and due to information received from the home, RQIA decided to undertake an inspection to this home. This inspection focused on the following areas:

- infection prevention and control (IPC)
- management and use of Personal Protective Equipment (PPE)
- care delivery
- therapeutic activities
- care records
- governance and management arrangements.

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Joanne Alderdice, manager, Natasha Davies, deputy manager, and Elizabeth Jeffery, deputy manager from Carrickfergus Manor Nursing Home, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed, including:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- staff duty rotas from 3 to 16 May 2020.

A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined as part of during the inspection:

- the care records of four residents
- the weekly menu
- a sample of governance records including audits of infection prevention and hand hygiene
- staff supervision and competency and capability assessments relating to infection prevention and PPE
- annual quality review report for 2019
- staff rotas from 24 May to 6 June 2020 (provided post inspection)
- monthly monitoring report dated 1 June 2020 (provided post inspection).

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection on 20 October 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 1.7 Stated: First time	The registered person shall ensure that the annual quality review report identifies the methods used to obtain the views and opinions of residents and their representatives and this incorporates the comments made, issues raised and any actions to be taken for improvement.	Met
	Action taken as confirmed during the inspection: Review of the annual quality review report for 2019 confirmed that this area of improvement had been met.	
Area for improvement 2 Ref: Standard 8 Stated: First time	The registered person shall ensure that residents' bowel function records are completed in an accurate and contemporaneous manner at all times. Care records should also demonstrate that residents' bowel function is meaningfully reviewed on a daily basis.	Met
	Action taken as confirmed during the inspection: Review of records identified some gaps in recording. Discussion of the details with management confirmed that these records were not required for all residents. Care records were immediately updated to reflect this and a review of additional continence management records was found to be satisfactory. This area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Standard 10</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regard to those residents who present with behaviours which are challenging:</p> <ul style="list-style-type: none"> • All episodes of behaviours which challenge will be accurately and comprehensively recorded by staff, including staff management of the episode and subsequent resident response. • Any staff contact with the multi-professional team in relation to residents' behaviours which challenge will be documented in an accurate and contemporaneous manner at all times. <p>Action taken as confirmed during the inspection: Review of care records confirmed this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regard to the nutritional care of residents:</p> <ul style="list-style-type: none"> • that staff provide timely and effective assistance to residents with eating and drinking; this applies specifically to those residents who choose/require to eat their meals in a part of the home other than the dining room • that residents' nutritional care plan(s) are completed in an accurate and person centred manner at all times and kept under regular review <p>Action taken as confirmed during the inspection: Observation of practice and review of care records confirmed that this area of improvement had been met.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 13 Stated: First time	The registered person shall ensure that robust governance arrangements are in place which ensures the provision of a programme of events and activities throughout the home. This programme should aim to provide positive and meaningful outcomes for residents, be displayed in a suitable format within appropriate locations and ensure that such needs are met on a daily basis.	Met
	Action taken as confirmed during the inspection: This area for improvement has been met. Please see section 6.2.3 for further information.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC)

The home was clean and tidy. Domestic staff told us that their hours had been increased and that evening and overnight care staff assisted with additional cleaning tasks when time allowed. Deep cleaning was arranged as required.

Staff routines had been adjusted to ensure effective infection prevention and control measures were in place from when they entered the home to start their shifts. Relevant and up to date information was displayed throughout the home.

We reviewed records which confirmed that an audit process was in place regarding staff's IPC practices, such as correct hand hygiene technique. Management maintained oversight of this process. Our observation of staff practice confirmed that IPC practices and measures were in line with guidelines.

6.2.2 Management and Use of Personal Protective Equipment (PPE)

There was an ample supply of PPE in the home; PPE stations were well stocked and there was additional PPE at the entrance to the home.

No concerns regarding the availability or quality of PPE were raised by staff. Staff confirmed they had received training and information on PPE.

We saw staff wearing and using PPE appropriately. We did observe one or two occasions that staff had not worn aprons when in close contact with residents to accompany them to the dining room. This was discussed with management who agreed to address this immediately.

An area of good practice was identified through the home's use of a daily 'PPE champion'. This person was a designated member of staff who provided further assurance that staff were adhering to IPC guidelines and they were a source of information to staff if required.

6.2.3 Care Delivery

We saw care being delivered promptly by friendly, cheerful and efficient staff. Residents had been supported to attend to their personal care, and looked content and comfortable. There were lovely interactions observed between residents and staff, with one resident leading a sing song. Any signs of agitation and distress were quickly responded to by staff, who were able to distract and divert residents.

The staff we spoke with displayed a good knowledge of each resident's, needs, wishes, likes and dislikes. We were impressed with the level of care and compassion displayed by staff. They described how they ensured each resident was treated with respect and dignity, including when staff needed to provide support during end of life care.

We observed the serving of the lunch time meal. Staff took time to accompany residents to the dining room in a timely manner. The number of residents sitting at one table had been reduced to try and provide some social distancing. Residents were offered a choice of where to sit and were able to sit with their friends. Tables were set with cutlery, condiments and a pictorial and written menu was on display. Residents were offered a choice of main meal and hot or cold drinks. The food looked and smelled appetising, and residents told us their lunch was nice.

Staff were visible and attentive in supporting residents who required help with eating. Staff were also vigilant at monitoring residents with poor appetites, gently encouraging them to try and eat and drink a little more, or offering alternatives.

The staff we spoke with outlined how due to the Covid-19 outbreak, many residents had experienced decreased appetite as a result. Therefore, a member of staff was designated 'fluid champion' during each shift to maintain overall oversight of this.

6.2.4 Therapeutic activities

Group activities had been suspended as a precautionary measure in the home due to the Covid-19 outbreak and the need to maintain social distancing where possible. However, where possible staff had created other opportunities for socially distanced activities or more one to one activities.

We were pleased to see that the home had redeveloped their sensory room into an indoor garden area. This was completed to a good standard and provided additional space for social and leisure activities.

Discussion with staff and observation of practice confirmed that residents were also provided with choice in terms of activities, with many enjoying sitting in the lounge and watching TV. Residents told us they liked having a cup of tea with their friends.

Staff told us how they worried about the impact of social distancing on residents' mood and mental health. They described how they had tried to implement this in the lounge with limited success. Staff told us, "We try and do their nails for example, but residents just want to talk to their friends. We showed 'South Pacific' in the lounge the other day and that was popular."

The home has implemented a 'down tools' initiative to ensure care staff stop and make additional time to spend chatting to residents and providing social interactions. Staff also outlined how they ensured residents maintained contact with their family and friends by

supporting residents to make telephone calls, use video calling or facilitate visits to the windows of their bedrooms or the hair dressing room. This approach to providing meaningful activities and engagement has been important particularly because only essential visitors are currently permitted in the home.

6.2.5 Care records

Care records Individualised and reflected the health, care and social needs of the resident. They included detail on residents' preferred routines, including the time they liked to wake up and go to bed. This information corresponded with the daily progress notes completed by staff.

Progress notes contained sufficient detail including results of twice daily temperature checks, implemented as part of the Covid-19 monitoring arrangements, and any changes in behaviour or continence needs.

There was clear guidance for staff on what action to take if any concerns were identified.

We saw evidence that staff maintained effective communication with multi-agency professionals to ensure resident's health and well-being. Any guidance received from professionals, such as Speech and Language Therapy (SALT), was incorporated into care plans. Staff explained how in addition to telephone calls, services such as GPs and SALT offered virtual clinics which included video reviews. In addition, management advised that all residents would be reviewed by a dietician following the outbreak.

6.2.6 Governance and management arrangements

Staff were extremely positive about the support they had received from the home's management; they felt they were well-informed and that there was a clear management structure in the home. Staff had received specific supervision on managing the Covid-19 outbreak; this included reading and signing a copy of the related policies for the home.

Management were also complimentary about the staff in the home: "They are brilliant. [We have managed]] due to the good team work."

We agreed that the staff we had spoken with showed great resilience to undertake their work and compassion for the residents but that it was important to ensure that staff were able to access wellbeing support and services if required. Management had already provided inspection to staff regarding support for them through their regular one to one supervision sessions and by providing written on services such as counselling. This support for staff would remain under review by the home's manager.

Review of a sample of governance records established that management maintained a good level of oversight in the home. Audits contained clear action plans, which were addressed in a timely way.

We saw from a review of records that feedback from residents included requests for additional activities in the home. This was discussed with the manager who outlined how two well-being leads had recently been recruited in the home; they will review and develop activities provision. This will be reviewed at the next inspection.

Areas of good practice

Areas of good practice were identified in relation to care delivery, therapeutic activities and care records. We also commend the home for the use of a designated 'PPE champion' during each shift.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

The home was clean and tidy throughout.

Residents looked well cared for and we saw care being delivered by a caring and compassionate staff team.

Staff adhered to appropriate IPC measures including the use of PPE as required.

Management were available, supportive and kept staff updated with the latest guidance.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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