



Unannounced Primary Care Inspection

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| Name of Establishment: | Karingmore |
| RQIA Number: | 1328 |
| Date of Inspection: | 31 October 2014 |
| Inspector's Name: | Ruth Greer |
| Inspection ID: | IN017764 |

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

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| Name of Establishment: | 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 Hamill – Mr Hamill was also available throughout the inspection |
| Categories of Care: | RC-DE ,RC-I ,RC-PH, RC-MP |
| Number of Registered Places: | 16 |
| Number of Residents Accommodated on Day of Inspection: | 14 |
| Scale of Charges (per week): | £461 Top up - £25 |
| Date and type of previous inspection: | 20 May 2014 Primary announced inspection |
| Date and time of inspection: | 31 October 2014 |
| 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 unannounced secondary 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 unannounced 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

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

- Discussion with the registered provider
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff on duty
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 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 Standard:

Standard 9 - Health and social care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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. |

6.0 Profile of service

Karingmore Residential Care home is situated on an elevated site in the village of Carnlough.

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

Accommodation for residents is provided in two double and 12 single bedrooms on the ground and first floors. Access to the first floor is via a stair lift and stairs.

Communal lounge and dining areas are provided at the back of the building with panoramic sea views from both rooms.

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 |

7.0 Summary of inspection

This secondary unannounced care inspection of Karingmore was undertaken by Ruth Greer on 31 October 2014 between the hours of 09:45 and 13:45. 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. There was evidence that the home has addressed all areas as required within the timescales specified.

The focus of this unannounced inspection was on standard 9, The Health and Social Care Needs of Residents are Fully Met. There was evidence that the home was compliant with the requirements of this standard and that there were processes in place to ensure the effective management of the standard inspected.

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

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their delegated roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 10.0 of the main body of the report.

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

A number of additional areas were also examined these included the arrangements in place for the management of continence. Further details can be found in section 10.0 of the main body of the report.

No requirements and no recommendations were made as a result of this unannounced inspection.

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

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 20 May 2014

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|--|--|---|--------------------------------------|
| 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. | This has been addressed as and most of the policies are now reviewed and have been updated. Mrs Hamill stated that this work is ongoing and although not restated in the quality improvement plan the area will be reviewed again at the next inspection. | Substantially compliant |
| 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. | The activity record is now maintained as required. | Compliant |
| 3 | Regulation 21 Standard 10.1 refers | A record of all training provided for staff must be maintained in line with standard 23.6. | The staff training record is now maintained as required. | Compliant |

9.0 Inspection Findings

| Standard 9 - Health and social care The health and social care needs of residents are fully addressed. | |
|---|-------------------------|
| Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process. | COMPLIANCE LEVEL |
| Inspection Findings: The details outlined in this criterion were seen to be included in the residents' care files. When a new resident is admitted to the home he/she may continue to be registered with their family practitioner if the GP is prepared to travel to the home. If not, the resident is offered the choice to register with a local practice. A community dentist visits the home twice annually and is available should individual residents require additional appointments. A private optometry company undertakes an annual review or residents may choose to attend alternative community services for eye care. | Compliant |
| Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents. | COMPLIANCE LEVEL |
| Inspection Findings: The home is registered for 16 persons and because of the small numbers staff who get to know residents well. Information from the needs assessment and care plan are shared with staff. On a daily basis there is a written and verbal handover report at each change of staff shift. This enables staff to share current information on the deterioration/progress of all residents each day. The home is registered to provide care for a designated number of residents assessed with dementia. Dementia awareness training has been provided for staff. The registered manager has recently completed her QFC qualification level 5. | Compliant |

| STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed. | |
|---|-------------------------|
| Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records. | COMPLIANCE LEVEL |
| Inspection Findings: There was evidence that relevant referrals are made to outside professionals when required. This included GPs, community nursing and social workers. Where indicated risk assessments are undertaken in respect of mobility, swallowing etc. Residents who require it have continence assessments undertaken by a specialist nurse. More details in regard to continence management can be seen in section10 of this report. | Compliant |
| Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required. | COMPLIANCE LEVEL |
| Inspection Findings: Some residents are accompanied by family members to hospital appointments. Where a staff member attends with the resident the registered manager confirmed that the outcome of the appointment is shared that day with the family by a telephone call. | Compliant |

| STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed. | |
|--|-------------------------|
| Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service. | COMPLIANCE LEVEL |
| Inspection Findings: Within the individual care files there is a template which records the dates and outcomes of all visits undertaken by outside professionals. | Compliant |
| Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident. | COMPLIANCE LEVEL |
| Inspection Findings: Individual aids are maintained as part of each resident's daily hygiene routine. Records show that an outside company is employed by the home to check and maintain the stair lift, wheelchairs and bathing hoists. | Compliant |

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with 14 residents individually and with others in groups. 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.

Comments received included:

- "I'm just here for a while because I had a fall but the people couldn't be kinder"
- "You get good homemade food, it's great"
- "Aren't the views lovely?"

10.2 Relatives/representative consultation

There were no relatives in the home at the time of the inspection

10.3 Staff consultation

Staff on duty on the day was as follows:

- Registered provider x 1
- Registered manager X 1
- Deputy manager X 1
- Senior care assistant X 1
- Care Assistant X 1
- Cook X 1
- Domestic X 1

This is meeting the expected staffing standard for the needs and numbers of persons accommodated.

The inspector spoke with all staff on duty. This included the deputy manager, senior care assistant, care assistant, cook and domestic. 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 and knowledge of the needs of residents. The care staff have worked in the home for many years and have a sound understanding of the standard expected in any residential home and gave many examples of how these are maintained within Karingmore.

- "Good care is and always has been the principle in this home"
- "The aim is to provide a brilliant service to people as they get elderly"

10.4 Visiting professionals' consultation

No professional visited the home during the inspection.

10.5 Environment

The inspector viewed the home a senior care assistant and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as spotlessly clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. The inspector was informed that all residents' beds are changed every day. Décor and furnishings were found to be of a good standard.

10.6 Management of Continence

This area of care was examined at the inspection. If there is an issue identified in regard to continence a referral is made to community nursing service. A community nurse undertakes an initial assessment and if this process identifies the need a specialist "continence nurse" undertakes a more detailed assessment. The specialist nurse organises the provision of continence products for each individual resident and gives advice/guidance to the staff in the home. This is recorded in the care plan. At time there may be a delay in the time the continence products are ordered and actually arrive at the home. The registered manager stated that the home has purchased a supply and these are used in the interim period. Continence products are individual and are held and used for the individual resident for whom they have been supplied. It can be concluded that the home is managing any continence needs effectively.

11.0 Quality Improvement Plan

The findings of this inspection were discussed with Mr and Mrs Hamill as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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



Inspection ID: IN017764

No requirements or recommendations resulted from the secondary unannounced inspection of Karingmore which was undertaken on 31 October 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: [Signature]

NAME: Liam A. Hannell
Registered Provider

DATE 27-11-14

SIGNED: [Signature]

NAME: Mary T. Hannell
Registered Manager

DATE 27-11-14

| Approved by: | Date |
|-------------------|-----------------|
| <u>Ruth Greer</u> | <u>10.12.14</u> |