



Unannounced Inspection Report

9 January 2020



The Cara

Type of Service: Residential Care Home
Address: 114 Duneaney Road, Rasharkin, BT44 8SR
Tel No: 028 2957 1330
Inspector: Rachel Lloyd

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up nine residents.

3.0 Service details

Organisation/Registered Provider: Cara Care Home Ltd Responsible Individual: Mrs Elizabeth Kathleen Mary Lisk	Registered Manager: Mrs Linda Jamieson
Person in charge at the time of inspection: Mrs Linda Jamieson	Date manager registered: 12 June 2017
Categories of care: Residential Care (RC) I – Old age not falling within any other category	Number of registered places: 9 The home is approved to provide care on a daily basis only for four persons.

4.0 Inspection summary

An unannounced inspection took place on 9 January 2020 from 10.15 to 13.30 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections and determined 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 the management of medicines, staffing, communication between residents and staff and taking account of the views of residents and their families.

It was positive to note that all areas for improvement from the previous care and medicines management inspections have been met and there were no areas for improvement identified during this inspection.

Residents spoken to described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Linda Jamieson, manager, as part of the inspection process and can be found in the main body of the report. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 11 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 April 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You?' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection we met with four residents, the manager and two senior care assistants.

During the inspection a sample of records was examined which included:

- two residents' records of care with respect to the management of medicines and nutrition
- personal medication records and medication administration records
- medicine audit records
- RQIA registration certificate
- record of staff meetings
- four week menu plan

Areas for improvement identified at the last care and medicines management inspections were reviewed and assessment of compliance recorded as met, partially met, or not 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 care and medicines management inspections dated 11 April 2019 and 12 January 2018

Areas for improvement from the most recent care inspection dated 11 April 2019		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: First time	The registered person shall ensure that any changes to the planned menu are kept to a minimum.	Met
	Action taken as confirmed during the inspection: A four week menu plan was in place offering a variety of meals and a Sunday roast each week as requested by residents. Staff advised that this was adhered to. The meal served during the inspection correlated with the menu. The meals for the following day were discussed with residents and an alternative choice was available if requested. It was also noted that adherence to planned menus had been discussed at the staff meeting following the previous inspection.	
Area for improvement 2 Ref: Standard 25.8 Stated: First time	The registered person shall review the frequency of staff meetings to a least a quarterly basis.	Met
	Action taken as confirmed during the inspection: The record of staff meetings including agenda, content and staff signatures was examined. This indicated that staff meetings had taken place on a quarterly basis since the last inspection.	

Areas for improvement from the most recent medicines management inspection dated 12 January 2018		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall review the management of distressed reactions to ensure that a detailed care plan is maintained; and the reason for and outcome of any administration is clearly recorded.	Met
	Action taken as confirmed during the inspection: Where a medicine for distressed reactions was prescribed a care plan was in place. A record of the reason for and outcome of the administration of medicines prescribed for use on a 'when required' basis was maintained e.g. analgesia. No medicine was prescribed for use 'when required' for distressed reactions at the time of the inspection, however, records had been appropriately maintained when they were.	

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.

We arrived in the home at 10:15 hours and were greeted by the manager and staff who were helpful and attentive. Residents were seated in the lounge, other seating area or their bedroom according to their preference.

Observation of the delivery of care evidenced that staff attended to residents needs in a timely and caring manner. Staff said that they felt that there were enough staff on duty at all times to meet the needs of the residents.

The home was observed to be clean, warm and fresh smelling; all areas inspected were appropriately decorated. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by residents.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained.

A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were procedures in place to verify prescribed medicines on admission to the home.

We reviewed the serving of lunch which commenced at 12.30 hours. Residents dined in the conservatory dining area or their preferred dining area such as their bedroom or the lounge. Tables had been laid appropriately for the meal. The meal served correlated with the menu and staff and residents confirmed an alternative was offered if preferred. Food was served directly from the kitchen when residents were ready to eat their meals. The food served appeared nutritious and appetising. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents who were assisted in an unhurried manner where necessary. The residents consulted with spoke positively of the meals provided.

Comments included:

- "Really enjoyed lunch, thank you, well fed."
- "...delicious, I'm full."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the systems in place for the management of medicines and the encouragement/assistance provided by staff to ensure that residents received nutritious meals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with four residents, three in a group setting, confirmed that living in the home was a positive experience.

There were no questionnaires returned by residents or relatives within the allocated time provided. Any comments from residents, their representatives and staff in questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

There were arrangements in place for the management of any incidents. Staff confirmed that they knew how to identify and report incidents. Staff were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding.

There were robust auditing processes with regard to medicines management. These audits were reviewed during the inspection; satisfactory outcomes were observed indicating that medicines were administered as prescribed.

We met with two members of staff as well as the manager. They advised that that they had received comprehensive training and felt well supported in the home. Comments included:

- “This is a great home. It is the best I have worked in. The residents are well looked after and content, because the home is small you really get to know them.”

- “The home is so clean, there are very high standards.”

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

We discussed deprivation of liberty safeguards with the manager who confirmed that all staff had received appropriate training in this area. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place.

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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