



# **Unannounced Care Inspection Report 20 October 2019**



## **Carrickfergus Manor**

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

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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> Upon arrival: Margaret Barr – Care Team Manager (CTM)  From 11.42 onwards: 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> 43

### 4.0 Inspection summary

An unannounced care inspection of the residential home took place on 20 October 2019 from 11.20 to 14.45 hours. This was completed in conjunction with an inspection of the nursing home which is located in the same building, by that service's aligned care inspector.

The inspector 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 cleanliness of the internal environment, infection prevention and control (IPC) practices, staff communication and collaboration with the multi-professional team, staff communication with residents, staff teamwork, morale and maintaining good working relationships.

Areas requiring improvement were identified in relation to the management of behaviours which are challenging, the monitoring of residents' bowel functions, the nutritional care of residents and the provision of activities.

Residents spoke positively about their experience of living within the home. 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	*5

\*The total number of areas for improvement includes one which has been carried forward to be reviewed at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Neville, manager, and Kerri Wright, deputy manager, 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 inspection dated 13 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 May 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 residents, 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 and/or discussed which included:

- the care records of two residents including supplementary care records
- selection and recruitment records
- RQIA registration certificate
- activities information
- adult safeguarding records
- notifiable incidents to RQIA

Areas for improvements identified at the last care inspection of 13 May 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 areas for improvement from the last care inspection dated 13 May 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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 10.3  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of sampled care plans evidenced that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time	The registered person shall ensure that before making an offer of employment, any gaps in employment records are explored and explanations recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Selection and recruitment records were reviewed and demonstrated that this area for improvement was met. Discussion with the manager and review of the relevant documentation confirmed that a system had been implemented to ensure any gaps in employment were explored and recorded.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.9  <b>Stated:</b> First time	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.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> The provision of lunch was observed and evidenced that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 1.7  <b>Stated:</b> 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.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The care team manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of residents were met. Discussion with the manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary.

Discussion with staff evidenced that they were coached and mentored through a process of both supervision and appraisal. Staff spoke positively about working within the home; staff comments included:

- “We feel well supported ...”
- “Team morale is great.”
- “I love it here.”

Staff also told us that training is provided using both online and ‘face to face’ methods; staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.



An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Residents' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of residents' bedrooms were personalised with photographs, pictures and personal items. It was positive to see that residents' bedrooms (including en-suite provision) used colour schemes to help orientate residents. We also observed that there was an attractively decorated lounge which included 'old fashioned' items of furniture which may be familiar to residents. The internal environment was clean and clutter free throughout. It was noted however that staff were attempting to manage a minor water leak from a corridor ceiling; appropriate signage was erected to alert residents and visitors. The manager informed us that this matter was being addressed by maintenance staff. We also informed the manager that one identified ceiling smoke alarm had no cover; the manager agreed to action this.

Staff were observed adhering to effective infection prevention and control practices. Personal Protective Equipment (PPE) was available although the need to ensure that PPE dispensers remain adequately stocked for staff convenience was stressed. We noted that one used insulin device had been inappropriately discarded. This was brought to the attention of the staff and the need to ensure that such items are disposed safely and appropriately at all times was agreed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the cleanliness of the internal environment and infection prevention and control practices.

### Areas for improvement

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

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

#### 6.4 Is care effective?

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

Discussion with staff and the manager evidenced that staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in residents' conditions and that they were encouraged to contribute to the handover meeting. One staff member told us: "The morning handover is helpful." All grades of staff consulted clearly demonstrated the ability to communicate effectively with the residents, their colleagues and with other healthcare professionals.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the manager.

Supplementary care charts, such as bowel function records, were examined. It was noted that the bowel function records for one resident were not up to date. An area for improvement was made.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, dieticians and speech and language therapists (SALT). Care records also evidenced that a range of validated risk assessments were used and informed the care planning process.

We reviewed the care records for one resident who may present with behaviours which are challenging. While relevant care plans were in place, it was noted that records describing incidents of verbal and/or physical aggression by the resident (and how staff responded) contained limited information. It was also noted that recent contact with a relevant adult safeguarding team by home staff was not recorded in the resident's care record. While a number of risk assessments were in place, there was none for the management of potential physical and/or verbal aggression. Feedback from staff indicated that they were of the view that the resident's placement required urgent review; this was highlighted to the manager who agreed to address this. An area for improvement was made.

The nutritional care of residents was also considered. The care plan for one resident who received lunch to their bedroom was noted to lack sufficient detail in regard to the resident's current state of health and didn't outline recommended approaches which may encourage the resident to eat. It was also noted that staff assistance to this resident throughout lunch was inadequate. An area for improvement was made. The dining experience of other residents is referenced in section 6.5.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication and collaboration with the multi-professional team.

### Areas for improvement

Areas for improvement were made in regard to recording residents' bowel function, the management of challenging behaviours and the nutritional care of residents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

#### 6.5 Is care compassionate?

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

Upon arrival to the home, staff interactions with residents were noted to be caring, friendly and compassionate. Several residents spoke positively about the manner in which staff care for them; residents' comments included:

- "Staff are lovely."
- "The girls are very kind."



Residents' visitors spoken with also commented positively about their experience of the home; they said:

- "The staff are very attentive ... the food is good."

We observed the provision of lunch to residents. The dining area was noted to be spacious, clean and attractively decorated. Staff were discreetly overheard offering residents assistance in a dignified and timely manner within the dining room. It was suggested to the manager that the provision of table clothes might enhance the dining experience of residents; the manager agreed with this and stated that she would adopt this recommended change. It was also noted that while staff endeavoured to serve residents their lunch promptly, the order in which this done required improvement; this will help ensure that residents who are seated together during lunch can enjoy their meal at the same time. A large wall mounted menu which was on display at the entrance of the home was found to be confusing and did not easily inform residents/visitors of the daily menu; likewise, menus in the dining room were not appropriately displayed for residents. This was discussed with the manager who agreed to address this; this will be reviewed at the next care inspection.

Discussion with staff highlighted that a 'Named Keyworker' is assigned to each resident. While some resident's bedrooms had signs informing residents of this, some did not. One staff member told us "We need to replace these signs..." This was highlighted to the manager who agreed to action the shortfall; this will be reviewed at the next care inspection.

The home employs two staff who are responsible for the provision of activities to residents. While activity signage was on display, some of this was out of date. We noted shortly following our arrival that a number of residents sat within the dining room from mid-morning until being served their lunch. During this time, no form of activity provision to these residents was noted. One staff member told us that it was "normal" for these residents to do this and that "activities needed improved." Feedback from staff evidenced that on the day of the inspection, there was no robust plan in place to ensure that residents received adequate stimulation by means of activities provision. An area for improvement was made.

### Areas of good practice

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

### Areas for improvement

Areas for improvement were highlighted in relation to the provision of activities for residents.

	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.**

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, residents were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

It was positive to note that a focused and motivated sense of teamwork was evident among staff who spoke enthusiastically about their role and their responsibilities. Staff comments included:

- “Residential (care) is brilliant.”
- “I’m well supported.”
- “It’s (team morale) is excellent.”

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care. As referenced in section 6.4, the manager stated that she was liaising closely with a commissioning Health Trust concerning the placement of one identified patient; the manager agreed to keep RQIA updated accordingly.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork, staff morale and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified 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, manager, and Kerri Wright, deputy manager, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 1.7  <b>Stated:</b> First time  <b>To be completed by:</b> 13 May 2020	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.  Ref: 6.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that residents' bowel function records are completed in an accurate and contemporaneous manner at all times. Cares records should also demonstrate that residents' bowel function is meaningfully reviewed on a daily basis.  Ref: 6.3
	<b>Response by registered person detailing the actions taken:</b> Staff have been reminded that bowel function must be monitored and recorded appropriately and Care team leaders are aware of any changes.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 10  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure the following in regard to those residents who present with behaviours which are challenging:  <ul style="list-style-type: none"> <li>all episodes of behaviours which challenge will be accurately and comprehensively recorded by staff, including staff management of the episode and subsequent resident response</li> <li>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</li> </ul> Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Staff will record any behaviours which are challenging and detail how each individual episode is managed and how management should be continued. All staff to be full aware of management. Staff will continue to keep in contact with the multidisciplinary team following any incidents. All communication will be documented accurately in a timely manner.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in regard to the nutritional care of residents:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• that residents' nutritional care plan(s) are completed in an accurate and person centred manner at all times and kept under regular review</li> </ul> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Staff will assist residents in their bedrooms at meal times in a timely manner. Staff will ensure nutritional care plans are recorded accurately and are person centred at all times. This will be kept under review and any changes will be highlighted.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Well being leads will ensure activity programmes are visible for all residents and visitors coming into the home. Also residents who do not want to leave their room will have access to weekly activity programmes. Activities will be person centred to meet the needs of the residents.</p>

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



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