

# Unannounced Care Inspection Report 22 June 2017



## Karingmore

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

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

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

Karingmore is a residential care home registered to provide residential care for 16 persons who are elderly and/or living with dementia. The home is situated in the village of Carnlough.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Mary Theresa Hamill /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> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia PH - Physical disability other than sensory impairment	<b>Number of registered places:</b> 16

### 4.0 Inspection summary

An unannounced care inspection took place on 22 June 2017 from 10.00 to 14.40.

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

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

Evidence of good practice was found in relation to a stable staff team who presented as knowledgeable and caring.

One area requiring improvement was identified in relation to the annual quality review report.

Residents and one representative said that the care was good and staff were kind. There were no concerns raised in discussions with the inspector.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

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

#### **4.2 Action/enforcement taken following the most recent medicines management inspection**

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 9 May 2017.

#### **5.0 How we inspect**

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

- Previous inspection report
- Returned QIP
- Notifiable events
- Written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 12 residents, four staff, (in addition to management) and one resident's representative.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Nine questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Five residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans and care reviews ,environment, catering
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

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

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 the most recent inspection dated 9 May 2017

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 25 January 2017

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 16 (2)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2017	The registered provider must ensure that care plans are kept up to date and revised where a risk is identified.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector examined a random sample of care plans. These were found to be up to date.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 9.4  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2017	The registered provider should provide written guidance to any person who provides a meal to a resident who has a SALT assessment in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records showed that the guidance had been provided as required.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 9.3 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2017	The registered provider should access suitable scales in order to monitor the weight of the identified resident	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Appropriate weighing arrangements have been made	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 5.5 <b>Stated:</b> First time <b>To be completed by:</b> 14 February 2017	The registered provider should contact the community social work team in order to confirm the category of care of the identified resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records showed that the social work team had been contacted as required.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager 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.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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 confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory. These had been completed for senior staff in November 2016.

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion. The home is currently engaged in recruiting new staff. Personnel files and the recruitment process will be examined at the next inspection.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. The registered manager confirmed that AccessNI information was managed in line with best practice.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that she was the safeguarding champion in the home.

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

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records 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.

The registered manager confirmed 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 assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The policy had been reviewed and updated in May 2017.

The registered manager confirmed there were restrictive practices employed within the home, notably bed rails. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose and residents guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour

management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager confirmed there were risk management policy and procedures in place. 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.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was 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 established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 6 April 2016 and all recommendations were noted to be appropriately addressed. The registered person confirmed that arrangements were in place to review the fire risk assessment in July 2017.

Review of staff training records confirmed that staff completed fire safety training twice annually most recently on 19 January 2017. Fire drills were completed most recently on 21 January 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Nine questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction as very satisfied or satisfied.

Comments received from residents, one representative and staff included:

- "I don't know how I could manage on my own; these girls are like my family" (resident)

- “Even when I can’t get to visit I know my (resident) is safe and well cared for” (relative)
- “We just love working here. There is no expense spared by the owners for these residents” (staff)

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff retention, training, infection prevention and control, risk management and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

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

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

A review of five care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails and nutrition) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident where possible. Discussion with staff confirmed that a person centred approach underpinned practice. Staff on duty had worked in the home for many years and in discussion with the inspector they demonstrated a comprehensive knowledge of residents as individuals.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

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.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These

included pre-admission information and multi-professional team reviews. Staff meetings are held monthly and include updates on issues affecting residents. Staff shift handovers are a sharing of information on each resident's progress and are written and verbal. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. One resident who has been in the home for many years is now confined to bed. Records showed that a multi-disciplinary review had taken place and that a district nurse visited the resident several times a week to monitor her/his condition. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Nine completed questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents and representatives included:

- "When I come to take (resident) for an appointment, staff always have everything ready to go, they are on the ball" (relative)
- "I'm still happy here, I would not like to move" (resident)
- "I like it, I can go outside to the garden any time I want and the staff are great" (resident)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager, residents and one representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, one representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity, and were able to demonstrate how residents' confidentiality was protected.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example, residents' meetings, suggestion box, annual care reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. Satisfaction questionnaires had been distributed to residents and their representatives and the returned views would be collated into the annual quality review report in line with regulation 17 the report will be made available for residents and other interested parties to read. When completed, copy of the annual quality review report should be forwarded to RQIA.

Discussion with staff, residents, and one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Activity sessions are provided twice daily and include quizzes, stories, music, etc.

Nine completed questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Residents were keen to share their positive views on staff with the inspector.

Comments received from residents included:

- "The girls are wonderful, especially the cook. She knows what everyone does and doesn't like so when you get your food it's customised just for you"

- “The food is brilliant, always two choices. I never know what to choose so the cook gives me a bit of both”

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified during the inspection. This was in relation to the annual quality review report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, leaflet, etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was 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 and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Training on the management of medication had been provided in June 2017 and in managing challenging behaviours in May 2017.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take 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 and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home 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.

Nine completed questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from staff and a representative included:

- “We get training on something relevant every month for example, diabetes” (staff)
- “I’ve worked here for years and have decided to commence a level five QCF. The manager has been encouraging me to do it for years” (staff)
- “The staff here all seem to know the residents really well” (relative)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements, management of complaints and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Hamill, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 17(1) and 17(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 July 2017</p>	<p>The registered person shall compile an annual quality review report and forward a copy to RQIA.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> This Report has been returned to RQIA</p>

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



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