

# Unannounced Care Inspection Report

## 18 March 2021



## Karingmore

**Type of Service: Residential Care Home (RCH)**

**Address: 19 Largy Road, Carnlough, BT44 0EY**

**Tel no: 028 2888 5568**

**Inspector: Marie-Claire Quinn**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The 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 residential care home registered to provide residential care for up to 16 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Karingmore  <b>Responsible Individual(s):</b> Mary Theresa Hamill Liam Hamill	<b>Registered Manager and date registered:</b> Mary Theresa Hamill  <b>Date Registered</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Margaret McIlwhaine	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 16

### 4.0 Inspection summary

This unannounced care inspection took place on 18 March 2021 from 10.10 to 13.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan (QIP). However, due to a recent and unexpected change to the registration and management arrangements in the home, the QIP was not reviewed on this occasion and is carried forward to the next inspection.

The following areas were therefore examined during the inspection:

- care delivery
- staffing
- the home's environment.

Residents said they felt well looked after in the home, and that the staff and the manager were very good to them.

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
<b>Total number of areas for improvement</b>	*5	*8

\*The areas for improvement include five regulations and six standards which were not reviewed during this inspection and are carried forward to the next care and medicines management inspections.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Margaret McIlwhaine, person in charge, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous inspection
- the report and returned QIP from the previous inspection.

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.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. We received responses from nine residents and one member of staff and their feedback is included in the report below.

The following records were examined during the inspection:

- Staff duty rota from 15 to 27 March 2021
- Staff training schedule for March 2021
- fire drills records
- complaints records
- cleaning records
- accidents and incidents records
- Fire risk assessment dated 21 January 2021 (post inspection).

Areas for improvement identified at the last medicines management inspection were not reviewed as part of this inspection and are carried forward to the next inspection.

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 medicines management inspection on 11 November 2020.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> 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.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 2</b> Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that personal medication records are fully and accurately maintained at all times.	<b>Carried forward to the next medicines management inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b>	
<b>Area for improvement 3</b> Ref: Regulation 13 (4) Stated: First time	The registered person shall review the administration of medicines process to ensure that the records of administered medicines are full fully and accurately completed.	<b>Carried forward to the next medicines management inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b>	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall investigate the findings regarding the identified medicines, report these to the prescriber and provide details of the findings and action taken.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p>	<p><b>Carried forward to the next medicines management inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall develop and implement an effective auditing process which covers all formulations of medicines and all aspects of medicines management.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p>	<p><b>Carried forward to the next medicines management inspection</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> Second time</p>	<p>All care records must be accurate and up-to-date.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall review the management of distressed reactions to ensure that care plans are in place. The reason for and outcome of each administration should be recorded.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p>	<p><b>Carried forward to the next medicines management inspection</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 5.4 &amp; 6.2</p> <p><b>Stated:</b> 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"> <li>• 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.</li> <li>• Specific interventions of the care to be provided are reflected within care plans.</li> </ul> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider should ensure that the recording of new medicines information on personal medication records involves two staff, and both sign the entry.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p>	<p><b>Carried forward to the next medicines management inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall develop a system to check that medicines with a limited shelf-life and medicines with a dose counter are checked and replaced as required.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p>	<p><b>Carried forward to the next medicines management inspection</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the admission process for new residents to ensure that confirmation of the resident's medicine regime is verified with the prescriber.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p>	<p><b>Carried forward to the next medicines management inspection</b></p>

## 6.2 Inspection findings

### 6.2.1 Care delivery

Residents looked well cared for and it was clear that staff had taken their time to support residents to maintain their personal care and appearance to a high standard. Staff were busy drying and styling one resident's hair; staff confirmed they were doing their best, but they and the residents were keen for the hairdresser to return to the home when restrictions allow.

We saw friendly, kind and respectful interactions between staff and residents. Residents knew all the staff by name, and appeared comfortable speaking to them and seeking support as required. Staff were visible and attentive, providing support to residents as required but promoting independence where possible.

Residents were positive about their experiences living in the home, and told us that they knew staff were trying to keep them safe from COVID-19. Specific comments included:

- "All the staff are very kind. They are always there, even at night. Margaret (the manager) is so good to us. I've been in other care homes and I would never go back to them".
- "I get fresh tea and water whenever I want. I got lots of Mother's Day presents and my family visit me at the window or telephone me. The staff are very good".
- "I like being in my room. I don't get lonely. Staff come and talk to me".
- "I feel safe here – the staff had us in strict lockdown to keep us safe and we have to spread out. Staff are kind and friendly. Mary (the manager) is very good".
- "You should have seen the dining room for St Patrick's Day! The tables had green runners and shamrocks on them. Mary (the manager) always does something like that for holiday, like hearts for Valentines".

Residents choose where and how to spend their time. Some residents enjoyed socialising in the main lounge and told us they loved the view of the sea. One resident told us how much they enjoyed sitting in the home's garden in the warmer weather; "the fresh air and sea breeze does me the world of good." Staff lead the residents in Morning Prayer, and later held a quiz. Other residents enjoyed reading and relaxing in the smaller lounge; one resident told us how much they appreciated that the manager brings them a newspaper to read every morning. We also spoke with residents who preferred the privacy of their own bedrooms, where they can have a nap, watch television or complete word searches.

We observed the serving of the lunch time meal. This was a calm, organised and pleasant experience for residents. The meal of steak pieces, cabbage, carrots and potatoes, was served hot and looked and smelled appetizing. Residents were offered extra portions or alternatives if required. Hot sponge cake and custard was served for dessert and residents told us they had enjoyed their meal. Several residents commented that they get plenty to eat and drink, and some joked that they got too much to eat!

Residents and staff described the current visiting arrangements in the home, including window and outdoor visits, and regular telephone and video calls. The person in charge confirmed that indoor visiting was being planned and hoped to commence from the 22 March 2021. We advised that this must be progressed as soon as possible and highlighted available guidance for the home to risk assess and manage this safely. Additional written guidance and information were provided to the home following the inspection.



Following the inspection, we received feedback from nine residents. All confirmed that they felt safe in the home, that staff are kind, that the care is good and that the home is well organised. One resident commented, "Everyone is very kind and attentive".

### **6.2.2 Staffing**

There were enough staff working in the home during the inspection to meet the needs of the residents in a timely way. No concerns about staffing levels were raised by residents or staff during or after the inspection.

The duty rota clearly marked the manager's hours, and identified the person in charge in the absence of the manager. A chef and domestic assistant were scheduled to work every day in the home, including weekends.

A range of training sessions were arranged each month, to ensure mandatory training remained up-to-date. Records confirmed that training on dysphagia, food hygiene and management of money and valuables were planned for March 2021, and completion monitored by management. The person in charge confirmed that staff had completed required training regarding the Mental Capacity Act. Newer staff were to complete this imminently.

Review of accident and incidents records confirmed that staff promptly responded and appropriately managed changes in resident's health or appearance. There was clear evidence of consultation and information sharing with resident's representatives, including relatives and medical professionals. Post falls observations by staff were recorded and well maintained. Relevant incidents were notified to RQIA in a timely manner.

We spoke with staff who displayed good knowledge and understanding of resident's individual needs and preferences. Staff spoke with great compassion about the impact of COVID-19 restrictions on residents, describing how they maintained a good morale among residents by ensuring they had regular contact with their loved ones and were kept occupied.

Staff were positive about the quality of care provided to residents, as well as the induction, training and support they were offered in the home. Specific comments included:

- "I love the home. I have worked in other homes; she (the manager) runs a good tight ship! She is very fair and generous. The residents get anything. I enjoy coming into work."
- "The staffing levels are very good. There is plenty of work to do but we have no issues. Mary (the manager) has been brilliant. So strong and supportive. She is a miracle worker; hands on day and night".

Following the inspection, we received a completed survey from one member of staff. They confirmed they were very satisfied that the care in the home was safe, effective and compassionate and that the service was well led and stated: "out of the three care homes I have worked at this is by far the best run cleanest place by far. The residents are well cared for and are always top priority".

### **6.2.3 The home's environment**

On arrival to the home, staff took our temperature and ensured we sanitised our hands, in line with COVID-19 guidance.

Staff wore face masks throughout the inspection, and additional Personal Protective Equipment as required.

Seating had been arranged to ensure residents were socially distanced. Residents told us they were content with the new arrangements, and that they were offered choice about where to enjoy meals, whether in the lounge, dining room or their bedrooms.

The home was clean, warm and tidy. Cleaning was ongoing throughout the inspection and cleaning schedules and records were in place and well maintained.

We did identify some deficits in the home's environment:

- the staff room needs a clinical waste bag and a covered foot operated pedal bin.
- the shower chair attached to the wall in the an identified shower room needs to be replaced due to signs of rust.
- there were signs of rust to the radiator and the shower floor needs deep cleaning and/or replacement in an identified bathroom.
- the downstairs toilet requires a covered foot operated pedal bin; the hand rail needs repainted and cleaning products were accessible and left in an unlocked cupboard.

Two areas for improvement were made.

A sample of records confirmed regular fire drills were carried out in the home, and staff attendance recorded. The most recent fire risk assessment, completed on 21 January 2021, was submitted electronically after the inspection. Review of this confirmed no urgent actions were required.

### Areas of good practice

Areas of good practice were identified regarding the care delivery in the home, including the relationships between residents and staff, therapeutic activities and the dining experience.

### Areas for improvement

Areas for improvement were identified in relation to the home's environment and the management of substances hazardous to health.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.3 Conclusion

Residents looked very well cared for and were comfortable and content in their surroundings and in their interactions with staff and other residents.

We received very positive feedback from residents during and after the inspection.

The home was clean and tidy.

Areas for improvement are to be managed through the QIP included below.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret McIlwhaine, person in charge, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 27 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> with immediate effect (6 February 2020)</p>	<p>The registered person shall review and action all identified issues as detailed in the fire risk assessment from July 2019.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: 5.0</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that personal medication records are fully and accurately maintained at all times.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p> <p>Ref: 7.1</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall review the administration of medicines process to ensure that the records of administered medicines are full fully and accurately completed.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p> <p>Ref: 7.3</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of the inspection</p>	<p>The registered person shall investigate the findings regarding the identified medicines, report these to the prescriber and provide details of the findings and action taken.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p> <p>Ref: 7.3</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall develop and implement an effective auditing process which covers all formulations of medicines and all aspects of medicines management.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p> <p>Ref: 7.3 &amp; 7.5</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>All care records must be accurate and up-to-date.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: 5.0 &amp; 7.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 9 June 2017</p>	<p>The registered person shall review the management of distressed reactions to ensure that care plans are in place. The reason for and outcome of each administration should be recorded.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p> <p>Ref: 5.0</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 5.4 &amp; 6.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (6 February 2020)</p>	<p>The registered person shall ensure that care records are reviewed and revised to ensure:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Specific interventions of the care to be provided are reflected within care plans.</li> </ul> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: 6.2.3</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered provider should ensure that the recording of new medicines information on personal medication records involves two staff, and both sign the entry.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p> <p>Ref: 5.0 &amp; 7.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall develop a system to check that medicines with a limited shelf-life and medicines with a dose counter are checked and replaced as required.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p> <p>Ref: 7.2</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall review the admission process for new residents to ensure that confirmation of the resident's medicine regime is verified with the prescriber.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p> <p>Ref: 7.4</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 27.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 6.2.3</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 28.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All issues addressed from 6.2.3. The staff room has a clinical waste bag and a covered foot pedal bin. The shower chair has been removed and replaced. The shower floor in the bathroom has been deep cleaned and the evidence of rust on the radiator has been remedied. In the downstairs toilet there is now a covered foot operated pedal bin in situ and the hand rail has been painted. Cleaning products are locked away as per COSHH regulations.</p>

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

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