



The **Regulation** and  
**Quality Improvement**  
Authority

# **Unannounced Follow Up Care Inspection Report 11 May 2018**



## **Carrickfergus Manor**

**Type of Service: Residential Care Home**  
**Address: 76 Dunluskin Gardens, Prince Andrew Way,**  
**Carrickfergus, BT38 7JA**  
**Tel No: 028 9336 9780**  
**Inspector: Ruth Greer**

[www.rqia.org.uk](http://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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Carrickfergus Manor residential home is, environmentally, an integral part of Carrickfergus Manor nursing home. The residential home is separately registered to accommodate forty three social care residents whose needs have been assessed within the dementia (DE) category of care.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 11 May 2018 from 09.55 to 12.00.

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

RQIA received information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes which included staff recruitment and selection processes, registration of staff with their professional body and that two of the registered homes were being used to conduct business in respect to another service.

This inspection was undertaken to provide assurance in relation to the management and governance arrangements within Runwood Homes and the safety and wellbeing of residents in Carrickfergus Manor.

The following areas were examined during the inspection:

- The use of the premises to conduct business in respect to another service
- Governance and management arrangements
- Visits by registered provider
- Recruitment and selection of staff
- Registration of staff with their professional bodies

Residents said they were happy in the home and raised no areas of concern.

Staff said there was a good standard of care provision for residents and staff worked well as a team.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Kerri Wright, deputy manager, 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.

#### 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 23 February 2018.

#### 5.0 How we inspect

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

During the inspection the inspector met with nine residents and four staff. There were no residents' visitors/representatives and no visiting professionals present.

The following records were examined during the inspection:

- Four reports of visits by registered provider
- Three staff files
- Staff registration with professional bodies

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 the most recent inspection dated 23 February 2018

The most recent inspection of the home was an unannounced care type inspection. There were no areas for improvement identified.

## **6.2 Review of areas for improvement from the last care inspection dated 23 February 2018 Month Year**

This inspection focused solely on issues previously outlined in section 4.0. There were no areas for improvement from the last care inspection on 23 February 2018.

## **6.3 Inspection findings**

### **Use of premises by unregulated service**

The deputy manager advised that the premises were not used to conduct business in respect to another service. The deputy manager was not aware of the establishment being used to take bookings, meet clients/potential clients or undertake medical assessments. The deputy manager advised that the only businesses being carried on within the premises were a residential care home and a nursing home.

### **Governance and management arrangements**

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The deputy manager outlined the management arrangements and governance systems in place within the home. The deputy manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The deputy manager confirmed that management in the home felt supported in their role by senior management.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **Visits by registered provider**

The deputy manager confirmed that visits by the registered provider were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Review of the last three reports dated 27 February 2018 from 11.30 to 15.30, 26 March 2018 from 12.00 to 15.00 and 24 April 2018 from 11.30 to 14.30 evidenced that:

- the visits were unannounced and had been completed by Amanda Leitch
- the reports contained the date of visit; the time commenced and the time concluded
- residents were spoken with as part of the visit
- staff were interviewed as part of the visit
- relatives were interviewed as part of the visit
- where areas for improvement were identified; an action was developed to address the issues
- areas for improvement previously identified are being addressed
- there is a system in place to escalate areas for concern up through the governance structures within Runwood Homes

### **Recruitment and selection of staff**

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the deputy manager and review of three staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The deputy manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

### **Registration of staff with their professional bodies**

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

### **Areas of good practice**

The records of visits made by the registered provider as required by regulation 29 were found to contain photographs within the action plans. For example, the action plan generated by the report in February 2018 highlighted the need to replace some chairs in the home. This was supported by photographs of the torn upholstery in the chairs which required replacement.

A record is maintained of the monthly audit undertaken by the registered manager in respect of the current status of staff registration with the NISCC.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## **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.





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)