

# Unannounced Care Inspection Report 25 January 2017



## Karingmore

**Type of service: Residential Care**  
**Address: 19 Largy Road, Carnlough, BT44 0EY**  
**Tel no: 028 28 885568**  
**Inspector: Ruth Greer**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Karingmore Residential Home took place on 25 January 2017 from 11.40 to 15.20.

The inspection was undertaken in response to information received from the Northern Health and Social Services Trust (NHSST) specifically in relation to the care of two named residents.

The inspector for the home, Ruth Greer was accompanied by Jo Browne, senior inspector, residential care team.

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            | 3               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mary Hamill, registered provider/manager, 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 on 3 November 2016.

## 2.0 Service details

|  |   |
|--|---|
| <b>Registered organisation/registered person:</b><br><br>Mary Theresa Hamill /Liam Hamill  | <b>Registered manager:</b><br>Mary Theresa Hamill |
| <b>Person in charge of the home at the time of inspection:</b><br><br>Mary Hamill  | <b>Date manager registered:</b><br>1 April 2005   |
| <b>Categories of care:</b><br>I - Old age not falling within any other category<br>DE – Dementia<br>MP - Mental disorder excluding learning disability or dementia<br>PH - Physical disability other than sensory impairment | <b>Number of registered places:</b><br>16         |

### 3.0 Methods/processes

Prior to inspection we analysed the following records: information in relation to two residents received from NHSST, adult safeguarding team. Notifications of accidents /incidents received at RQIA since the last inspection.

During the inspection the inspectors met with nine residents, two care staff and one catering staff. There were no visiting professionals and no residents' visitors/representatives present.

The following records were examined during the inspection:

- Staff training schedule/records
- Two resident's care files
- Records of menus and food served

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 3/11/2016

The most recent inspection of the home was an unannounced care inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 03/11/16

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

### 4.3 Inspection findings

#### **Background**

Information was received at RQIA from the adult safeguarding team, NHSST, on 12 and 17 January 2017 in relation to an adult safeguarding investigation. As a result of the investigation the trust raised concerns regarding the home's understanding of and adherence to Speech and Language Therapy (SALT) assessments for residents in the home.

#### **Inspection Findings**

On the day of the inspection two residents were accommodated who had been assessed by SALT. A referral had recently been made, by the registered manager, to SALT for a third resident.

One resident was assessed as requiring texture E diet and one resident was assessed as requiring texture C. A review of the care plans of both residents showed that copies of recent SALT assessments were in place both in written and pictorial form. However the home had not reflected the SALT recommendations fully with the residents' care plans and a requirement

was made to address this. A requirement has been made to ensure that care plans are updated as changes occur and to reflect any identified risks.

The registered manager and review of records confirmed that one resident left the home in the care of a spouse once a week and they had a meal while out. There was evidence that the registered manager had telephoned the spouse of the resident to share the information in relation to food suitable for the resident. A recommendation has been made that a written copy of the SALT recommendations are provided for the resident's spouse.

It was noted that one resident had not been weighed for several weeks. The registered manager stated that the sit-on scales in the home were broken and that the resident would be unable to use the stand-on scales. In discussion, it was advised that the home pursue the possibility of using the scales in the local health centre or make other suitable arrangements until the home's scales are repaired. The monitoring of this resident's weight is important due the already identified risk of her/his compromised eating ability.

Copies of SALT guidance for the two identified residents were on view in the notice board in the kitchen.

Records of staff training showed that SALT awareness training was provided for 14 staff on 23 January 2017. Five staff had attended an advanced first aid training session in December 2016.

Inspectors spoke at length with the home's cook who was knowledgeable about the consistency of the food required to comply with the assessments of the two residents. All staff on duty, including the registered manager, confirmed that the recent SALT training had been informative and increased their understanding of the importance of adherence to the recommendations made by SALT and of the potential risk to residents if these were not followed. In discussion with inspectors the registered manager confirmed that she would undertake frequent meal time audits using the audit tool provided by SALT. The inspectors advised keeping a written of this audit and provided a sample template as a guide.

Inspectors observed the serving of the lunch time meal. This looked appetising and a choice of two alternatives was available. The meals of the residents who had SALT assessments were served in the recommended consistency.

As part of the information supplied to RQIA the trust referred to a resident who was diagnosed with having a learning disability (LD), however the home does not currently have LD registered as a category of care. The registered manager confirmed that the resident had been in the home for over 10 years and on admission had been assessed as "borderline learning disability". At that time the resident was admitted under the "I" (old and infirm) category. It was recommended that the registered manager should contact community services to validate the correct category and, if necessary apply to RQIA for the additional category (L D) for this resident.

The inspectors spent time at this inspection speaking individually to residents. Comments made by residents were all positive in regard to their care in the home. Residents talked about the kindness of staff and the good quality of the food. One resident stated "If you asked me to think of anything wrong (with the home) I couldn't think of one thing and if I did I'd be telling lies"

## Conclusion

On the day of this inspection there was evidence that as result of training and information provided by the community SALT team, management and staff in the home are knowledgeable and aware of their responsibility in relation to timely referrals to SALT and of adherence to the recommendations and guidance they provide.

The home was found to be warm, bright and well maintained. No risks were noted in regard to the environment. Residents were well, enjoying poems, playing the piano and singing to celebrate "Burns Night".

One requirement and three recommendations were made as a result of this inspection.

## Areas for improvement

One requirement has been made that the home must develop the care plans in relation to identified risks.

Three recommendations have been made in relation to sharing information, accessing suitable equipment and seeking confirmation of the assessed category of care for one identified resident.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 1 | <b>Number of recommendations</b> | 3 |
|-------------------------------|---|----------------------------------|---|

## 5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Statutory requirements</b>  |  |
| <p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 16 (2)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p> | <p>The registered provider must ensure that care plans are kept up to date and revised where a risk is identified.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>Care plans have been updated</p>   |
| <b>Recommendations</b>   |  |
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 9.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>      | <p>The registered provider should provide written guidance to any person who provides a meal to a resident who has a SALT assessment in place.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>Training provided<br/>Written guidance in care plan and in kitchen</p> |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>      | <p>The registered provider should access suitable scales in order to monitor the weight of the identified resident.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>Appropriate weighing equipment now in service</p>   |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 February 2017</p>     | <p>The registered provider should contact the community social work team in order to confirm the category of care of the identified resident.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>Obtained a new category for said resident 9/2/2017</p>                  |

*\*Please ensure this document is completed in full and returned via the web portal\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews