



# **Unannounced Care Inspection Report 13 May 2019**



## **Carrickfergus Manor**

**Type of Service: Residential Care Home**  
**Address: 76 Dunluskin Gardens, Prince Andrew Way,  
Carrickfergus BT38 7JA**  
**Tel No: 028 9336 9780**  
**Inspectors: Marie-Claire Quinn and Briege Ferris**

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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 care for up to 43 residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Joanne Neville 17 January 2018
<b>Person in charge at the time of inspection:</b> Joanne Neville	<b>Number of registered places:</b> 43
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 42

### 4.0 Inspection summary

An unannounced care inspection of the residential home took place on 14 May 2019 from 11.15 to 19.05 hours. This was completed in conjunction with an inspection of the nursing home which is located in the same building. An announced finance inspection was also conducted on 15 May 2019 from 10.00 to 13.00 hours. This was the first finance inspection completed in the home.

The inspectors assessed progress with areas for improvement identified in the home during and since the last care inspection 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 environment, staff's attitude to professional learning and development and the working relationships between staff, residents and relatives.

Areas requiring improvement were identified in relation to staff recruitment records, care records and the dining experience.

Residents reported that they felt looked after by staff, and that staff were nice. Comments received during the inspection from residents and staff are included in the main body of this report.

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	*4

\*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, and Kerri Wright, Deputy Manager, as part of the inspection process. Caron McKay, Regional Operations Director also attended for part of the inspection. 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 inspection dated 11 February 2019**

The most recent inspection of the home was an unannounced care inspection undertaken on 11 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time frame.

During the care inspection a sample of records was examined which included:

- staff duty rotas from 5 to 18 May 2019
- staff training schedule and training records
- staff supervision, competency and capability and annual appraisal schedule
- two staff recruitment records
- one staff induction record
- the care records of six residents
- accident/incident records from 1 March – 10 May 2019
- a sample of reports of visits by the registered provider dated 19 February 2019, 29 March 2019 and 30 April 2019
- falls audit for February, March and April 2019
- minutes of staff meeting 25 March 2019 and 11 April 2019

- minutes of residents meeting 21 January 2019
- NISCC registration audit 24 April 2019
- the Complaints and Compliments policy 31 October 2018
- the Management of Distressed Reactions and Medication policy 5 March 2018
- the Annual Quality Review report for 2018

During the finance inspection a sample of records was examined which included:

- a sample of residents' income and expenditure records
- a sample of reconciliation records of residents' money and valuables
- a sample of comfort fund records
- a sample of residents' property records (in their rooms)
- a sample of residents' individual written agreements
- a sample of hairdressing, barbering, chiropody and aromatherapy treatment records
- a sample of residents' personal monies authorisations
- a sample of written financial policies

Areas for improvements identified at the last care inspection of 11 February 2019 were reviewed and 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 outstanding areas for improvement from previous inspection(s)**

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement, four were met and one was not met and has been included in the QIP at the back of this report.

## **6.2 Inspection findings**

### **6.3 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, tidy and noticeably brighter than on the previous inspection on 11 February 2019. Cleaning was ongoing throughout the day and was completed to a high standard. New floors had replaced older carpeting in the lounge and sensory room, which had improved the overall environment; this had been an area of improvement, which has now been met.

An area of improvement regarding staffing arrangements had been identified at the previous care inspection. The registered manager outlined current staffing arrangements in the home which were confirmed in review of the staff duty rota and were satisfactory to meet the assessed needs of the residents on the day of inspection. Additional arrangements for the use of agency and bank staff were also in place.

Residents confirmed that they liked living in the home and that they felt there staff were available when needed, including during the night:

- “Staff are good.”
- “I just use my bell and they (staff) come...lovely girls, lovely staff.”
- “My room is very warm so I have a fan...Staff clean every day.”

Staff were observed to be calm, patient and responsive to residents expressed needs. There was a less pressurised environment in the home compared to the last care inspection. Staff were available to provide care on both a group and individual basis. Call bells were responded to promptly. Discussion with staff identified that they felt the home was currently appropriately staffed and that they felt able to meet the needs of residents at all times;

- “This is usual staff ratio today and it’s ok at the minute. It took a lot to get to this point. I know that me and my colleagues work together to make sure care is safe.”
- “It was very pressured at times, but residents are now well settled and it’s more relaxed.”

This area for improvement was met.

Review of the recruitment records of two members of staff confirmed that appropriate pre-employment checks, including AccessNI, were completed. It was noted that gaps in employment were not discussed or documented within interview records. This has therefore been stated as an area of improvement.

We identified that some newer members of staff were not fully registered with Northern Ireland Social Care Council (NISCC), which the home reported was due to issues with NISCC’s online registration system. Following the inspection, the registered manager provided written confirmation that this had been highlighted to NISCC; the home will continue to closely monitor this to ensure that all staff are registered in a timely manner.

Review of one staff induction record was satisfactory. Management and staff described the staff induction process as thorough and flexible to the skill levels and experience of staff. Records also confirmed that staff were provided with supervision, annual appraisals and competency and capability assessments as required.

Review of staff training matrix identified that staff were provided with regular mandatory training and specific training relevant to their line of work, including equality and diversity, person centred practice and privacy and dignity. Challenging behaviour training was provided on 9 April 2019. Staff confirmed they had received challenging behaviour training and that sufficient mandatory training was provided. This had been identified as an area for improvement at the previous care inspection and has now been met.



Some staff felt challenging behaviour training could have been more detailed. Staff spoke positively about recent Care Team Leader training: “I’ve really benefitted from it. I learned delegation and improved my management style”. Staff feedback was discussed with the registered manager to consider this when planning future training. The home continue to review training in response to identified need; for instance refresher training on medication management was arranged in response to some medication errors. Shared learning was also discussed with staff at supervision and team meetings.

Correspondence with the registered manager before and during the inspection identified that any potential safeguarding concerns were reported and investigated in line with policy and procedure. Staff presented with knowledge and understanding of their responsibilities under Adult Safeguarding, including whistleblowing. The registered manager outlined the home’s response to whistleblowing and any concerns reported by staff. We discussed how the home could further improve liaison with the trust regarding safeguarding cases which have been closed. The registered manager advised that she had completed the home’s Annual Adult Safeguarding Position report for 2018 – 2019.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, and the home’s environment.

### Areas for improvement

One area for improvement was identified in this domain in relation to staff recruitment records.

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

#### 6.4 Is care effective?

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

Residents mostly appeared as content in their surroundings and stated they enjoyed the peace in the lounge. Residents had been supported to attend to personal care and several residents were pleased to be attending the hair dressers that day. Residents were dressed in clean and colour co-ordinated clothing. Discussion with residents confirmed that they felt they were well cared for:

- “It’s great here, the staff are fine.”
- “Oh, I’m very happy.”
- “I’ve got all I need.”
- “I’m happy here.”

Staff were observed promptly and courteously responding to any signs of agitation and distress, for instance residents who presented as confused and eager to return home. Residents appeared at ease with staff, who also appeared knowledgeable about how to comfort different residents; some responded well to offers of a cup of tea and a chat, while some were settled in their room to watch snooker on television.

Staff discussed how they ensure that care is effective: "It's a nice home (for residents). It's not just helping the residents look clean, tidy and respectable. You talk to them; even if you just make them laugh, you're winning!"

An area of improvement had been made at the previous care inspection to ensure that all care records were maintained confidentially. We saw that care records were now securely stored in offices which had been fitted with key pad entry and were only accessible to staff. This area for improvement has been met.

Review of care records confirmed that a range of assessments and care plans were completed with residents and their families to assess and identify their needs. These were reviewed on a regular basis, or as required. Care plans were holistic and included details on resident's life history, preferred activities and daily routine. It was noted that the level of detail in care plans varied. Some care plans lacked sufficient detail, for instance for those residents who present with distressed reactions. There was insufficient detail on what these reactions were, potential triggers, and specific measures to support the resident during these occasions. This was highlighted to the registered manager who agreed to review the relevant records and discuss with staff to highlight best practice and ensure shared learning. This area for improvement has therefore not been met on this occasion and so has been stated for a second time.

The inspector observed the lunch time meal in both dining rooms in the home. It was positive to note that some improvements had been made to the dining experience for residents. This included pictorial and written information on the daily menu being displayed throughout the home and included in table settings. The dining rooms were clean and tables set, including cutlery and condiments. The menu displayed on the day of inspection was not entirely accurate; for instance, the soup was advertised as curried cauliflower but lentil soup was served instead.

Observation of the dining experience was mixed. Evidence of some good practice was clear as staff calmly and patiently encouraged and supported residents to make their own way to the dining room, or accompanied them if necessary. Some residents preferred to eat in their rooms and they were served at the same time as residents in the dining room. Staff were observed to provide individual support to those residents who required prompting and encouragement to eat, supporting independence where possible. Staff ensured the radio was playing 50s style music, and some staff engaged in light hearted banter with residents. Residents were provided with a choice of meal, and staff remained vigilant in identifying residents who required further alternatives.

Residents' comments about the food included:

- "The food is fine. If I don't like it, I don't eat it."
- I didn't like it (the soup). It was too thick."

When asked if they enjoyed the alternative meal offered, Bolognese and potatoes, one resident commented, "Well...I ate it." Other residents were heard expressing their dislike of the meal being served, querying what it was, reporting the soup was too thick for their taste and that portions were too big.



The presentation of the food was inadequate. Residents were not provided with plates for their sandwiches, which were placed directly on the table or in napkins. When this was highlighted to staff, some began using the saucers for tea cups instead of providing side plates. The soup could have been served with greater care as some bowls were served with soup having spilled down the side. Portion sizes were also quite large, and not as carefully served meaning the food looked less appetizing.

This was discussed with the registered manager who agreed that this was not acceptable and will be addressed with all staff immediately. The deputy manager also highlighted that the cook speaks with residents after meals, to gather their views and feedback. The home agreed to review the dining experience and this has been cited as an area of improvement.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents and staff.

### Areas for improvement

One new area for improvement was identified within this domain during the inspection in relation to the dining experience.

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

#### 6.5 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.**

Staff were observed to be courteous, kind and responsive to residents, and there was evidence of warm rapport between residents and staff. Staff ensured residents' privacy and dignity was respected by knocking bedroom doors before entering, and quietly offering support with toileting before meals.

An area of good practice was identified through the home's use of the 'Dignity Star of the Month'. This was used to celebrate individual staff and best practice in the home. The most recent 'Star' was a staff member who embodied that month's theme of 'Making Magic Moments' to identify and create opportunities for fun, warmth and belonging with residents. This contributes to person centred care and contributes to resident's social wellbeing.

Written and pictorial information regarding resident's care was retained in resident's bedrooms. For instance, each resident has a key worker, and residents are provided with their name, photograph and summary of how their key worker can support them. This is also helpful for family members and visiting professionals.

An area of improvement had been made at the previous inspection regarding the activities provided in the home. On the morning of the inspection, some residents were listening to Kenny Rodgers records in the lounge. Residents who spoke with the inspector confirmed they were content, "I like to sit here and read my magazine". In the afternoon, we saw staff encourage and support residents to walk to the garden. Residents and visitors enjoyed sitting in the sun, listening to music and chatting. Staff ensured residents were wearing sun cream and a sun hat, and had an ample supply of hot or cold drinks.

Discussion with staff and residents confirmed that residents were involved in decisions regarding their care and how they spend their time. For instance, residents could be served meals in their room if they did not want to go to the dining room. Several residents reported they usually did not like to engage in group activities:

- "If they had them (activities) I wouldn't go anyway. I like being in my room. They (staff) got me that big T.V."
- "I don't go to the lounge. The staff do encourage me but I like being in my room."

This was reflected in care records, which prompted staff to encourage resident's engagement but ultimately respect their choice.

The registered manager advised that the home is currently advertising for an additional activities co-ordinator due to recent staff vacancy. The current activities co-ordinator is flexible and will work on the weekends depending on planned activities. For instance, the home is having a coffee afternoon and cake sale on 25 May to raise money for the creation of a garden room in the home. The home is also fundraising through a 'garden fireside quiz' and a 'pyjama day'. Staff will also be encouraging residents to be involved in the competition for 'best lounge'.

Care staff were able to outline how they currently incorporate activities into daily practice, especially if the activities co-ordinator is not available; listening to music, dancing, colouring in, watching films and playing with skittles or balloons. Staff also confirmed they had access to equipment and supplies for this.

It was positive to note that staff presented as enthusiastic and interested in developing the activities programme in the home. One member of staff is taking the lead creating the garden room; she outlined her plans to develop the sensory room into a working garden, with various plants and flowers: "There's a competition about who can grow the biggest sunflower; we're going to win!" The garden room will also provide a sensory experience for residents, working with the soil and smelling the flowers. Another member of staff is developing a resident's choir: "She's the singer, so she'll lead the choir."

Residents did not appear aware of some planned activities. In some residents' bedrooms, there was an out of date activities schedule. The inspector noted that an activities schedule was not displayed in the communal areas of the home. This was highlighted to the registered manager who advised that this was reviewed weekly and displayed on Monday's. The registered manager was able to rectify this before the inspection ended. A review of the activities schedule confirmed that a range of activities were planned for the week ahead.

We were satisfied that the home had made sufficient progress in developing the activities programme in the home and this area for improvement has therefore been met.

Residents' and relatives' meetings are advertised in advance and displayed throughout the home. The next relatives meetings are planned for 4 July and 17 October 2019. Review of the minutes of the most recent residents meeting on 21 January 2019 confirmed that residents' views were sought about the running of the home. Overall, residents were content with the care being provided in the home.

The Annual Quality Review report for 2018 was wide-ranging however did not include the views and opinions of residents and their families which had been collected during annual quality surveys. Review of these surveys identified that feedback was positive. It was highlighted to the registered manager and Caron McKay, Regional Operations Director, that these views should be included in the overall annual report. This has been cited as an area of improvement.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the improvement in the provision of activities in the home.

### Areas for improvement

One area for improvement was identified within this domain during the inspection, in relation to including the views of residents and/or their relatives in the home's annual quality review report.

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

#### 6.6 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.**

Residents reported they felt able to raise any issues with staff. Residents confirmed that they would feel able to complain if they needed to:

- "I couldn't complain. I've nothing bad to say about it."
- "So far, so good. No complaints!"

Discussion with the home's relatives' ambassador confirmed that he remained very content with the care provided in the home and the support provided by staff, especially management.

Staff described management as available and approachable, although some staff felt communication and support could be improved in terms of recognising staff's hard work, particularly during busy periods. Some staff described management as very supportive, highlighting times when the deputy manager worked additional hours to support staff in an emergency. Staff reported, "It's a good team, good team work."

The registered manager completes routine audits of working practices in the home. Review of a sample of falls audit was acceptable. A clear system was in place to monitor the number of falls in the home, identify trends and address any issues. An action plan was developed if necessary, which included appropriate actions such as liaison with and referral to multi agency teams such as falls prevention team.

Review of the home's accidents and incidents log confirmed that these were appropriately managed and responded to by staff. This included onward referral to relevant agencies including RQIA.

We reviewed a sample of reports of visits by the registered provider, which are completed on a monthly basis. These reports contained the views and opinions of residents and relatives, who were positive about the care provided in the home. Review of these records was satisfactory; there was evidence of a clear action plan to address any issues, and these were monitored by management.

The minutes of the most recent staff meetings were reviewed and found to be acceptable. They included staff's views, including their request for additional information and training. It was positive to note that one staff meeting had focused on the provision of activities in the home, and how staff could work together to improve this. Improvements in this area were evident on the day of inspection demonstrating that staff have incorporated learning into practice.

A range of policies and procedures is in place in the home, and available to staff in both hard copies and online access. The home also makes policies available for residents and/or relatives by retaining a folder in the main foyer. Review of this folder identified some policies which had been recently updated, and some which were not in date. This was discussed with the registered manager who agreed to review the current arrangements.

### **Management of service users monies**

As part of the inspection process, an RQIA finance inspector conducted an inspection on 15 May 2019. They reviewed a sample of residents' records to review the controls in place to ensure that residents' monies and valuables were being appropriately safeguarded. A review of these controls identified that they were in place and operating effectively.

No areas for improvement were identified as part of this inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management oversight and quality improvement.

### **Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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, and Kerri Wright, Deputy Manager, as part of the inspection process. Caron McKay, Regional Operations Director also attended for part of the inspection. 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 10.3  <b>Stated:</b> Second time  <b>To be completed by:</b> with immediate effect	<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><b>Response by registered person detailing the actions taken:</b> All care plans are person centred to meet the needs of the resident. All staff are made aware of residents care plans to ensure continuity of care.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time  <b>To be completed by:</b> 13 November 2019	<p>The registered person shall ensure that before making an offer of employment, any gaps in employment records are explored and explanations recorded.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All applications and C.V's are checked at time of interview with candidate to determine any reasons for possible gaps in employment.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.9  <b>Stated:</b> First time  <b>To be completed by:</b> with immediate effect	<p>The registered person shall ensure all meals are served in suitable portion sizes, and presented in a way and in a consistency that meets each resident's needs.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All meals are served reflecting dietary needs of the residents. Portion sizes are taken into consideration when serving meals to all residents and ensuring all meals are appetising and attractive.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 1.7  <b>Stated:</b> First time  <b>To be completed by:</b> 13 May 2020	<p>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.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Quality report will include methods of obtaining feedback from residents and relatives and will infuture hold comments made. Actions put in place to improve quality of service will also be included to rectify any issues raised.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care