

**Unannounced Care Inspection  
of  
Karingmore**

**10 September 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 10 September from 09 45 to 14 30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Northern Health and Social Care Trust	<b>Registered Manager:</b> Mary Theresa Hamill
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Hamill	<b>Date Manager Registered:</b> 20 January 2009
<b>Categories of Care:</b> RC-MP, RC-PH, RC-DE, RC-I	<b>Number of Registered Places:</b> 16
<b>Number of Residents Accommodated on Day of Inspection:</b> 14	<b>Weekly Tariff at Time of Inspection:</b> £495

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14:**        **The death of a resident is respectfully handled as they would wish.**

**Theme:**            **Residents receive individual continence management and support.**

## 4. Methods/Process

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

Prior to inspection the following records were analysed: the previous inspection report and any notifications of accidents received at RQIA.

During the inspection the inspector met with 10 residents, 3 care staff, 2 ancillary staff, and three resident's visitors/representative.

The following records were examined during the inspection:

- Policy on death and dying
- Policy on continence management
- Complaints
- Accidents/incidents
- Care files (4)
- Fire records

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 2 September 2015. The completed QIP was returned and approved by the specialist inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 31 October 2014

No requirements or recommendations were made as a result of the previous inspection.

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is Care Safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which prevent this. We were informed that there have been several occasions when residents have died in the home. We inspected the home's policy on death and dying dated July 2015. The policy was comprehensive and provided guidance for staff in the event of a sudden and an expected death. Residents end of life wishes were recorded in the care plans we examined. One resident had chosen to organise a pre-paid funeral plan and details are held in the care file.

#### Is Care Effective? (Quality of Management)

In our discussions with the manager she confirmed that arrangements were made to provide spiritual care for residents. Ministers and priests are welcome at all times in the home. The deceased resident's personal belongings are handled with care and respect and the bedroom remains untouched until families are ready to remove the belongings. The home is represented at the funeral by management and/or staff. Other residents are informed of the death sensitively and may attend the funeral should they wish to do so. Staff confirmed to us that management is supportive in helping them deal with the dying and death of any resident.

#### Is Care Compassionate? (Quality of Care)

Staff who spoke with us indicated that they felt prepared and able to deliver end of life care in a sensitive manner.

We were informed that when residents are ill families are encouraged to remain with them. The home provides refreshments and staff will take "turns" sitting with the resident to allow families to take a break. Staff members were able to articulate the values that underpin care within the home as they related to death and dying.

#### Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall the care was assessed to be safe, effective and compassionate. The home was meeting the criteria as set out in this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **Theme: Residents receive individual continence management and support**

### **Is Care Safe? (Quality of Life)**

Staff had received training on continence management on 27 March 2015. The staff members we interviewed were able to demonstrate knowledge and understanding of continence care. We examined the care files of residents assessed as requiring continence care. The files contained a person centred assessment and plan of care in relation to incontinence. Staff identified to us the system of referral to district nursing services for specialist continence advice. Care plans were amended if any changes took place. Care records were up to date and reflected the preferences as well as the needs of residents.

### **Is Care Effective? (Quality of Management)**

The home had a policy on the management of continence dated July 2015. We were informed that the home maintains a supply of continence aids should there be any delay in the ordering and re ordering of individual continence products. There was a plentiful supply of gloves, aprons and hand sanitiser dispensers available. In our discussion with staff, general observations and an inspection of the care records we noted no mismanagement in this area such as malodours or breakdown of skin integrity.

### **Is Care Compassionate? (Quality of Care)**

Staff with whom we spoke recognised the potential loss of dignity associated with incontinence. Staff described how they provided care in a private and respectful manner. From our discreet observation of care practice we found that residents were treated with care, dignity and respect when being assisted by staff.

### **Areas for Improvement**

There were no areas of improvement identified with the theme inspected. Overall the care was assessed as safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Additional Areas Examined

### 5.4.1 Residents

We met with all residents in the home at the time of the inspection. In accordance with their capabilities they expressed/indicated that they were happy with their life in the home. One resident was very complimentary about the care but wished “I was well enough to be in my own home” A selection of other comments is below –

“The girls are just great; they couldn’t do enough for you”

“I really like it”

“I’m glad I came here”

“Food is brilliant”

“Just like a big family”

### 5.4.2 Relatives

Three relatives were visiting and all agreed to an individual, private interview with us. Relatives told us that they are happy with the care their loved ones receive in the home. A selection of comments is below –

“The staff are so obliging”

“The food is wonderful my relative has put n weight”

“The staff are beautiful people”

“It’s great to come in and visit”

“There are very little changes in the staff team so it’s always the same folk giving the care”

### 5.4.3 Staffing levels

On the day the following staff were on duty –

Manager x1

Person in control x1

Senior care assistant x 1

Care assistant x 1

Catering x1

Domestic x1

The manager confirmed that this was satisfactory for the numbers and needs of persons accommodated.

### 5.4.4 Staff views

In addition to management we met with three members of staff on duty. All staff spoke positively about their roles, staff morale, teamwork and managerial support. Staff informed us that they felt a good standard of care is provided for residents and this “moves up even further” when residents are very ill and dying.

### 5.4.5 Environment

We inspected the internal environment and found the home to be clean, bright and tidy. Residents’ bedrooms were personalised to suit the preferences of the occupant.

#### 5.4.6 Complaints

An inspection of the complaints record showed that all complaints were dealt with appropriately.

#### 5.4.7 Accidents/incidents

An inspection of the record of accidents and incidents found that these have been responded to, recorded and reported as appropriate.

#### 5.4.8 Fire safety

An assessment of the home in line with HTM 84 was planned for 20 September 2015. Fire training last took place on 14 May 2015. Fire alarms are checked weekly from a different point and the outcome recorded.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>May Toham</i>	Date Completed	08-10-15
Registered Person	<i>[Signature]</i>	Date Approved	08-10-15
RQIA Inspector Assessing Response	<i>Ruth Green</i>	Date Approved	19-10-15

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

THE REGISTERED PERSON IS NOT  
SOUTHEAST HEALTH AND SOCIAL CARE TRUST.

\*Please complete in full and returned to [care.team@rgia.org.uk](mailto:care.team@rgia.org.uk) from the authorised email address\*

