



Unannounced Care Inspection Report 4 November 2019



Karingmore

Type of Service: Residential Care Home
Address: 19 Largy Road, Carnlough BT44 0EY
Tel No: 028 2888 5568
Inspector: Priscilla Clayton

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 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 home is registered with RQIA to provide residential care for a maximum of 16 older people and those living with dementia.

3.0 Service details

Organisation/Registered Provider: Karingmore Responsible Individuals: Mary Theresa Hamill Liam Hamill	Registered Manager and date registered: Mary Theresa Hamill 1 April 2005
Person in charge at the time of inspection: Pauleen Rodgers (Senior Care Assistant) 08.00 until 11.45 hours. Deputy manager from 11.45 hours until 17.30 hours.	Number of registered places: . Total number 16 comprising: RC - I RC - DE
Categories of care: Residential Care (RC) RC - I - Old age not falling within any other category RC - DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 04 November 2019 from 10.45 hours to 17.30 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection 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 the homely atmosphere, the culture and ethos, meals provided, staff training and good team working relationships.

Areas identified for improvement included; the retention of regulatory documents within the home, recording in the duty roster who is in charge when the manager is out of the premises, training for the deputy manager on notifications via the portal, care plan recording, signing of care records by residents and /or their representative, and availability of policies / procedures including policy on infection prevention and control.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others including with staff.

Comments received from residents, one visiting professional and staff during 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 residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*10

Details of the Quality Improvement Plan (QIP) were discussed with Mary Hamill, registered manager and the deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

*This included two areas of improvement identified from the previous care inspection which is stated for a second time.

4.2 Action/enforcement taken following the most recent inspection dated 13 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 January 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.

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.

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

- staff duty rota
- staff training records
- one staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- accident / incident records
- indemnity insurance
- RQIA registration certificate

- statement of purpose

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 January 2019

Two areas for improvement identified at the previous care inspection undertaken on 13 January 2019 are set out below in the Quality Improvement Plan with recorded action taken.

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
Area for improvement 1 Ref: Standard 6.3 Stated: First time	The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. Ref: 6.5	Partially met
	Action taken as confirmed during the inspection: Discussion with the deputy manager alongside review of care records evidenced that two of three care plans reviewed were not signed by the resident or their representative.	
Area for improvement 2 Ref: Standard 7.4 Stated: First time	The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. Ref: 6.6	Not met

	Action taken as confirmed during the inspection: Discussion with the deputy manager alongside review of three care records evidenced that this area for improvement was not addressed.	
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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.

On arrival at the home we were welcomed by the senior care assistant who was in charge as the registered manager was out of the home. The deputy manager came on duty at 11.15 hours and remained in charge throughout the inspection. The registered manager came to the home later to provide some regulatory documents which were not held in the home at the time of inspection. The registered manager returned to the home for the presentation of the findings at the conclusion of the inspection.

At the commencement of the inspection all residents were observed to be up washed and dressed. Some residents were seated in the lounge while others choose to remain in their bedrooms; others moved independently around the home with the aid of walking frames. All residents appeared content, were nicely dressed with obvious care and attention given to their personal care needs. The home was appropriately heated throughout.

There was evidence in staffing records, from observations of practice and from discussions with staff, residents and the deputy manager to verify that the home was staffed satisfactorily by suitably qualified, competent and experienced staff. Records were retained of staff working in the home each day and the capacity in which they worked. One area of improvement identified and discussed related to the inclusion of a recorded indicator in the staff duty roster to show who is in charge when the manager is out of the home.

Staff records were brought to the home by the manager during the inspection. Review of two files evidenced compliance with employment legislation. Access NI clearance was carried out prior to commencing work. This procedure is carried out on all new staff appointments, prior to commencing employment, to ensure the person appointed was suitable to work within this setting.

Records of care staff registrations with the Northern Ireland Social Care Council (NISCC) were recorded on the fronting cover of individual staff records. During feedback to the manager at conclusion of the inspection we were advised that monthly monitoring of registrations was carried out to ensure all staff were registered to practice. However there was no evidence of annual renewal retention payments of fees. The registered manager agreed that the development of a collective system to show all staff names, NISCC registration renewal dates alongside annual retention fee payments would provide a qualitative method for monitoring purposes.

Review of staff training records evidenced that staff's knowledge and skills were kept up to date. Records retained evidenced mandatory training and other appropriate training provided which was relevant to the roles and responsibilities of staff.. We were advised that training in The Mental Health Capacity Act (Northern Ireland) 2016 – Deprivation of Liberty Safeguards (DoLS) for all employed staff is scheduled during November 2019 in preparation for the implementation of this Act on 2 December 2019.

Inspection of the home evidenced that all areas were clean, tidy and organised. There was visible evidence of a plentiful supply of infection, prevention and control (IPC) resources including, disposable gloves, aprons, liquid hand soap and disposable hand towels. Wash rooms were clean and tidy. Safe hand washing notices were displayed in pictorial and written format. Staff training in IPC was scheduled to take place on 5 December 2019.

The home did not have a policy on IPC available on the day of inspection. This was identified as an area for improvement as all staff should have access to the home's policy and procedures.

The deputy manager and staff confirmed that no outbreaks of infection had occurred in the home since the previous care inspection.

Residents' bedrooms were individualised, appropriately furnished and decorated with personal memorabilia displayed. All areas were comfortably heated and odour free. One area identified for improvement related to one unsteady bedroom wardrobe which requires to be secured to the wall.

The kitchen was clean, tidy and organised with all items of equipment reported to be in good working order.

The deputy manager and two staff members demonstrated confidence and knowledge of the care planned and provided to residents. Adult safeguarding procedures were understood. Staff expressed strong commitment to their work and satisfaction with staffing levels, staff training, supervision, appraisal and provision of staff meetings which were held on a regular basis to ensure staff were kept fully informed and involved about all aspects of residents care and life within the home.

Records of notifications forwarded to RQIA were discussed with the deputy manager and cross referenced with records retained within the home. The deputy manager advised that she was not aware of how the notification portal system to RQIA worked. Improvement was identified in this regard so that RQIA are informed should the manager be off duty. Accidents / incidents which require to be notified to RQIA and those which do not were clarified with the manager. Regular monthly audits of falls were identified as an area for improvement so that trends / patterns can be identified with action taken to minimise the risk of recurrence.

All fire doors were observed to be closed. Four chairs were observed to be placed in the corridor leading to the fire exit door. This practice was in breach of fire safety recommendations. The manager readily agreed to have these removed. The home's annual fire risk assessment for 2018 was reviewed and discussed. One recommendation for action had been addressed. The manager advised that the fire risk assessment for 2019 had been undertaken and that this report was not available in the home for inspection. The fire risk assessment for 2019 will be reviewed at the next inspection to the home.

Residents seated within a group in the lounge who were able to comprehend told us how happy they were living in the home where they felt safe and well cared for by very good staff. Other comments from individual residents included:

“The staff are very kind, they look after us very well.”

“Yes I feel safe here and I am well cared for, staff sees to everything.”

Areas of good practice

There were examples of good practice found in relation to staffing, staff recruitment, training, infection prevention and control and the home’s comfortable, homely environment.

Areas for improvement

The following areas were identified for improvement; recording of an indicator in duty roster who was in charge during the manager’s absence, policy development in infection, prevention and control, securing an unsteady bedroom wardrobe to the wall and training in the use of the portal for the deputy manager and maintaining a clear passage way to the fire exit.

	Regulations	Standards
Total number of areas for improvement	0	6

6.4 Is care effective?

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

Discussion with the deputy manager alongside review of three care records was undertaken. Each file contained records relating to pre –admission assessment, pen-profile, needs assessments, risk assessments, monthly weight records, care plans and progress notes.

Areas identified for improvement related to the following areas; care plans and obtaining consent forms not always signed by resident / representative (two areas for improvement identified at the previous care inspection), needs assessments not signed by the resident or their representative, a fall risk assessment was not available in one care record where the needs assessment reflected “history of falls” and the identified potential of urinary tract infection (UTI) was not reflected within one care plan.

Records of care management review reports were not available for review. The deputy manager explained that care management meetings were held but she was unsure where the reports were stored. Improvement in regard to accessibility of care management review reports was made.

Discussion was held with the manager regarding the importance of reflecting full details of the necessary “care required” section of the care plan so that staff and the resident and/or their representative are fully informed of the care to be provided.

Residents’ monthly weights were undertaken, recorded and monitored for any weight loss or excessive weight gain.

The manager explained the systems in place for monitoring the frequency of residents' health screening; dental, optometry, podiatry, other health or social service appointments and how referrals were made, if necessary to the appropriate service. The district nurse provides care and support when nursing care for residents is prescribed by the GP, for example, injections, venepuncture, wound management or provision of specialised equipment such as air wave mattresses. The visiting district nurse who spoke with us advised that the care provided was good and that staff always kept her fully informed of residents progress in regard to planned care. The district nurse also advised that the anti – flu vaccination programme had been implemented for those residents who consented to have the vaccine.

Staff explained they receive hand- over reports at commencement of shifts so that they are kept fully informed of residents' health and well- being and any changes to the residents' care plans or other associated care information. Staff had a good knowledge of peoples' abilities and level of decision making; staff know how and when to provide comfort to people because they know residents needs well.

Staff were observed responding promptly to residents calls for assistance. Call bells were positioned within reach of residents. One resident told us, "Staff are always here to help when we need them".

Staff told us the care was really good in the home and that they were provided with the necessary support from the manager and necessary resources such as training, staff meetings and a plentiful supply of items necessary to provide good care.

There was evidence of good information sharing with residents and their representatives, for example; individual discussions with residents' information displayed on notice boards including health matters, planned activities and daily menus.

The use of restrictive practices within the home included; bed rails use and locked doors. District nurse intervention had been sought in regard to bed rail use and associated risk assessment. The registered manager demonstrated awareness of the implications of resident capacity, DoLS guidelines, staff training, and procedure to be implemented on 2 December 2019.

One group of residents told us they were "very satisfied with the care received from staff and "Mary" (manager) was always there for us".

Areas of good practice

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

Areas for improvement

Areas identified for improvement related to care record keeping and availability of care review reports.

	Regulations	Standards
Total number of areas for improvement	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.

The atmosphere throughout the home was calm and good humoured. Residents who were able to verbally communicate gave positive feedback on the caring support and encouragement that staff provided to them. Other residents were relaxed and communicated with us by way of non-verbal gestures / cues and signage which indicated they were happy and content. Activities and interactions observed between staff and residents were professional with evidence of dignity and respect.

Throughout the inspection residents were observed to be calm with no aimless wandering around the home. Various therapeutic activities, were taking place with individual residents to ensure these were tailored to meet their complex needs. Discussion with staff and residents confirmed the residents' spiritual and cultural needs were met.

Residents' bedrooms were individualised with their choice of memorabilia displayed.

There was an adequate supply of clean bed linen stored within each resident's bedroom.

There was evidence of effective management of pain and discomfort which was given in a timely and appropriate manner and reflected within person centred care plans reviewed.

Care records reviewed provided evidence of resident's choice and preferences in regard to their care, activities and life in the home.

The serving of the mid- day meal was discreetly observed. Staff were observed supervising and assisting residents as necessary and in accordance with good professional practice. Meals served were nicely presented. Residents were offered choice of main meals provided each day. Special diets were provided as prescribed by the speech and language therapist recommendations. Fluids were provided and encouraged. Records of meals provided were retained. Residents told us they liked the meals provided and that additional snacks mid-morning, afternoon and evenings were provided.

Rotating three weekly seasonal menus were provided. Seasonal menus developed were based on feedback from residents which included their preferences / choice.

Staff explained that the organised programme of activity displayed on the activity board provided positive outcomes for residents and were based on the identified needs and interests of residents. Activities provided included for example, passive exercise, reminiscence work, music sessions, arts / crafts, bingo and quiz.

Residents, staff and one visitor spoken with during the inspection spoke highly of the care provided. Comments included:

- "We could safely say this home is the best, we have everything here, plenty to eat, good staff, kept warm and have good times." (resident)
- "My relative is well cared for here and we don't have any issues." (relative)
- "We go the extra mile for our residents and always treat them with respect." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident and/or their representative.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 deputy manager outlined the management arrangements and stated that she would “act up” for the manager when she out of the home. The registered manager who was unable to attend the full inspection came to the home to bring various documents and to receive feedback at the conclusion of the inspection.

The deputy manager explained that the registered manager, who is also the responsible person, was supported in her role at operational level by a mixed skill team of staff including deputy manager, training officer, senior care assistants, care assistants, housekeeper and cook.

The deputy manager and staff confirmed that the needs of all residents were met in accordance with the home’s statement of purpose and the categories of care in which the home was registered with RQIA.

The home’s current RQIA Registration Certificate and Liability Insurance, dated 21 September 2019, were displayed within the hallway of the home.

Discussion with the deputy manager and two staff members alongside examination of a range of records, including minutes of staff meetings, residents meetings, staff supervisions, annual appraisals, accident / incident and complaints provided evidence of the management arrangements in place.

Manuals of policies and procedures were brought to the home by the registered manager. The manager explained that records retained outside of the home would be moved to Karingmore following inspection. cursory view of policies / procedures evidenced these had been reviewed and revised in compliance with residential minimum care standards. The retention of policies and procedures within the home was identified as an area of improvement as these must always be readily available to staff.

Residents told us that they knew how to go about making a complaint and felt that they would be listened to and action taken to put things right. They said they had no reason to complain as

the care was great and that staff and Mary (manager) were always about to ensure they got the best care. Residents were made aware of how to make a complaint by way of information displayed in the home. Training records evidenced that staff training in complaints handling had been provided.

The registered manager confirmed that all new residents received a copy of the residents' guide on admission. There were no copies of the guide available in the home for review. These will be reviewed at the next care inspection.

Discussions with staff evidenced that there was very good working relationships within the home and that the registered manager and her deputy were approachable and responsive to suggestions and / or concerns.

The home had received many letters and cards complementing staff on the good care provided.

The home's annual satisfaction survey on the service carried out during January 2019 was discussed and reviewed. Positive feedback was noted from respondents. The inclusion of additional indicators such as activities, core values of choice, dignity, respect etc., meals/meal times, environment, representative comments and suggested improvements would enhance feedback from the resident and/or their representative on the overall quality of the service.

Areas of good practice

There were examples of good practice found in relation to the commitment of ongoing learning, effective communication with staff by way of daily discussions, staff meetings and supervision.

Areas for improvement

One area identified for improvement related to ensuring that all regulatory documents are stored within the home and be available for inspection.

All areas identified for improvement, as cited within the report and appended QIP will be followed up at the next care inspection to the home.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Hamill, registered manager, and the 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Stated: First time To be completed by: 6 November 2019 and ongoing	The registered person shall ensure that regulatory documents are retained within the home and available for inspection. Ref: 6.6
	Response by registered person detailing the actions taken: All documents now held within home
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.3 Stated: Second time To be completed by: 5 November 2019	The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. Ref 6:1
	Response by registered person detailing the actions taken: In the process of seeking signatures
Area for improvement 2 Ref: Standard 7.4 Stated: Second time To be completed by: 31 December 2019	The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. Ref 6.1
	Response by registered person detailing the actions taken: In the process of seeking signatures
Area for improvement 3 Ref: Standard 25.6 Stated: First time To be completed by: 31 December 2019	The registered person shall ensure that an indicator is recorded in the staff duty roster to show who is in charge when the manager is out of the home.
	Response by registered person detailing the actions taken: This has been implemented

Area for improvement 4 Ref: Standard 21.1 Stated: First time To be completed by: 31 December 2019	<p>The registered person shall ensure that all policies and procedures are retained in the home and be readily available to staff.</p> <p>A policy on infection, prevention and control (IPC) is to be developed and available within the policy file.</p> <p>Ref: 6.3 and 6.5</p> <p>Response by registered person detailing the actions taken: All policies are available in the home and the IPC has been updated</p>
Area for improvement 5 Ref: Standard N26 Stated: First time To be completed by: 31 December 2019	<p>The registered person shall ensure that the unsteady bedroom wardrobe is secured to the wall.</p> <p>Ref 6.3</p> <p>Response by registered person detailing the actions taken: This has been completed</p>
Area for improvement 6 Ref: Standard 23.4 Stated: First time To be completed by: 31 December 2019	<p>The registered person shall ensure that the deputy manager receives training in the use of the portal system to enable her to forward notifications to RQIA when the manager is not available.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This has been completed</p>
Area for improvement 7 Ref: Standard 20.10 Stated: First time To be completed by: Monthly and ongoing	<p>The registered person shall ensure that regular monthly audits of accident / incidents are undertaken, with records retained, so that trends and patterns can be identified and measures put in place to minimise recurrence.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This is in progress</p>
Area for improvement 8 Ref: Standard 5.4 & 6.2 Stated: First time To be completed by: 31 December 2019	<p>The registered person shall ensure that care records are reviewed and revised to ensure:</p> <ul style="list-style-type: none"> • Care needs assessments are signed by the resident and/or representative. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. • Fall risk assessment is undertaken when the history of falls is highlighted. • Reflect identified potential of urinary tract infection (UTI) within care plans. • Specific interventions of the care to be provided are reflected within care plans.

	Ref 6.4
	Response by registered person detailing the actions taken: Care plans are currently under review and are being updated
Area for improvement 9 Ref: Standard 29.2 Stated: First time To be completed by: 5 November 2019	The registered person shall ensure that corridors leading to the fire exit door are kept clear of obstruction at all times. Ref: 6.3
	Response by registered person detailing the actions taken: All chairs removed from corridors
Area for improvement 10 Ref: Standard 11.5 Stated: First time To be completed by: 31 December 2019	The registered person shall ensure that trust care management review reports are available for inspection. Ref: 6.4
	Response by registered person detailing the actions taken: This is in progress as care reviews are completed

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care