

# Unannounced Care Inspection Report 19 May 2016



## Karingmore

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**Inspector: Ruth Greer**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Karingmore residential care home took place on 19 May 2016 from 10.10 to 15.15 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

One requirement was made in regard to safe care. This was in relation to the competency and capability assessments which should be undertaken for any person left in charge of the home in the absence of the manager. There were examples of good practice found in the areas of staff training, infection control measures and the home's environment.

### Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples of good practice found in the areas of communication between staff, residents and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were examples of good practice found in the areas of valuing residents and listening to their views.

### Is the service well led?

One recommendation was made in relation to some of the records to be maintained. There were examples of good practice found in the areas of good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

Details of the QIP within this report were discussed with Mr and Mrs Hamill, registered manager and registered persons 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mrs Mary Hamill Mr Liam Hamill	<b>Registered manager:</b> Mary Theresa Hamill
<b>Person in charge of the home at the time of inspection:</b>  Mary Hamill	<b>Date manager registered:</b> 20 January 2009
<b>Categories of care:</b> RC-MP, RC-PH, RC-DE, RC-I	<b>Number of registered places:</b> 16
<b>Weekly tariffs at time of inspection:</b>  £495	<b>Number of residents accommodated at the time of inspection:</b> 16

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the report of the previous inspection and notifications of accidents/ incidents since the previous inspection.

During the inspection the inspector met with all 16 residents, two care staff, one domestic and one cook staff. There were no visiting professionals. Three residents' family members were visiting and shared their views with the inspector.

The following records were examined during the inspection:

- care files (4)
- staff training records
- staff rotas
- accidents and incidents
- complaints
- staff induction
- minutes of residents' meetings
- minutes of staff meetings
- annual quality audit
- policies on confidentiality, risk assessment, safeguarding vulnerable adults
- management of records and falls prevention, infection prevention and control, staff induction and fire awareness.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 September 2015

The most recent inspection of Karingmore was an unannounced care inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 10 September 2015

There were no requirements of recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

- on the day of inspection the following staff were on duty –
- registered manager x1
- registered person x 1
- senior care staff x 1
- care staff x 1
- domestic x1
- cook x1

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The registered manager confirmed that three senior staff members had been identified to take charge of the home in the absence of the registered persons. There were no competency and capability assessments undertaken for these staff. A requirement has been made in line with Regulation 20 (3).

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. There has been no new staff appointed since the previous inspection.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policies and procedures in place were consistent with current regional guidance. The policies set out definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their responsibility in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for 11 staff on 1 December 2015

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. The majority of residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home.

The registered manager confirmed that no areas of restrictive practice were employed within the home apart from the use of bed guards for three residents. There were risk assessments in place for the use of the bed guards. On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 20 July 2015, identified that no recommendations had been made as a result. Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed most recently in December 2015 and was planned again for June 2016. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

### Areas for improvement

A requirement is made that the registered manager should undertake competency and capability assessment for any person taking charge of the home in her absence.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

Discussion with the registered manager established that the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included 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 records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection. A policy on record management was in place.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care reviews, accidents and incidents (including falls, outbreaks) environment, catering were undertaken as part of the manager's overall quality assurance methods.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of residents' meetings were available for inspection. A residents' meeting most recently took place on 24 April 2016

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents and three family members confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents, their representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents, and representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. One resident told the inspector that she was visiting "my own hairdresser" on the morning of the inspection.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Selections of comments made to the inspector are below –



**Residents-:**

“I like my dinner the food is great”

“I love it here Mary (manager) takes me out every day because I love fresh air”

“The home is perfect there’s nothing to improve”

“I’m still happy and I have been here for years”

“You get a laugh with the girls”

“The staff here are so courteous and respectful. I’m lucky to be here”

**Relatives-:**

“These people (staff) are just marvellous”

“I’ve experience of other homes and this one is just so much better”

“You can see how I’m treated – I get a tray of coffee and buns every time I visit my sister”

“My mother was a very outdoor person. The manager recognises this and goes out of her way to ensure she gets out every day”

“I’m so impressed with the care my relative receives in the home”

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Advice was given in regard to the development of the policy on staff supervision. Review of the policy file evidenced that work is currently on going to update the policies.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.



The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and this was reflected in the falls prevention policy.

There were quality assurance systems in place to drive quality improvement which included re satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. The registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, training had been arranged in relation to a specific syndrome with which one resident had been diagnosed. The record of staff training was held in several different forms which proved difficult to cross reference and audit. A recommendation has been made that the manager devises and implements a staff training matrix which will enable ease of audit and monitoring.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered persons identified that they had understanding of their role and responsibilities under the legislation.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place.

Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas for improvement

One recommendation has been made in relation to the development of a training matrix.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr and Mrs Hamill, registered persons and registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan			
<b>Statutory requirements</b>			
<b>Requirement 1</b>	The registered person should undertake competency and capability assessments for any person taking charge of the home in her absence.		
Ref: Regulation 20 ( 3)	<div style="border: 1px solid black; padding: 5px; display: inline-block;">                     REGULATION AND QUALITY                      26 JUL 2016                      IMPROVEMENT AUTHORITY                 </div>		
Stated: First time			
To be completed by: 30 May 2016			
	Response by registered person detailing the actions taken: <i>COMPLETED 28th MAY 2016.</i>		
<b>Recommendations</b>			
<b>Recommendation 1</b>	The registered person should devise a matrix which will ensure a record of mandatory training for staff can be easily audited.		
Ref: Standard 23 .6	Response by registered person detailing the actions taken: <i>MATRIX NOW IN OPERATION</i>		
Stated: First-time			
To be completed by: 30 May 2016			
<b>Registered manager completing QIP</b>	<i>MARY T. HAMIL</i>	<b>Date completed</b>	<i>30 MAY 16</i>
<b>Registered person approving QIP</b>	<i>MARY T. HAMIL</i>	<b>Date approved</b>	<i>30 MAY 16</i>
<b>RQIA inspector assessing response</b>		<b>Date approved</b>	



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