



Unannounced Care Inspection Report 6 February 2020



Karingmore

Type of Service: Residential Care Home
Address: 19 Largy Road, Carnlough BT44 0EY
Tel no: 02828885568
Inspector: Marie-Claire Quinn

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 is a registered residential care home which provides care for up to 16 residents.

3.0 Service details

Organisation/Registered Provider: Karingmore Responsible Individuals: Liam Hamill Mary Theresa Hamill	Registered Manager and date registered: Mary Theresa Hamill 1 April 2005
Person in charge at the time of inspection: Mary Theresa Hamill, manager	Number of registered places: 16
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 16

4.0 Inspection summary

An unannounced inspection took place on 6 February 2020 from 11.45 hours to 15.30 hours.

The inspection assessed progress with all areas for improvement identified in the home during and 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 staffing, person centred care delivery and care which promotes resident's independence, choice and dignity.

Areas requiring improvement were identified regarding review of the home's annual fire risk assessment, and ensuring that residents' progress notes are accurate and up-to-date.

Residents told us they felt happy and well cared for in the home.

Comments received from residents, 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 residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*2

*The total number of areas for improvement includes one standard which was partially met and has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Mary Theresa Hamill, manager and Jolene Hamill, training officer, 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 4 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 November 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 findings from the previous inspection and any other written or verbal information received, for example serious adverse incidents.

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. We received six responses which are included in the main body of the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire, however no responses were received.

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

- staff duty rotas from 2 to 15 February 2020
- records of staff's registration with Northern Ireland Social Care Council (NISCC)
- care records of four residents
- a sample of the home's policies and procedures, including Infection Prevention and Control
- accidents and incidents records from 9 November 2019 to 6 February 2020
- a sample of governance records including falls register and falls analysis
- fire risk assessment from July 2019
- fire safety training and drills records
- minutes of staff meetings from November 2019 to February 2020
- minutes of residents meetings from December 2019 to February 2020

Areas for improvements identified at the last care inspection were reviewed and an 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 4 November 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Stated: First time	<p>The registered person shall ensure that regulatory documents are retained within the home and available for inspection.</p> <p>Action taken as confirmed during the inspection: All requested documents were readily available within the home during this inspection therefore this area for improvement has been met.</p>	Met
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: Second time	<p>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.</p> <p>Action taken as confirmed during the inspection: Review of care records and discussion with staff confirmed that this area for improvement has now been met.</p>	Met
Area for improvement 2 Ref: Standard 7.4 Stated: Second time	<p>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.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of care records confirmed this area for improvement has been met.</p>	
<p>Area for improvement 3 Ref: Standard 25.6 Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Review of the staff duty rota and discussion with management confirmed that this area for improvement has been met.</p>	Met
<p>Area for improvement 4 Ref: Standard 21.1 Stated: First time</p>	<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>Action taken as confirmed during the inspection: Review of policies and procedures retained in the home confirmed that this area of improvement has been met.</p>	Met
<p>Area for improvement 5 Ref: Standard N26 Stated: First time</p>	<p>The registered person shall ensure that the unsteady bedroom wardrobe is secured to the wall.</p> <p>Action taken as confirmed during the inspection: The identified wardrobe had been secured however another wardrobe was noted to be unsteady and one bedroom window needed repair. Correspondence from the home following the inspection confirmed that this had been addressed. This area for improvement has therefore been met.</p>	Met
<p>Area for improvement 6 Ref: Standard 23.4 Stated: First time</p>	<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>	Met

	<p>Action taken as confirmed during the inspection: Discussion with staff and review of records confirmed this area for improvement has now been met.</p>	
<p>Area for improvement 7 Ref: Standard 20.10 Stated: First time</p>	<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>	Met
	<p>Action taken as confirmed during the inspection: Review of relevant records confirmed that this area for improvement has been addressed.</p>	
<p>Area for improvement 8 Ref: Standard 5.4 & 6.2 Stated: First time</p>	<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. 	Partially met and carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: This area for improvement was partially met and has been carried forward to the next care inspection. Please see section 6.2.3 for further information.</p>	
<p>Area for improvement 9 Ref: Standard 29.2 Stated: First time To be completed by: 5 November 2019</p>	<p>The registered person shall ensure that corridors leading to the fire exit door are kept clear of obstruction at all times.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the environment on the day of inspection confirmed this area of improvement has been met.</p>	

Area for improvement 10 Ref: Standard 11.5 Stated: First time	The registered person shall ensure that trust care management review reports are available for inspection.	Met
	Action taken as confirmed during the inspection: Review of care records and discussion with management confirmed that this area for improvement has been addressed, and that the home now had appropriate systems in place to ensure this is maintained.	

6.2 Inspection findings

6.2.1 Environment

The home was clean, tidy and warm.

When we reviewed the home's fire risk assessment, it was unclear if the action plan had been reviewed. One door in the home was wedged open; this had also been identified as an issue by the fire safety inspector. We did confirm that staff had received adequate fire safety training and attended several fire drills since July 2019. An area for improvement has been made under regulation to ensure that all identified actions in the fire risk assessment are actioned and reviewed in a timely manner.

6.2.2 Care delivery

Care was delivered in a calm and unhurried manner. Residents looked well cared for and had been supported to attend to their personal care.

There was lovely atmosphere in the home; residents were content and relaxed. Staff were visible and available to support residents throughout the day.

Resident's social, leisure and spiritual needs were well met in the home. During the inspection, residents could engage in quizzes and prayers in the lounge. We spoke with residents who told us they were content watching television, reading the newspaper and having an afternoon nap after their lunch.

Staff demonstrated confidence and knowledge about residents' individual needs and wishes; staff supported residents to be independent where possible, and offered choice throughout the day. We could see how residents were involved and supported to make decisions about their own lives; there were appropriate systems in place to ensure that resident's views were sought and listened to.

6.2.3 Care records

We reviewed a sample of care records. Care needs assessments had not been signed by the resident and/or their representative, and there was no record of staff's attempts to seek this signature. Specific interventions were not detailed in care plans, for instance in the

management of distressed reactions. Therefore this area for improvement has only been partially met and is carried forward to the next care inspection.

The home maintained daily progress notes for each resident. These records did not always fully reflect the care being provided in the home, for instance, progress of referrals to the falls management team or contact with a resident's social worker. An area for improvement has been made under standards.

6.2.4 Residents' views

The residents we spoke with confirmed they were happy in the home and that were treated with dignity:

- "Staff are very good and I have everything I need in my room. I like my own privacy and space."
- "I would prefer to be in my own home, but I am well looked after. The food is good – I don't eat much, but it is good food, nothing spicy. Staff keep my room very clean. I like the privacy."
- "I have no complaints."
- "I have been in other homes and this is the best one. The staff, especially Mary (manager) is just so kind. Staff don't rush me and let me do things for myself if I can. I'm very happy here."

Following the inspection, we received five responses to our questionnaires. All respondents told us they were very satisfied that the care in the home was safe, effective and compassionate and that the home was well-led.

6.2.5 Relatives views

We spoke with one relative during the inspection who told us:

- "I have no concerns at all. My mum never has to wait for staff to help her. There are good facilities, lovely views, staff are great and everyone is friendly. I know my mum is safe and looked after."

Following the inspection, we received one response from a resident's relative who confirmed that they were very satisfied that the care in the home was safe, effective and compassionate and that the home was well-led. They told us:

- "My mother has been very well cared for since moving to Karingmore, a very clean and well-kept home. The staff are caring and committed."

6.2.6 Management arrangements

The manager outlined recent changes to the management structure in the home and how this had enabled the home to address the areas of improvement identified during the last care inspection on 4 November 2019.

We discussed with management how they can continue to review existing audit systems in the home to drive improvement in the home and ensure these improvements are sustained.

Discussion with staff and review of records established that management were approachable, supportive and responsive. Staff felt training arrangements in particular were very good, as they were detailed and thought provoking.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, person centred care delivery and care which promotes resident's independence, choice and dignity.

Areas for improvement

Two new areas for improvement were identified during this inspection. One is in relation to review of actions outstanding from the home's annual fire risk assessment and one in relation to ensuring that resident's progress notes are accurate and up-to-date.

	Regulations	Standards
Total number of areas for improvement	1	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 Theresa Hamill, manager and Jolene Hamill, training officer, 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 27. – (4) Stated: First time To be completed by: with immediate affect	The registered person shall review and action all identified issues as detailed in the fire risk assessment from July 2019. Ref: 6.2.1 Response by registered person detailing the actions taken: Fire risk assessment reviewed and recommended action taken. Training scheduled for staff involving NI Fire Service. Fixed wire testing records available.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 5.4 & 6.2 Stated: Second time To be completed by: with immediate affect	The registered person shall ensure that care records are reviewed and revised to ensure: <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. • Specific interventions of the care to be provided are reflected within care plans. Ref: 6.2.3 Response by registered person detailing the actions taken: Care plans signed by resident or relative. Specific interventions now detailed in care plan.
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 6 March 2020	All care records must be accurate and up-to-date. Ref: 6.2.3 Response by registered person detailing the actions taken: Care records now up-to-date and accurate. Information added on an ongoing basis with risk assessments included.

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



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