

Inspection Report

14 March 2022



Karingmore

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Karingmore Registered Persons: Liam Hamill Mary Theresa Hamill	Registered Manager: Mary Theresa Hamill Date registered: 01 April 2005
Person in charge at the time of inspection: Mary Theresa Hamill – manager	Number of registered places: 16 Not more than sixteen (16) persons in categories RC-I and RC-DE
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 16 residents. Resident bedrooms are located over the ground of first floor of the building. Residents have access to communal lounges, a dining room and a garden on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 14 March 2022, from 9.45 am to 5.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, warm and free from malodour. Staffing arrangements were found to be safe and were adjusted if required. Staff were observed to be professional and polite in their interactions with residents and said they were supported in their roles by the manager.

It was evident that staff promoted the dignity and well-being of residents with evidence of attention to personal care and dressing. Feedback from residents confirmed that they were satisfied with the care and services provided in Karingmore.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Karingmore.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mary Theresa Hamill, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Nine residents told they felt safe, were well looked after and staff knew what they needed without having to ask. Residents complimented the cook on the meals provided.

Staff said they were well supported by the manager and residents were well looked after. Training was provided and there were no issues with staffing.

Eight resident questionnaires were received following the inspection and confirmed that they were very satisfied that care in Karingmore was safe, effective, compassionate and well-led. No responses were received from the online staff survey following the inspection.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

No areas for improvement were found during the last pharmacy inspection (IN039791) on the 20 October 2021.

Areas for improvement from the last care inspection on 18 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) Stated: First time	The registered person shall review and action all identified issues as detailed in the fire risk assessment from July 2019.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.5 Stated: Second time	All care records must be accurate and up-to-date.	Partially met
	Action taken as confirmed during the inspection: Evidence showed that while care plans and risk assessments were generally well documented, not all care plans and risk assessments were up to date and accurate. This included mobility, modified diets, pressure relieving mattresses, risk of falls and urinary tract infection (UTI). This area for improvement has been partially met and has been subsumed into an area for improvement under the Regulations.	

<p>Area for improvement 2</p> <p>Ref: Standard 5.4 & 6.2</p> <p>Stated: Second 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. • Specific interventions of the care to be provided are reflected within care plans. <p>Action taken as confirmed during the inspection: Evident showed specific interventions for the care to be provided were not always reviewed or revised. This included mobility, modified diets, pressure relieving mattresses, risk of falls and UTI. Care records were signed by residents or their representatives however, if unable to sign or choose not to sign, this was recorded.</p> <p>This area for improvement is partially met and has been subsumed into an area for improvement under the Regulations.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p>	<p>The registered person will address the environmental issues listed in section 6.2.3 to ensure the premises and care equipment are kept safe, suitable, and adequately maintained.</p> <p>Ref: 6.2.3</p> <p>Action taken as confirmed during the inspection: Inspection of the premises confirmed the environmental issues listed in section 6.2.3 and care equipment were suitable and well maintained, however, all cleaning chemicals were not suitable stored in a locked cupboard</p> <p>This area for improvement has been partially met and is stated for improvement for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p>	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff to ensure full adherence to Control of Substances Hazardous to Health (COSHH).</p> <p>Ref: 6.2.3</p>	<p>Met</p>

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that not all the required records were in place to ensure staff were recruited correctly to protect residents. This was discussed with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

On discussion with the manager there had not been a competency and capability assessment completed for staff who take charge of the home in the manager's absence. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager's hours were included on the rota. Staff told us that there were enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, assisting with activities in the lounge and supporting residents who wished to remain in their own rooms.

Review of training records and discussion with staff confirmed that not all staff were trained and supported to do their job in relation to fire training and knowledge of modified diets. This was discussed with the manager and training has now been arranged. An area for improvement was identified.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said the staff were very good and they provided what they needed. No concerns were raised about staffing levels in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff were knowledgeable of individual resident's needs, daily routines, wishes and preferences.

Residents' needs were assessed at the time of their admission to the home. Following initial assessment care plans were developed to direct staff on how to meet residents' needs. Examination of three residents care records identified that the detail of individual care requirements was not up to date or in place for all residents. This area for improvement has been restated under the Regulations.

Care plans were not seen to be detailed enough or contain specific information on each resident's care needs. This is in relation to mobility, modified diets, pressure relieving mattresses, risk of falls and urinary tract infection. This area for improvement has been restated under the Regulations.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

Staff were observed to be prompt in recognising residents' needs, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff took time to sit with residents and encourage them to discuss how they wished to spend their time.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Records identified these residents were not always assisted by staff to change their position as often as directed. An area for improvement was identified.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Discussion with staff identified that not all staff understood the range of modified diets described in the International Dysphagia Diet Standardisation Initiative (IDDSI) to ensure the correct diet was received by residents who required this. An area for improvement was identified in section 5.2.1 in regard to training.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience. A menu board was on the wall however, there was no menu displayed. This was discussed with the manager who agreed to ensure the menu would be updated daily. This will be reviewed at the next inspection.

There was a choice of meals offered, the food was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available; lunch was a pleasant and unhurried experience for the residents. Residents chatted to staff in a friendly manner and said the meal was lovely.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of homely touches such as newspapers and snacks and drinks available throughout the day. The décor of the home included reminders of the local area with paintings of the local area that were, on discussion, of interest to residents.

Residents said their bedrooms were kept clean and tidy regularly. No concerns were raised by residents about the cleanliness of the home.

Observation of the environment further identified areas which required maintenance or repair including, chipped bedroom furniture and the wall and furniture areas around sinks in bedrooms. An area for improvement was identified.

Inspection of the bathrooms in the home found that open boxes of gloves when stored on open shelves and under a toilet roll dispenser was unclean. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. An up to date fire risk assessment was in place.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Visiting arrangements were managed in line with DoH and IPC guidance. Families were accommodated to visit their relatives on a regular basis.

5.2.4 Quality of Life for Residents

The atmosphere in the home was relaxed and organised. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or spend time in their own bedrooms during the day as they preferred. Residents could have visits with family/friends in their room.

Residents also told us that they were encouraged to participate in resident meetings. It was noted that meetings were held regularly and the majority of residents attended.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. The range of activities included table games, knitting, jigsaws, puzzles, quizzes and armchair exercises. Staff were enthusiastic when providing activities and about the benefits to the residents.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There had been a change in the management of the home since the last inspection. Mrs Mary Theresa Hamill continued to be the manager in this home since 1 April 2005. Mary Theresa Hamill is now the sole Registered Provider and this information requires updating with RQIA. The manager agreed to update this information immediately.

There was evidence that robust systems of auditing were not in place to monitor the quality of care and other services provided to residents. Monitoring audits had not been completed regularly. This was discussed with the manager and an area for improvement was identified.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address this. Review of the home's record of complaints confirmed that these were well managed.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

Monthly monitoring visits were not being carried out in the home on a monthly basis and no monitoring report was available for inspection. This was discussed with the manager who agreed to recommence these visits and reports immediately. An area for improvement was identified.

6.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	3	7*

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Theresa Hamill, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (2)(b) Stated: First time To be completed by: 30 April 2022	The registered person shall ensure that the residents care plan is kept under review and up to date; including mobility, modified diets, pressure relieving mattresses, risk of falls and UTI. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All care plans have been reviewed and updated.
Area for improvement 2 Ref: 21 (1)(b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all gaps in employment are explored as part of the recruitment process. Ref: 5.2.1
	Response by registered person detailing the actions taken: All recruitment files have been reviewed and written explanations added for gaps in employment.

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that boxes of gloves are stored appropriately and the underside of toilet role dispensers are clean.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been addressed and staff reminded re:appropriate storage of PPE.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 27.8</p> <p>Stated: Second time</p> <p>To be completed by: 18 May 2021</p>	<p>The registered person will address the environmental issues listed in section 6.2.3 to ensure the premises and care equipment are kept safe, suitable, and adequately maintained.</p> <p>Ref: 5.1, 5.2.3 and 5.2.2</p> <p>Response by registered person detailing the actions taken: A plan is in place to address all environmental issues raised.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 15 April 2022</p>	<p>The registered person shall ensure there is an up to date competency and capability assessment in place for all staff taking charge of the home in the absence of the manager.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The competency assessment has been updated.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2022</p>	<p>The registered person shall ensure staff are trained for their roles and responsibilities and the effects of training are evaluated. This is in relation to fire training and modified diet training.</p> <p>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken: Fire training has taken place and staff are completing Dysphagia training through HSC Learning Centre.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the daily care needs of residents and management of any identified risks are kept up to date. This is in relation to residents who require special attention to their skin care.</p> <p>Ref: 5.2.2</p>

To be completed by: With immediate effect	Response by registered person detailing the actions taken: Care plans have been reviewed and updated.
Area for improvement 5 Ref: Standard 27 Stated: First time To be completed by: 15 April 2022	The registered person shall ensure the premises are well maintained and suitable for their stated purpose. This is in relation to chipped bedroom furniture and the wall and furniture areas around the sinks in bedrooms. Ref: 5.2.3 Response by registered person detailing the actions taken: Remedial action has been completed.
Area for improvement 6 Ref: Standard 20.10 Stated: First time To be completed by: 15 April 2022	The registered person shall ensure working practices are regularly audited to ensure they are consistent with the homes documented policies and procedures. Ref: 5.2.5 Response by registered person detailing the actions taken: Audits of Infection Prevention and Control etc have been added to the audit schedule.
Area for improvement 7 Ref: Standard 20.11 Stated: First time To be completed by: With immediate effect	The registered person shall ensure the monthly monitoring visits are completed and a written report is completed. Ref: 5.2.1 Response by registered person detailing the actions taken: Monthly monitoring visits are being completed.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

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