



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



### **Carrickfergus Manor**

**Type of Service: Nursing Home**  
**Address: 76 Dunluskin Gardens, Prince Andrew Way**  
**Carrickfergus, BT38 7JA**  
**Tel No: 028 9336 9780**  
**Inspector: Julie Palmer**

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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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 47 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual(s):</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Joanne Neville 17 December 2014
<b>Person in charge at the time of inspection:</b> Liz Jeffery-nurse in charge	<b>Number of registered places:</b> 47
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 42  There shall be a maximum of 1 named resident receiving residential care in category RC-I

### 4.0 Inspection summary

An unannounced care inspection took place on 20 October 2019 from 11.20 hours to 16.50 hours. This inspection was completed in conjunction with an inspection of the residential care home which is located on the same site.

The term 'patient' is used to describe those living in Carrickfergus Manor which provides both nursing and residential care.

The inspection was undertaken following receipt of anonymous whistleblowing information to RQIA. The inspection focussed on the following areas:

- staffing
- catering arrangements and the quality of meals
- infection prevention and control (IPC) measures
- staff morale/behaviour
- record keeping

It is not the remit of RQIA to investigate whistleblowing 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 inspection also assessed progress with all areas for improvement identified in the home since the last care and finance inspections 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 staffing, staff recruitment, IPC measures and the home's environment, the quality of meals provided, the current catering arrangements, recording of food and fluid intake, listening to and valuing patients and their representatives, taking account of the views of patients, teamwork, staff morale and maintaining good working relationships.

Areas requiring improvement were identified in relation to the recording of wound care and the pre-dining routine and ensuring comfort of patients during the meal time.

A registered nurse was in charge of the home on our arrival, however, Joanne Neville, registered manager, and Keri Wright, deputy manager, both attended during the inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, 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 patients' experience.

#### 4.1 Inspection outcome

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

\*The total number of areas for improvement includes one which has been carried forward for review at the next care inspection and one which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Neville, 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 and 15 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken by care and finance inspectors on 13 and 15 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 care and finance inspection findings, 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 patients 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.

A poster indicating that an inspection was taking place was displayed in the hallway of the home.

The following records were examined during the inspection:

- duty rota for all staff from 7 to 20 October 2019
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patients' care records
- three patients' care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- RQIA registration certificate
- a selection of patients' inventory records
- a selection of patients' comfort fund records

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> Second time	The registered provider should ensure that an inventory of property belonging to each service user is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of patients' inventory records evidenced that a new system had been implemented to record an inventory on admission; the record was reconciled on a monthly basis and was signed by the staff member who completed the inventory and by a senior member of staff. This area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time	The registered person shall ensure that when recruiting new staff any gaps in employment history are explored and recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of two staff recruitment records evidenced that there were no gaps in the employment histories of those staff members to be explored. Discussion with the registered manager and review of the relevant documentation confirmed that a system had been implemented to ensure any gaps in employment were explored and recorded.  This area for improvement had been met.	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure that both small kitchens are effectively cleaned in order to maintain best practice in infection prevention and control measures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the small kitchens evidenced that they were clean and tidy.  This area for improvement had been met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time	The registered person shall ensure that contemporaneous records are maintained in relation to recording of wound care in accordance with NMC guidelines.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records in relation to wound care evidenced that contemporaneous records were not maintained in all cases.  This area for improvement will be stated for the second time.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that patients' opinions as to the quality of the food on offer are reviewed and action is taken to ensure the food provided meets their dietary needs and preferences and is nutritious and varied.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the food provided and discussion with patients, catering staff and the registered manager evidenced that this area for improvement had been met.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 35.16  <b>Stated:</b> First time	The registered person shall ensure that the annual quality report includes the views and opinions of patients and their representatives.	<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.	



<b>Area for improvement 7</b>  <b>Ref:</b> Standard 14.25  <b>Stated:</b> First time	The registered person shall ensure that two people sign and date a quarterly reconciliation of the patients' comfort fund.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the patients' comfort fund records evidenced that these were reconciled on a quarterly basis and signed by two members of staff.  This area for improvement had been met.	

## 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.**

During the inspection we spoke to staff who told us that short notice sick leave could affect staffing levels on occasions. All staff were satisfied that the manager made arrangements to 'cover' shifts if at all possible, however, some staff felt staffing levels could be better. These comments were brought to the attention of the manager who confirmed the planned daily staffing levels for the home and that these levels were subject to at least monthly review to ensure the assessed needs of the patients were met. The manager further assured us that staffing levels would be regularly reviewed as vacant rooms became occupied again. A review of the staffing rota from 14 to 27 October 2019 evidenced that the planned daily staffing levels were adhered to.

We also sought staff opinion on staffing via the online survey; no responses were received.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner, call bells were answered promptly and patients who were in their rooms were observed to have call bells within reach. We observed that staff were busy but the atmosphere was calm and unhurried. Staff were seen to effectively communicate with each other to ensure patients' needs were met. Staff demonstrated their knowledge of their roles, responsibilities and accountability.

Patients spoken with were satisfied with staffing levels although they felt that staff were kept very busy and one patient said that staff had "too much to do". Patients' visitors spoken with were satisfied with staffing levels.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; no responses were received.



Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home. 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 at interview. This area for improvement had been met.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. The home was found to be warm, clean, well decorated and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

We observed that used clothing protectors had been left in the Knockagh dining room after breakfast. This was brought to the attention of the manager who ensured that staff immediately removed these to the laundry. A laundry bin was placed in the dining room for the appropriate storage of used clothing protectors after lunch. Infection prevention and control (IPC) measures were otherwise observed to be adhered to within the home. Personal protective equipment (PPE) was readily available and stations were well stocked. Staff were observed to use PPE appropriately and to carry out hand hygiene as necessary.

The small kitchens, located off each dining room, were found to be clean and tidy. This area for improvement had been met.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels meeting the needs of patients, communication, staff recruitment and the home's environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number 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.**

Patients spoken with during the inspection were satisfied that their care needs were met. Patients who were unable to express their views appeared to be content and settled, both in their surroundings and in their interactions with staff.

We reviewed three patients' care records and these evidenced that individualised care plans were in place to direct the care required. However, contemporaneous records of wound care were not adequately maintained in two of the three records reviewed. This area for improvement will therefore be stated for the second time. Discussion with staff did assure us that the required dressings had been changed as necessary.

At 11.30 hours we observed that three patients were seated in the Knockagh dining room; no staff were in attendance and there was no stimulus, for example background music, provided in the room. We spoke to one patient who told us that staff had assisted them to the bathroom and then asked if they were agreeable to moving into the dining room. The patient told us that they had consented to this although they were aware that there was approximately an hour until lunch time and they were “a bit lonely”. The patient did not wish to move again and assured us they were content to stay in the dining room. We brought this to the attention of the nurse in charge who told us that patients were not usually brought into the dining room so early and that she would discuss the pre-dining routine with staff. The nurse in charge also put music on and ensured the patients were comfortable and happy to remain in the dining room.

At 11.50 hours we observed that five patients were also seated in the Loughview dining room, however, staff were in attendance, they were chatting to patients and there was music playing in the background.

We observed the serving of lunch in the Knockagh dining room. We noted that the majority of patients were comfortably seated. However, not all patients who remained seated in wheelchairs were offered the opportunity to remove their feet from the footplates to ensure their comfort during the meal. We brought this to the attention of staff who took action to ensure patients were comfortably and appropriately seated. The pre-dining routine should be reviewed to ensure patients are not seated in the dining room too early, without any stimulus, or for the convenience of staff; staff should ensure the comfort of those patients who remain seated in wheelchairs. An area for improvement was made.

The dining room was clean and tidy, the tables were nicely set and condiments were available. Staff offered patients a selection of drinks and demonstrated their knowledge of how to thicken fluids if required. The food was served from a heated trolley which was brought to the dining room at 12.30 hours. We noted that meals were kept warm until patients were ready to eat. Staff demonstrated their knowledge of patient likes and dislikes and helpfully assisted them throughout the meal. The food on offer smelled appetising and was well presented. Patients were offered their choice of meal at the time of serving and were also offered more food, gravy and drinks throughout the meal. Staff ensured patients requiring meals to be delivered to their rooms on trays were catered for in a timely manner. The dining experience was calm, relaxed and unhurried.

Patients told us that they enjoyed the food and that improvements had been made in this area; comments included:

- “The food is lovely.”
- “If you don’t like the food they will make you something else.”
- “The food is quite nice.”
- “Lunch was lovely.”
- “The food was lovely, the meat was very tender.”
- “They ask you what you would like and there is usually a choice.”
- “Lunch was nice today but not always as good.”
- “The food is good, I couldn’t fault it.”

We discussed the current catering arrangements with the manager to ensure that these were adequate and were informed that two suitably qualified members of the existing catering staff had been recruited to fill the chef vacancy. We spoke to the chef on duty who confirmed staffing levels and arrangements in the kitchen and expressed satisfaction with these. The chef also told us that, following the concerns raised regarding the food on offer, dining surveys had been completed to obtain patients' views on the food provided and the menus had been reviewed as a result. New pictorial menus were being developed and moulds had been purchased in order to ensure modified diets were attractively presented for patients who required them. Cakes and buns served at snack times were freshly baked by catering staff. The kitchen was clean and hygienic and appeared to be well organised. The chef spoke enthusiastically about ensuring patients were offered a varied and tasty diet, he told us that we are "getting there and things are improving".

A record was maintained of patients' nutritional and fluid intake and those reviewed were up to date.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to obtaining patients' views on the food provided, the quality of meals provided and the current catering arrangements.

### Areas for improvement

An additional area for improvement was identified in relation to review of the pre-dining routine to ensure that patients are not brought to the dining room too early and that patients are comfortably seated during the meal.

	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.**

During the inspection we spoke with ten patients about their experience of living in Carrickfergus Manor. Patients expressed their satisfaction with the care provided and with the environment; they told us:

- "The staff are lovely but very busy."
- "Generally it's alright here."
- "I am well looked after."
- "It's great here."
- "It's nice and clean"

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

- "Mum is very content and that makes us happy."
- "Staff are lovely, absolutely great."
- "The rooms are very nice."
- "The staff are all lovely."
- "The place is spotless."
- "Great variety of food and drinks, even cappuccinos."

One visitor told us that sometimes their relative had a bit of a wait to get to the toilet; another mentioned that they felt communication to new staff about individual patient's preferences could be improved. Comments made by patients and visitors were brought to the attention of the manager for her information and action if required.

We observed that staff communicated effectively and sensitively with patients throughout the day. They were kind, and caring to patients and also to patients' visitors who told us that good communication was maintained.

An activity planner was displayed on the wall outside the lounge and we noted that a reminiscence session was scheduled for the afternoon during the inspection. As there was no activity coordinator on duty we spoke to staff about how this would be managed. Staff demonstrated their knowledge of what the activity should involve and how it would be provided. They told us that they assisted with providing activities where necessary and very much enjoyed talking to patients about their earlier years and experiences.

The manager confirmed that the views and opinions of patients and their representatives had been sought via dining and customer satisfaction surveys sent out during September and October 2019 for inclusion in the annual quality report. This area for improvement was not reviewed as part of this inspection and will be carried forward to the next care inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos, listening to and valuing patients and their representatives and taking account of the views of patients.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 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.**

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Staff spoken with displayed a positive attitude to their role and commented positively about teamwork and morale in the home; they said:

- “We have patients’ best interests at heart.”
- “I love it here.”
- “I love the patients and have a good working relationship with other staff.”

The majority of staff told us that they felt supported in their role, they were on first name terms with the manager and felt that she was approachable; comments included:

- “Joanne is very supportive, she notices things.”
- “Joanne is great, very approachable.”

Comments made by staff were brought to the attention of the manager for her information and action if necessary. The manager told us that she strove to be accessible and approachable to staff and encouraged them to speak to her directly about any concerns or issues they might have.

Staff told us that they were aware of the home’s whistleblowing policy and their responsibilities around reporting concerns.

We reviewed a selection of patients’ inventory records and a selection of patients’ comfort fund records. These evidenced that the areas for improvement identified at the last finance inspection had been met.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork, 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, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### **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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.16  <b>Stated:</b> First time  <b>To be completed by:</b> 13 May 2020	The registered person shall ensure that the annual quality report includes the views and opinions of patients and their representatives.  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 4.9  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that contemporaneous records are maintained in relation to recording of wound care in accordance with NMC guidelines.  Ref: 6.1 & 6.4
	<b>Response by registered person detailing the actions taken:</b> Staff have been reminded through supervision that all wound care records must be completed fully in accordance with NMC guidelines.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the pre-dining routine is reviewed to ensure that patients are not seated in the dining room too early without any stimulus or for the convenience of staff and staff should ensure the comfort of those patients who remain seated in wheelchairs during the mealtime.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Staff have been reminded that residents must not be brought into the dining room too early before a meal is served and when residents are brought into the dining room music must be already playing in the background for residents to listen to.

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





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