



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Karingmore
Establishment ID No:	1328
Date of Inspection:	20 May 2014
Inspector's Name:	Ruth Greer
Inspection No:	17732

The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	Karingmore
Address:	19 Largy Road Carnlough BT44 0EY
Telephone Number:	028 2888 5568
E mail Address:	liam146@btinternet.com
Registered Organisation/ Registered Provider:	Mr Liam Hamill Mrs Mary Hamill
Registered Manager:	Mrs Mary Hamill
Person in Charge of the home at the time of Inspection:	Mrs Mary Hamill
Categories of Care:	RC-DE ,RC-I ,RC-PH, RC-MP
Number of Registered Places:	16
Number of Residents Accommodated on Day of Inspection:	16
Scale of Charges (per week):	£461 Top up - £25
Date and type of previous inspection:	12 November 2013 Primary announced inspection
Date and time of inspection:	20 May 2014 10:00am to 3:40pm
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an announced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered provider
- Discussion with the registered manager
- Discussion with residents and relatives
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	12
Staff	3
Relatives	3
Visiting Professionals	2

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service.

Issued To	Number issued	Number returned
Staff	17	3 in time for inclusion in this report

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Karingmore Residential Care home is situated in the village of Carnlough on an elevated site with beautiful sea views from the back of the building.

The residential home is owned and operated by Mr and Mrs L Hamill. The current registered manager is Mrs M Hamill.

Accommodation for residents is provided 12 single and two double rooms on two storeys. Access to the first floor is via a stair lift and stairs.

Communal lounge and dining areas are provided at the back of the home where they enjoy the best views.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 16 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia
MP	Mental disorder excluding learning disability or dementia
PH	Physical disability other than sensory impairment

8.0 Summary of Inspection

This announced primary care inspection of Karingmore Residential Home was undertaken by Ruth Greer on 20 May 2014 between the hours of 10:00am and 3:40pm. Mr and Mrs Hamill were available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that these had been addressed satisfactorily. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, Mrs Hamill completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Hamill in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives, visiting professionals and discussed the day to day arrangements in relation to the standard of care provided in the home. The inspector observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Standards inspected:**STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

Inspection findings**Responding to resident's behaviour – Standard 10**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which stated that restraint is not used in the home at any stage. It was noted that the restraint policy had not been dated. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that staff use diversionary tactics to redirect and divert residents. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. Mrs Hamill is aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Karingmore is substantially compliant with this standard.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. The policy requires to be reviewed and updated. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. The records of the activities did not reflect the variety and frequency of the activities actually provided. The evidence gathered through the inspection process concluded that Karingmore is substantially compliant with this standard. This assessment is due to the standard of records kept as there was evidence that the activities provided are of a good standard.

Resident, representatives, staff and visiting professional's consultation

During the course of the inspection the inspector met with 14 residents, three representatives, staff and two visiting professionals.

In discussion with residents they indicated that that they were happy and content with all aspects of their life in the home.

Relatives who visited or telephoned the inspector were very happy with the care of their loved ones.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the effective management of the standards inspected.

Three requirements were made as a result of the primary announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the visiting professionals registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 12 November 2013

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 16.1	It is recommended that the information for staff guidance in relation to the safe guarding procedures is reviewed and that which is obsolete should be discarded. This will make the up to date information easier to access and implement.	The manager has reviewed and overhauled the safeguarding information and this is now up to date and relevant.	Compliant
2	Standard 16.7	Records in regard to the investigation of any allegation should be stored confidentially.	Confirmation was received that the records referred to are now stored confidentially.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Staff are fully aware of the content of all care plans and the interventions required relating to each individual service user	Compliant
Inspection Findings:	
<p>The home had a restraint policy in place. A review of the policy identified that restraint is not used in Karingmore. The policy and procedure included the need for Trust involvement in managing behaviours which challenge. The policy was not dated.</p> <p>Observation of staff interactions, with residents, identified that no residents in the home displayed any behaviours which necessitated restraint.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge. The date and the content of the training was not recorded.</p> <p>A review of five residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments in regard to the two residents who require bed rails were in place for one resident only.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Substantially compliant

<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>The staff at Karingmore are fully compliant with all procedures relating to behaviour management and appropriate agencies and professionals are contacted and informed</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The policy includes the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour which was, in the main, due to residents becoming unwell to the registered manager and or the person in charge.</p> <p>Five care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussion with three relative’s two professionals confirmed that they had been informed appropriately.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The care plans are adequately detailed and contain the information required to ensure a high standard of care	Compliant
Inspection Findings:	
A review of five care plans identified that when a resident needs a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Karingmore has the appropriate procedures in place and staff and management communicate regularly with healthcare professionals to ensure a high standard of care	Compliant
Inspection Findings:	
The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Not applicable

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff are provided with regular training in specific care requirements and records are kept of all training	Compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received: <ul style="list-style-type: none"> • Training in regard to the home's categories of care - dementia awareness. Staff confirmed during discussion that they felt supported. By management and that the support ranged from the training provided, debrief sessions, and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviours associated with people who have dementia and of the individual needs and preferences of the residents in Karingmore.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	
Provider's Self-Assessment	
All incidents are recorded and reviews take place as and when required	Compliant
Inspection Findings:	
A review of the accident and incident records from the previous inspection in November 2013 to current and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. Three relatives and two community nurses confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
This is not applicable at present at Karingmore but restraint training is provided to all staff	Compliant
Inspection Findings:	
A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
Karingmore has an interesting, diverse and stimulating daily activity schedule based on the needs of individuals which includes singing, piano playing and knitting.	Compliant
Inspection Findings:	
The home had a policy on the provision of activities. The policy requires review and updating. A review of five care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
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Provider’s Self-Assessment	
Karingmore recognises that the spiritual aspect of a person is very important and ministers of religion are regular visitors to the Home. Families are encouraged to escort their relatives to community events for example weddings and festivals.	Compliant

Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised three times each day. The programme did not reflect other evidence found by the inspector. For example residents had completed a poster for the recent cycle race through the town. A dignity tree has been commenced and residents have added ‘leaves’ with their own definition of what being treated with dignity means to each individual. Bespoke life story books have been printed for each resident and completion with the residents and their relatives is on-going. The record of activities did not include any of these activities.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The inspector was informed that morning prayers are said daily and residents have a choice of taking part</p> <p>Records showed that staff are culturally aware of the different perceptions of residents. For example, minutes of a residents’ meeting on 14 December 2013 records whether or not residents would be offended if a nativity scene was displayed in the home.</p> <p>As the inspection progressed the inspector was able to observe a maths challenge on going for residents. A bingo session was also organised for that day.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme is fully inclusive of all residents and all residents are invited to express their opinions and views.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussion with residents, including two residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activities are displayed on a whiteboard in the day room	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display on a white board in the main lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
Provider's Self-Assessment	
All staff aid residents to the day area and support them during activities	Compliant
Inspection Findings:	
Activities are provided for short periods every day by care staff. Staff told the inspector that the registered manager provides any equipment required for activities for example life story books.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activities usually last approximately one hour AM and PM (may be longer depending on participants' preference) and each activity is differentiated to suit all abilities	Compliant
Inspection Findings:	
Care staff, and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All providers are vetted thoroughly and most of the activities are led by all members of the care team at Karinmore.	Compliant
Inspection Findings:	
Mrs Hamill confirmed that at times outside people are employed to provide musical activities. There was no record of the details required by this criterion.	Moving towards compliance

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Feedback is given through residents questionnaires, discussions and through feedback which is recorded in the Activity Book	Substantially Compliant
Inspection Findings:	
Mrs Hamill confirmed that when outside people are contracted to provide any activity she seeks verbal feedback from residents informally. Staff would always be present during the activity and identify if any resident did not wish to participate	Substantially compliant
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
There are accurate records kept of all activities and the names of participants in the activity book.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. The record did not fully reflect the range of activities provided by the home. Please refer to inspector's comments at point 13.2.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme is reviewed twice a year and feedback is given. New activities are introduced regularly as new residents arrive with new interests	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed at the most recent residents' meeting on 2 May 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered manager confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities	Compliant
PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	
COMPLIANCE LEVEL	
Compliant	
INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	
COMPLIANCE LEVEL	
Inspector to complete	

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with 12 residents individually. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated / expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

The comments received by the inspector were positive in relation to the food provided and the kindness of the staff comments included:

- "The girls are lovely"
- "I enjoy my dinners"
- "I've no complaints I'm happy".

11.2 Relatives/representative consultation

One relative who met with the inspector and two relatives who telephoned indicated total satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard. No concerns were expressed or indicated. Comments expressed to the inspector included:

- "The staff here are special people"
- "I'm delighted with my father's care"
- "Staff are absolutely fantastic".

11.3 Staff consultation/Questionnaires

The inspector spoke with all staff on duty; two care staff, one catering and one domestic staff. In addition, a number of staff completed and returned questionnaires. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place.

Comments received included:

- "Staff here work well together as one team"
- "I like to cook whatever the residents like, it's no trouble to make several different things at teatime"
- "Residents here are the first priority".

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting professionals' consultation

Two professionals visited the home. These professionals expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

11.5 Observation of Care practice

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

11.7 Environment

The inspector viewed the home accompanied Mr Hamill and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard

11.8 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment which had been undertaken in November 2013.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 17 October 2014. The records also identified that a drill had been undertaken in March 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr and Mrs Hamill as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Ruth Greer
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Primary Announced Care Inspection
Karingmore
20 May 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr and Mrs Hamill either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 19 (2) (a) Standard 10.1 and 13.1 refers	All policies within the procedural file require to be reviewed and updated in line with the requirements of standard 21.	Once	<i>HAS BEEN ACTIONED</i>	On or before 25 June 2014
2	Regulation 19 schedule 4(19) Standard 13.2 refers	A record of the programme of all events and activities undertaken in the home must be maintained in line with standard 13.	Once	<i>HAS BEEN ACTIONED</i>	Immediate and ongoing
3	Regulation 21 Standard 10.1 refers	A record of all training provided for staff must be maintained in line with standard 23.6.	Once	<i>HAS BEEN ACTIONED</i>	Immediate and on going

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: *Mary T. Hamill*

NAME: MARY T. HAMILL
 Registered Provider

DATE 10.07.14.

SIGNED: *Mary T. Hamill*

NAME: MARY T. HAMILL
 Registered Manager

DATE 10.07.14.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Ruth Greer	24.7.14
Further information requested from provider			