

Inspection Report

8 July 2021



The Cara

Type of service: Residential (RC)
Address: 114 Duneaney Road, Rasharkin, BT44 8SR
Telephone number: 028 2957 1330

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Cara Care Home Ltd</p> <p>Responsible Individual: Mrs Elizabeth Kathleen Mary Lisk</p>	<p>Registered Manager: Mrs Linda Jamieson</p> <p>Date registered: 12 June 2017</p>
<p>Person in charge at the time of inspection: Mrs Linda Jamieson</p>	<p>Number of registered places: 9</p> <p>A maximum of nine residents shall be accommodated in single bedrooms in the main home only. The chalet accommodation comprising three beds must not be used by residents until approval has been granted by RQIA. The home is approved to provide care on a day basis to 4 persons</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 8</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 9 residents. The home is situated in a rural location. Residents have access to communal areas, dining room and well-appointed grounds. Residents' bedrooms are located over two floors with access via stairs or a passenger lift.</p>	

2.0 Inspection summary

An unannounced inspection was conducted on 8 July 2021 from 10.00am to 2.10pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

No areas requiring improvement were identified during this inspection.

Residents said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in The Cara was safe, effective, and compassionate and that the home was well led

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents, one visiting relative and staff were asked for their opinion on the quality of the care and their experience of living and working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home.

At the end of the inspection the manager was provided with details of the findings.

4.0 What people told us about the service

During the inspection we spoke with eight residents, one visiting relative and three staff. No questionnaires were returned and we received no feedback from the staff online survey. Residents spoke in positive terms about the care they received and on their interactions with staff. Residents confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. One resident made the following comment, "They (the staff) are very good here. I haven't any problems. It's lovely and peaceful here. The day and night staff are all lovely."

Staff acknowledged the challenges of working throughout the COVID-19 pandemic. Staff stated that The Cara provided good care to residents.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 24 November 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20(1)(a) Stated: First time	The registered person shall review the provision of domestic and laundry staff hours and put in place adequate cover so as to ensure that care staffing hours are not diluted in covering such.	Met
	Action taken as confirmed during the inspection: Discussions with the manager and a review of the duty rotas confirmed that this staffing review has been put in place.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard E 13 Stated: First time	The registered person shall make good the missing tiles in the laundry room.	Met
	Action taken as confirmed during the inspection: The laundry room has been redecorated with good effect.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were recruited correctly to protect residents. Discussions with the manager confirmed she had a good knowledge and understanding of the legislation and standards pertaining to the safe recruitment and selection of staff.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular mandatory and additional training in a range of topics, which include training in falls prevention, environmental cleaning, COVID-19 and communication skills.

Staff said there was good team work and that the provision of care was very good.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any person in charge of the home in the manager's absence had undertaken a competency and capability assessment for this role.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

One resident said "I couldn't fault it in any way. It is a home from home. All the staff are very kind."

There were safe systems in place to ensure staff were recruited and trained properly.

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were stored in a safe secure manner.

Care records were well maintained, regularly reviewed and updated to ensure they accurately reflected the residents' needs and the care being provided. Where possible, residents were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were seen to seek residents' consent when delivering personal care with statements such as: "Would you like to..." or "Can I help you with..."

A visiting relative was keen to express praise and gratitude for the care provided for and the kindness and support received from staff.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, care records were accurately maintained and reflected the needs of the residents. Staff on duty had good knowledge of individual resident's needs, their daily routines, wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the lunchtime meal being a pleasant and unhurried experience for the residents. Two residents made the following comments; "I'd like to say how clean this place is kept. It is spotless. The dinners are very good too and always a choice." and "It's very good here and so is the food. It is great having it all made for you."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what residents had to eat and drink daily.

Each resident had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the environment was clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were personalised with items important to the resident. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The home's most recent fire safety risk assessment was dated 25 March 2021 had no recommendations.

Fire safety training and drills were maintained on an up-to-date basis as were fire safety checks in the environment.

Feedback from the manager and observation of the environment confirmed that there were systems and processes in place for the management of risks associated with COVID-19 and other infectious diseases.

Inspection of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and other accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

Systems were in place with regard to IPC management and visiting arrangements were in keeping with current regional guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or reside in areas of choice. Residents were observed to be comfortable and at ease in their environment and in interactions with staff. Depending on the assessed needs of the resident, we observed additional support being provided by staff as required. Activities were facilitated mostly on a one to one basis or in small groups. Residents commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The genre of music played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

In summary the home supports residents to have meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Linda Jamieson has been the manager in this home since it reopened in 12 June 2017.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

Residents were clearly comfortable, content and at ease in their environment and interactions with staff. Positive feedback was received throughout from residents, one visiting relative and staff.

Staff were seen to be attentive and care was delivered in a person centred kind manner.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Linda Jamieson, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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