



Unannounced Care Inspection Report 13 January 2019



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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 18 beds that provides care for residents living with dementia and/or over 65 years of age.

3.0 Service details

Organisation/Registered Provider: Karingmore Responsible Individual: Mary Theresa Hamill	Registered Manager: Mary Theresa Hamill
Person in charge at the time of inspection: Senior Care Assistant Marie Darragh at start of inspection Mary Teresa Hamill, registered manager, and Liam Hamill, registered provider, then joined the inspection	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 16 Not more than sixteen (16) persons in categories RC-I and RC-DE

4.0 Inspection summary

An unannounced care inspection took place on 13 January 2019 from 14.00 to 17.15. This inspection was arranged on a Sunday afternoon to enable the inspector to speak directly with residents' family and friends who may be visiting during this time.

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 assessed progress with any areas for improvement identified 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 excellent practice was found in relation to the homely atmosphere, the culture and ethos of the home, catering arrangements, training and the relationships between staff, residents and management.

Two areas requiring improvement were identified in relation to ensuring that written records of consent were retained, and that care plans were signed by residents and/or their representatives.

Residents and their representatives were highly complementary about the home, praising the kindness and commitment of the staff and registered manager.

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	2

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 May 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed, including the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, registered provider, five residents, five staff and six residents' visitors.

A total of 10 questionnaires and several 'Have we missed you cards' were provided for to the registered manager for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Four questionnaires were returned by residents and/or their residents' representatives; three stated they were very satisfied with the care provided in the home.

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

- Staff duty rota
- Staff competency and capability assessments
- Staff training schedule and training records
- Four residents' care files
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls) and environment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities

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

The findings of this inspection were provided to the registered managers at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 May 2018

The most recent inspection of the home was an unannounced care inspection. This QIP was validated by the care inspector at the most recent inspection on 13 January 2019.

6.2 Review of areas for improvement from the last care inspection dated 24 May 2018

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 14 (2) (c) Stated: First time	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.	Met
	Action taken as confirmed during the inspection: Review of care records confirmed that all relevant risk assessments had been completed.	
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that fire doors are not wedged open. If internal doors are to be kept open they should be connected to the fire alarm system.	Met
	Action taken as confirmed during the inspection: On the day of inspection, all fire doors were closed. Each bedroom door had been replaced and doors were now self-closing and linked to the fire alarms.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were not used in the home. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. The home had low staff turnover; many staff had worked in the home for over ten years. This was highlighted as reassuring by both residents and their representatives, who felt the staff knew the resident and their families very well.

Discussion with staff, review of training records and supervision schedules confirmed that these were regularly provided and monitored by management. Arrangements were in place to provide refresher training in food hygiene and emergency first aid later this year, to ensure all staff's mandatory training was in date. The registered manager advised that staff's professional registration was monitored during supervision, and records retained in individual staff files.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

There were restrictive practices within the home, notably the use of locked doors and bed rails. In the care records examined, the restrictions were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

A general inspection of the home's environment was undertaken and the home was clean, tidy and appropriately heated. The residents' bedrooms were found to be highly individualised with photographs, memorabilia and personal items. Several residents remarked on enjoying the view of the sea from the lounge or their bedroom window, which they found relaxing. There were no immediate hazards to the health and safety of residents, visitors or staff; however the cords for the vertical roller blinds were not secured to the wall. This was brought to the attention of the registered provider, who has since confirmed, in writing, that this has been fully addressed.

The registered manager reported that there had been no outbreaks of infection within the last year. Staff training records evidenced that all staff had received training in Infection Prevention and Control (IPC). Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. IPC environmental audits and cleaning records were maintained. It was noted that the light cords in the bathrooms did not have wipeable sheaths; this was highlighted to the registered provider who agreed to address this immediately. Following the inspection, written confirmation that this had been completed was provided to the inspector.

The registered manager confirmed that the home had an up to date fire risk assessment in place and all recommendations had been actioned. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and the most recent drill was on 27 October 2018. Fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents, residents’ visitors and staff spoken with during the inspection made the following comments:

Residents:

- “I’m very safe and happy here. There’s always staff about.”
- “I like my room kept clean and tidy, and it is. My bed is very comfortable and staff help me into bed.”
- “The staff are great, I get all I need.”
- “Oh I’m very comfortable here...it’s a home from home.”
- “I couldn’t live at home anymore. I count myself lucky to be here. It’s lovely.”

Residents’ representatives:

- “I would have no qualms about the care in here. My friend is very content here.”
- “I have no complaints whatsoever. I’m here every week and I’ve never seen anything that worried me. It’s a home from home here.”
- “Care is brilliant...we’ve been in other homes, you couldn’t compare them...(my relative) is just lucky to be in here.”
- “I have total piece of mind (about my relative being here).”
- “It means so much (my relative being here) as we are content they are safe.”

Staff:

- “The care is first class.”
- “There’s always staff to hand...I’ve had all the training I need.”
- “Yes we get supervision...had fire training...we had training on pneumonia the other week.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the retention of staff, training and the homely environment.

Areas for improvement

There were no areas for improvement, within this domain, identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents. This was confirmed during conversation with residents and their visitors. On the day of inspection, all residents presented as clean, content and comfortable in their surroundings. Many residents were enjoying relaxing in the lounge area after lunch, while others preferred to rest in their room.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Residents were listened to, valued and communicated with in an appropriate manner. All staff engaged in friendly rapport with residents and their visitors, while remaining courteous and professional. Staff were able to anticipate residents' needs and respond promptly; for example, noticing if someone was uncomfortable in their chair, or if a resident was becoming restless and needed individual support.

Observation of practice confirmed staff were knowledgeable of individuals and their preferences. Discussion with staff confirmed that this person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home; for example, who preferred to spend time in their room; who preferred to eat in private; personal care routines; and rising and retiring times.

A review of four care records confirmed that these were maintained in line with the legislation and standards, including General Data Protection Regulation (GDPR). They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (for example, manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. This included multi-professional input into the residents' health and social care needs. Referrals to other healthcare professionals were timely and responsive to the needs of the residents.

Residents and/or their representatives stated they felt encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Their views were included in care records. However, of the four care records reviewed, none had been signed by the resident and/or their representative. This has been cited as an area of improvement.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Residents had just finished their lunchtime meal when the inspector arrived, and several residents commented on how much they had enjoyed it. The dining room had already been cleaned and tidied after lunch. Meal choices were displayed on a blackboard in the dining room. Residents were provided with hot and cold drinks throughout the day. Soup and sandwiches were served later that afternoon; the food had been freshly prepared by the cook earlier that day. Residents were overheard commenting on how nice it

was to have hot soup on a cold day. One resident was served banana and toast as she declined the meal being provided; she stated, “This was what I asked for!”

Residents, residents’ visitors/representatives and staff spoken with during the inspection made the following comments:

Residents:

- “The food is gorgeous! We could pick either chicken or stuffed pork fillet today. We get three or four types of vegetables every day.”
- “The lounge is a bit too warm for me. I like my room as I can turn the radiator on if I want to...I have a beautiful view from my window, and all my things around me. I brought my pictures and paintings from home.”
- “The staff wash your clothes every day; you have clean pyjamas every night!”
- “They don’t give you time to get hungry! We get a choice of cereal in the morning, a lovely lunch, tea and toast when we want it...”
- “Oh yes, I couldn’t live on my own, the staff help me. They clean my room and my clothes.”

Residents’ representatives:

- “(My friend) has settled well here. He gets everything he needs – he gets washed, gets well fed.”
- “(My relative) is well settled here; we could have moved her to a home closer to us, but (they are) so happy here.”
- “The girls (staff) are always with the residents...The one to one attention (my relative) gets here just doesn’t exist elsewhere.”
- “The staff would get the doctor out asap as needed... you couldn’t better it...If anything happens, you’re told about it. Staff contact us straightaway.”

Staff:

- “Residents couldn’t be happier...it’s a great home.”
- “Residents get everything they need here.”
- “I’ve had no concerns working here....if I did, I’d go straight to Mary.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of person centred care, catering and communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement within this domain was identified during the inspection, in relation to ensuring that care plans are signed by the resident and/or their representative.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. For example, Age Concern's 'Charter of Rights' was displayed in the home.

Discussion with residents and their visitors confirmed they felt residents' views and opinions were always sought and respected. Many residents' visitors highlighted the 'hands on' approach of management, which they felt enhanced communication within the home. The registered manager and staff confirmed that the home operates an open door policy. Residents' meetings were also held, providing residents with another opportunity to express their views and preferences.

Staff were able to describe how they ensured that consent was sought in relation to care and treatment. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected; for example, knocking bedroom doors before entering; asking before providing any support with personal care; and ensuring doors are closed during personal care. In the review of care records, care and treatment including nightly checks and the use of bed rails, had been reviewed and discussed with the resident and/or their representatives; however, no written records of consent were retained. This was discussed with the registered manager, and cited as an area of improvement.

Discussion with staff, residents, observation of practice and review of activities board confirmed that residents were enabled and supported to engage and participate in meaningful activities such as reminiscence work, poetry reading, and piano/music sessions. Residents' spiritual and cultural needs were addressed within the home through, for example, morning prayers. On the day of inspection, a Bible themed quiz was held which residents appeared to enjoy.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Several visitors called throughout the day, and were warmly welcomed into the home. Some residents went out with family for the afternoon. Thank you letters from charities such as Fulfil The Wish, Bee Safe and Art For Their Sake were visible in the home.

Residents, residents' visitors/representatives and staff spoken with during the inspection made the following comments:

Residents:

- "All the staff are nice to me, all very friendly."
- "I like watching the snooker; I've a great TV in my room."
- "We have our routines, but we were all tired last night so everyone had an early night!"
- "I like to talk to people. I like the company. Everyone is polite."

Residents’ representatives:

- “The staff are so friendly; they know everyone by name. Always welcoming when you call.”
- “All the staff are very friendly, helpful.”
- “It’s very homely here. You’re not a number here. The staff know every resident, their family, their friends by name. Where else would you get that?”
- “You feel comfortable talking to the staff, confident you’ll get a good response.”
- “You can have a good laugh with the staff, there’s a good rapport here...you’re treated as part of the family.”

Staff:

- “We’re all close here...you can talk to any of the staff...I’ve worked here a long time so I must like it!”
- “It’s just a home from home for the residents.”

Areas of good practice

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

Areas for improvement

One area for improvement within this domain was identified during the inspection, in relation to ensuring that records of written consent were maintaining within care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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 registered manager confirmed that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA. The registered manager, who is also the registered provider, is kept well informed of the day to day running of the home due to daily visits and close proximity to the home.

Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home, including a poster for the Patient and Client Council. Discussion with the registered manager confirmed that the home had recently reviewed its complaints procedure and that an audit of complaints was used to identify trends, drive quality improvement and to enhance service provision. One outcome of this was that all staff, including management, had received further training on complaints. The registered manager expressed

confidence that this had only enhanced the staff's skills and knowledge of complaints management.

Staff were provided with mandatory training, as well as additional training opportunities relevant to the specific needs of the residents; for example, dysphagia, pneumonia awareness, falls prevention, communication skills and GDPR. There was also evidence of staff being provided with additional training in governance and leadership; some staff had been funded to complete Health and Social care qualifications.

The registered manager and staff outlined the systems used to share learning and current best practice guidelines, which included staff meetings, staff handovers, supervision and training. An area of good practice was identified in relation to training. Staff were encouraged to review and reflect on each training session, and to ask questions or for issues to be clarified. This information would be available to all staff, to ensure shared learning. Another example of good practice was how this reflective approach was used to ensure continuous quality improvement through review of the home's policies and procedures. Each month, one specific policy would be chosen for all staff to review and query, if necessary. This would be discussed further in staff meetings or supervision. Staff were positive about this process and reported that this approach to training was beneficial to their learning and professional development.

Discussion with staff confirmed that there were excellent working relationships within the home and that management were responsive to suggestions and/or concerns raised. Staff described high levels of confidence in the registered managers and stated they enjoyed working in the home.

Residents, residents' visitors and staff spoken with during the inspection made the following comments:

Residents:

- "Sure I have no complaints! I'm very happy here."
- "Oh, you could ask the staff anything."
- "Oh, I can say my piece! If I wasn't happy they'd know!"

Residents' visitors:

- "The staff go above and beyond for the residents...Mary in particular. Nothing is too much trouble."
- "Mary is a one off...she is brilliant, she goes above and beyond."
- "I was surprised at the length of time staff stay here, it says a lot that the turnover is so low."
- "The girls are great and Mary is a one of a kind."

Staff:

- "Mary would do anything for the residents, I remember one time she went and got steak for someone who asked for it."
- "I'm very happy working here."
- "It's a close knit team...Mary is always on hand. She knows everything."
- "Training is very good, we get to ask questions, and discuss things."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, commitment to learning and quality improvement and the maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified within this domain, during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Mary Teresa Hamill, registered manager, and Liam Hamill, registered provider, 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	
<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 15 April 2019</p>	<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>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This has been implemented.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 15 April 2019</p>	<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> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: This has been implemented.</p>



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