

Unannounced Care Inspection Report

23 February 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

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 registered to accommodate forty three social care residents whose needs have been assessed within the dementia (DE) category of care.

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 inspection took place on 23 February 2018 from 06.45 to 11.30.

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 was undertaken following receipt of a complaint from an anonymous source received by telephone at RQIA on 14 February 2018. The complainant identified him/herself as a relative/friend and stated that there were insufficient staff on duty in the home to care for the residents accommodated and that a high percentage of residents had urinary tract infections and were having falls as a result.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing – including levels and deployment
- residents – including numbers and dependency

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 Joanne Neville, registered 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents and any correspondence received at RQIA in relation to the home.

During the inspection the inspector met with 18 residents and 10 staff (both night and day)

The following records were examined during the inspection:

- Accidents/incidents
- Six residents' care files
- Managerial audits
- Staff duty roster

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 28 December 2017

The most recent inspection of the home was an announced care inspection. This was a pre-registration inspection following an application from Carrickfergus Manor to be registered as a residential care home. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 28 December 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

Staffing

The inspection commenced at 06.45 which provided the opportunity to examine night and day staffing levels. There was one senior staff member and three care staff on night duty to provide care for thirty eight residents. Day duty cover was provided by two senior staff and four care staff. The registered manager and an assistant manager were on day duty. Duty rotas showed that the night duty complement was on occasion three staff and at times four staff. The registered manager advised that staffing levels are kept under continual review and, depending on the numbers and dependency of the residents, the number of staff on duty is amended. An audit of staffing levels was undertaken by the manager in February 2018 and was reviewed as part of this inspection. Information on the audit confirmed that levels of staff at night fluctuate and are increased or decreased in line with the numbers and dependencies of residents accommodated.

Staff who were spoken with advised that staffing levels are adequate to meet the needs of the residents and confirmed that additional staff are rostered on duty if the needs of residents change.

Many residents were unable to verbalise their views but those who were able to speak with the inspector did not raise any concerns about staffing or any other areas of their care.

Areas of good practice

Areas of good practice were found in that there were monthly audits undertaken in relation to staffing levels and staff number. These were amended as required and were reflective of changing residents' needs.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Residents' Well-being

There were thirty eight residents on the day of the inspection. Staff were observed attending to their needs in a caring, friendly and timely manner. Requests for assistance were responded to promptly. Staff demonstrated knowledge of residents as individuals and provided assistance often before the resident had requested help.

A review of six care plans and the accident and incident records showed that several residents had been diagnosed with a urinary tract infection. Medical intervention had been sought and anti-biotics prescribed. There was a care plan in place and fluid balance was being recorded. Staff stated that, as a safety measure they provide attention in twos for residents who were unwell and who required assistance during the night. This is due to the potential that residents may be unsteady when wakened from sleep. A review of care files showed that a care plan was in place for this activity. Risk assessments were in place in relation to mobility and these

were amended to reflect when residents had urinary tract inspections and/or any other illness which may affect their ability to mobilise.

A review of accidents and incidents showed that these were recorded and reported to the relevant external bodies. Care plans had been reviewed and amended if required.

A monthly audit was undertaken of all falls in the home.

Areas of good practice

Care plans and risk assessments were found to be reflective of changing needs.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



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