



Unannounced Follow-up Care Inspection Report 11 February 2019



Carrickfergus Manor

Type of Service: Residential Care Home
**Address: 76 Dunluskin Gardens, Prince Andrew Way,
Carrickfergus BT 38 7JA**
Tel No: 028 9336 9780
Inspectors: Marie-Claire Quinn and Kate Maguire

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 43 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual Gavin O'Hare-Connolly	Registered Manager: Joanne Neville
Person in charge at the time of inspection: Joanne Neville	Date manager registered: 17 January 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 43

4.0 Inspection summary

An unannounced care inspection took place on 11 February 2019 from 10.05 to 15.10.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 the compassionate care provided by staff and staff's commitment to ensuring that residents were treated with dignity and respect at all times.

Areas requiring improvement were identified in relation to storage of records, staffing levels and training, care plans, and activities programme.

Residents said they were happy with care provided in the home and that staff were kind and helpful.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3*

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

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Neville, registered manager; Kerri Wright, deputy manager; and Gavin O'Hare Connelly, responsible individual, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 August 2018.

5.0 How we inspect

This care inspection focused on staffing, care records and the activities provided in the home.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspectors met with the registered manager, deputy manager, the home's relatives' ambassador, 12 residents and three staff. One inspector sat with staff during their morning activity and the lunch time meal to talk to individual residents and observe the interactions between staff and residents. One inspector examined a sample of records which included eight residents' care files and the programme of activities.

A total of 10 questionnaires and several 'Sorry we missed you cards' were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received at the time of writing this report.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 August 2018

The most recent inspection of the home was an unannounced care inspection. This QIP was validated by the care inspectors during the most recent inspection on 11 February 2019.

6.2 Review of areas for improvement from the last care inspection dated 23 August 2018

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 27.1 Stated: First time	The registered person shall ensure the carpets identified at this inspection are replaced/made good.	Not Met
	Action taken as confirmed during the inspection: The registered manager advised that the carpets had yet to be replaced; this was highlighted to the registered individual who agreed new flooring would be ordered within the week. This has therefore been stated for a second time.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The home was clean, warm and tidy. Cleaning was being completed throughout the day and any malodours were being managed appropriately. The home had a large secured garden which contained brightly coloured items such as a piano and a canoe which had been repurposed as flower beds. The garden also had a gazebo and seating which residents could enjoy in the warmer weather.

There were several lounge areas which had ample seating, televisions, and a small selection of books, games and CDs. Some walls were decorated with photographs of residents enjoying various activities and outings, as well as pictures of classic movie stars. The home was developing a reminiscence lounge, and residents had already contributed a range of classic furniture, ornaments and decorations to this. Residents could also use the sensory room which contained some sensory lamps and pictures and a selection of vinyl records. This room could be further improved with additional relaxation equipment.

Although no concerns were raised regarding staffing levels by residents or the relatives' ambassador, it was obvious that staff were very busy attending to a range of tasks and there could be some delay in responding to residents' needs. One resident requires one to one care currently, which the home is providing. It was recommended that this cover should be shared

between all staff so that individual staff members are relieved from the pressure of providing constant support. Discussion with staff confirmed they had a good understanding of the complex needs of residents but felt that additional staff would be beneficial at busy times, such as morning. This would also facilitate more quality time spent with individual residents. Despite these concerns, staff were observed to be kind, caring and courteous during all interactions with residents.

On meeting the residents for the first time, the inspectors noticed a skin abrasion on one resident's nose. The inspectors were informed that this was being properly managed but that the resident tended to rub the area, which was preventing it from healing. The behaviour management team had been informed. Discussion with staff confirmed they were eager to receive training in managing challenging behaviour and dementia awareness which they felt were essential to enhance their skills in working with residents. The registered manager agreed the importance of ensuring that all staff had sufficient training to meet the needs of the residents and confirmed that this training was to take place this year, and would be prioritised. However, management were accepting of issues raised. Both the registered manager and registered individual agreed to review the current dependency levels of residents, and address staffing levels and training arrangements accordingly. This has been stated as an area for improvement.

The registered manager confirmed that all suspected, alleged or actual incidents of abuse were promptly referred for investigation in accordance with procedures and legislation; protection plans were agreed with the adult safeguarding team. Although staff were knowledgeable and had an understanding of adult safeguarding principles, there was some concern about another resident's interaction with some of the other residents, as there had been previous issues between them. Management were advised to try and keep them apart to further minimise any potential risk to residents. The registered manager intended to use staff meetings, staff handovers, supervision and observation of practice to further embed safeguarding into practice.

Residents, relatives' ambassador and staff spoken with during the inspection made the following comments:

Residents:

- "I'm happy enough. I love my room."
- "I like it here, it's very clean."
- "The lounge is nice and quiet."

Relatives' Ambassador:

- "I'm content my (relative) is in the best place. I think (the care) is remarkable... Treatment and care is second to none. Living here has extended my (relative's) life. The level of care is exemplary."

Staff:

- "Shifts always start with a handover...we have supervision twice a year."
- "Some residents need additional time and support to get ready in the morning and this can have a knock on effect."
- "There are parts of the day where you could do with an extra member of staff."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control and staff's commitment to ensuring they are providing the best care to residents.

Areas for improvement

There was one area for improvement, within this domain, identified during the inspection. This was in relation to ensuring that staffing levels and staff training met the needs of the residents at all times.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents. Discussion with staff confirmed they had a clear understanding of the care needs of residents. On the day of inspection, residents appeared quiet and relaxed and comfortable in their surroundings. Some residents went to the hair dresser, who visits the home twice a week. Others were resting in the lounge or dining room.

The majority of care records were maintained electronically. During the inspection, office doors were left open and care files were not always securely stored. Discussion with the registered manager identified ways the home could improve adherence to General Data Protection Regulation (GDPR), including refresher training of staff. This has been stated as an area of improvement.

A review of the care records of eight residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. There was evidence of multi-agency liaison and care to ensure the residents' needs were met. For example, if any significant changes in residents' weights were recorded, a clear system was in place to make referrals to dieticians and/or speech and language therapists (SALT) as required. A range of relevant needs and risk assessments (pain, dependency, nutrition, falls, mental acuity, wounds, infection control) was reviewed and updated as changes occurred. Associated care plans were in place; however, some care plans did not contain sufficient detail regarding residents' specific triggers and/or behaviours. The registered manager agreed on the importance of developing this to minimise any risk of harm to residents and/or staff. This has been cited as an area of improvement.

There was evidence of good practice as care records were person centred and individualised. All of the reviewed care records contained detailed information on residents' routines and specific likes and preferences, which had been discussed with residents and/or their families, for example rising and retiring times, where they enjoy eating their meals, and which activities

they prefer. Care records also included residents' cultural and spiritual needs, including preferences for end of life care. There was additional evidence of residents' involvement in their assessment and care planning as records had been signed by the resident and/or their representative.

One inspector immersed themselves in the dining experience and joined the residents for the lunchtime meal with their permission. Staff assisted residents to get to the dining room and helped them to their seats. This was completed in a leisurely manner as most residents had their preferred seats, which staff were aware of. There was only one choice of diluting juice which was already poured for each resident; the inspector believes that residents should be offered a choice and selection of hot and cold drinks.

There was soup and an array of sandwiches, quiche and chips or salad, and modified dishes for those assessed as requiring them. It was noted that although the food was varied, it was not freshly home cooked and the quality was lacking. This was put to the manager who explained that frozen food was only being used as a short term measure, as the head chef was very new to the home and being given some time for a full induction. The home usually provides freshly home cooked meals.

The inspectors would suggest that a piece of improvement work could be undertaken in relation to the dining experience, including choices, pictorial aids, an alternative to soup and sandwiches and, most importantly, that good quality home cooked meals should be available at all mealtimes. Staff should also check in with residents that they have had enough to eat or drink before they leave the dining room. This will be reviewed at future inspections.

Residents, relatives' ambassador and staff spoken with during the inspection made the following comments:

Residents:

- "The food's lovely. You get a choice."
- "You love getting a good cup of tea."

Relatives' Ambassador:

- "Staff are always attentive – if anything happens they are right there. If I say to the staff that something needs done, it's actioned...All staff are very personable and take time for you. I'm here every day and I never see staff with a cross face or hear a cross voice."

Staff:

- "Yeah, we have time for one to ones with residents – have a chat, a wee laugh."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and involving residents, their families and representatives in care planning.

Areas for improvement

Two areas for improvement were identified within this domain during the inspection. This was in relation to ensuring that records are stored securely at all times and that care plans include sufficient detail to meet the residents’ needs.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

There were several examples of how the home promoted a culture and ethos that supported the values of dignity and respect, independence and rights of residents. An area of good practice in this regard was immediately identified in the foyer of the home; information was displayed stating that the staff promoted the dignity of residents through ensuring the closeness of family by “treating families as care partners and fully involving them”. Accomplishments by individual staff members were celebrated; for example, a staff member had supported residents to feel more connected to their community by facilitating attendance at football matches, ice hockey games, or playing a round of golf. In addition, information on dementia care from the Dementia Homes Support Team was displayed, along with a residents’ respect charter.

The registered manager advised that consent was sought in relation to care and treatment. Additional safety measures in the home, such as the use of locked doors, keypad entry systems and pressure alarm mats were clearly outlined in care records, in agreement with residents and/or their relatives. Written records of consent were maintained within care records.

Residents’ bedrooms were individualised; each bedroom door had the resident’s name and pictures of their hobbies or interests, such as boats, football teams or dogs. Some residents had brought their own furniture, and all residents had a range of personal items in their room such as photographs, cushions, blankets, books or flowers.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff were polite, cheerful and kind when speaking to residents. Residents’ needs were recognised and responded to in a courteous and patient manner by staff, who greeted all residents by name and attempted to build good rapport. Staff were able to describe residents’ individual preferences, for example, what drinks or snacks they would like, what activities they enjoy, and whether they preferred group or individual activities. Staff were responsive to and aware of residents’ individual needs; for example one lady got quite distressed and upset. The staff immediately responded to the lady’s tears in a kind, considerate and comforting manner. One suggested she might be missing her baby and went to get a therapy doll which can be used to comfort residents. This was used to good effect and a member of the care staff remained with the resident until she felt better and was able to re-join a group in the lounge.

One inspector spent time conversing with residents who were in good humour and enjoyed talking and sharing stories. There were lovely examples of how much residents cared for one another and of the close friendships which had been formed between residents. This

demonstrated that new and meaningful relationships can be formed at any age. However, on the day of inspection, the staff appeared as busy meeting the daily needs of the residents, making it difficult, at times, for them to have quality time generating conversations with residents.

Discussion with staff, the relatives' ambassador and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The activity schedule included visits from 'Tom the Music Man'; reminiscence group; arts and crafts; singing hymns or church songs; dancing; armchair aerobics; quizzes; movie nights; and current affairs discussions. Arrangements were in place for residents to maintain links with their friends, families and wider community. The home operated 'open' visiting hours, but did ask visitors to respect meal times. Additional activities included lunch in a local garden centre; Christmas dinner; bus outings; attending a local fair; and gala ball. One excellent piece of practice was an arrangement with a local grocery store. Residents can go to the store and do their shopping as they would have done when living on their own. Grocery store staff ring this through the till and explain that the food will be delivered later. Staff reported that residents loved this activity as it something that they are familiar with. This is creative and also demonstrates good community links.

Another area of good, innovative practice was identified as the home had opened an on-site sports bar for residents. The bar has been particularly popular with male residents, especially for watching sport on TV. The bar can also be used for birthday parties, with plenty of space for relatives and friends.

An additional area of good practice was identified in relation to the role of relatives' ambassador, who also provides a befriending and support role to residents in the home. For example, if a resident is isolated from family, they can receive visits from the ambassador, or be supported to develop friendships with other residents with similar interests. The ambassador was particularly complimentary about the home and the efforts made to provide stimulation and 'a normal life' for the residents. For example, relatives can choose to attend activities as these are arranged and advertised in advance. Another well received activity was a visit from Hugo Duncan, who spent several hours singing, talking to and playing the guitar for residents.

While the home offered a range of activities, this was not evident on the day of inspection. Many residents spent long periods of time sitting on their own, either in their rooms, lounges or dining room. Some residents repeatedly walked the corridors. There was a small uptake of the planned arts and crafts activity, which despite the best efforts of the care staff, was of poor standard in terms of equipment and content. Discussion with staff and management confirmed they understood the negative impact of this lack of stimulation on residents' health and behaviour. Of note, one activities co-ordinator was on annual leave and another was on sick leave, which did impact the activities which were observed on the day of inspection.

During discussion with management, the inspectors highlighted that structured activities have their place in any residential home, but are of particular importance in a home for people living with dementia. It was suggested that the home undertake a review of activities on both a group and individual basis. A quality improvement project could review the latest and best practice into activities for people with dementia, including individual activities that help cognitive ability and dexterity skills. Management agreed to review activities which incorporate both group and individual sessions and contribute to a more dementia friendly environment. This has been stated as an area of improvement.

Residents, relatives' ambassador and staff spoken with during the inspection made the following comments:

Residents:

- "Staff are nice."
- "The girls are great they'll do anything for you."
- "I love it here, I have a great wee friend here and we just sit here watching everybody going by."

Relatives' Ambassador:

- "My (relative) has a little community, friends and company here... 'Friends of Carrick Manor' arrange fundraisers and activities and outings for everyone. Staff accompany the residents and give their own time to do this – it's in addition to their working hours, which I don't agree with – but it shows you how caring they are."

Staff:

- "There's lots on for the residents: aromatherapy; foot massage; baking; music; shopping trips; knitting club on Fridays."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the inclusion of relatives in residents' care.

Areas for improvement

There was one area for improvement within this domain identified during the inspection. This was in relation to the activities programme.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

On arrival to the home, an area of good practice was immediately identified in the foyer area, which contained a range of relevant information for relatives and visitors to the home, including the complaints policy and procedure. Other available information included the home's statement of purpose; residents guide; the daily menu; RQIA certificate of registration; and RQIA's complaint poster.

Systems were in place to ensure effective communication with residents and their representatives. Residents were listened to and valued; their views and opinions were taken

into account in all matters affecting them. This was evidenced through pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The dates of residents and relatives meetings were displayed in advance to enable families to plan ahead. The registered manager also outlined additional strategies she had used to encourage attendance. An area of good practice was identified; a poster advertised that the manager operated a weekly afternoon surgery, where residents and/or relatives could discuss any issues or concerns. It also encouraged feedback outside of these hours if needed, as the home operated an open door policy in terms of communication with residents and/or relatives.

The registered manager advised that the home had a whistleblowing policy in place and that staff could also access line management for additional support. A recent example was discussed which demonstrated that staff were prepared to use the whistleblowing policy appropriately through prompt action and improved safeguarding outcomes. Staff are to be commended for this. Discussion with staff confirmed they had an excellent understanding of their obligations in relation to raising concerns about poor practice and whistleblowing. Discussion with staff confirmed that there were good working relationships within the home as they expressed high confidence in the registered manager, who they felt responded fairly and promptly to any issues raised. This is also to be commended.

Residents, relatives' ambassador and staff spoken with during the inspection made the following comments:

Residents:

- "Joanne is great, you can tell her anything."

Relatives' Ambassador:

- "There is good feeling and happiness in this home; my perceptions of care homes have changed for the better due to my experience here. The ingenuity, diligence and passion of all the staff here is what sets it apart; not just about the residents, but what they do for relatives and families."

Staff:

- "It's a good team, we all get on."
- "Joanne is a brilliant manager – she is on the ball and you can approach her about anything."
- "Joanne is a good manager."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, communication with residents and/or their representatives and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Neville, registered manager; Kerri Wright, deputy manager; and Gavin O'Hare Connelly, responsible individual, 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 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.

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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20.1 (a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall, having regard to the size of the residential care home and the number and needs of residents, ensure that:</p> <ul style="list-style-type: none"> • there are sufficient numbers of staff working in the home as are appropriate for the health and welfare of residents. • all staff receive mandatory training and other training appropriate to the work they are to perform. <p>Ref: 6.4</p>
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Response by registered person detailing the actions taken:
 Staffing levels are monitored on a daily basis due to changing needs of residents. This is also monitored through the dependency tool. Where extra support is needed this will be put in place.

All staff have a requirement to complete all mandatory training and are encouraged to attend any other training that is relevant to their line of work. Challenging behaviour training has been arranged.

<p>Area for improvement 2</p> <p>Ref: Regulation 19.1 (b)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall ensure that residents' care records are stored securely at all times.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Key pads to be installed.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 10.3</p> <p>Stated: First time</p> <p>To be completed by: ongoing</p>	<p>The registered person shall ensure that when a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Care team leaders are documenting triggers in the care plan and how different situations should be responded to by all staff.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: ongoing</p>	<p>The registered person shall ensure the activities programme includes activities that are flexible and responsive to residents' changing needs.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Staff and activity coordinators endeavour to adhere to residents' changing needs.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: 11 May 2019</p>	<p>The registered person shall ensure the carpets are replaced/made good.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: New flooring in place</p>

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



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