

Inspection Report

12 February 2024



The Cara

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Cara Care Home Ltd	Registered Manager: Mrs Linda Jamieson
Responsible Individual Mrs Elizabeth Kathleen Mary Lisk	Date registered: 12 June 2017
Person in charge at the time of inspection: Mrs Linda Jamieson	Number of registered places: 9 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
Categories of care: Residential Care (RC) I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 8
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 operates over two floors. Residents have access to communal lounges, bathrooms and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 12 February 2024, from 9.30 am to 3.30 pm by a care inspector.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that they were happy in the home and the staff helped them when they needed help. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents and staff are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care.

Areas requiring improvement were identified in relation to, residents' assessments and care plans, environmental risk assessments and the general environment.

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

The findings of this report will provide the management 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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.

The findings of the inspection were discussed with Mrs Linda Jamieson, manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy in The Cara and described the staff as "friendly" and "very good". Residents' comments included, "I love it here, everyone is so nice".

Staff spoken to said that they enjoyed working in The Cara and felt well supported in their role within the home and were all encouraged to complete any training relevant to their roles and responsibilities. Staff spoke in positive terms about the provision of training

No additional feedback was provided by residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments received included, "Happy that mum is here she is very content." and "Doing a great job, residents' are happy and well cared for."

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 14 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 Schedule 2 (3) Stated: First time	The registered person must ensure in the recruitment of staff that a satisfactory reference is obtained from their present or most recent employer.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A recruitment checklist was in place, however gaps in the completion were observed, further enhancement of this checklist was discussed with the manager and will be further reviewed at a future inspection.

The manager had a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated good knowledge of their roles and responsibilities.

Staff told us that the residents' needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management.

One resident told us, "the staff are very good"

Residents and staff spoken to expressed no concerns regarding staffing arrangements within the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity of residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunchtime meal was a pleasant and unhurried experience for the residents.

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

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 held confidentially.

A review of care records indicated that some assessments had not been kept under regular review and were not up to date, for example, some changes in residents' mobility or health needs were not reflected in the relevant assessments. This was discussed with the manager during feedback. An area for improvement was identified.

It was noted that individual risk assessments for the use of a stairgate at the top of the stairs had not been carried out. The importance of these individual risk assessments was discussed with the manager who confirmed that this would be addressed and an area for improvement was identified.

Care plans records had not been updated to include the use of commodes in bedrooms. This was discussed with the manager during feedback. The manager assured us that she would put a plan in place to ensure this element of care was included in all relevant care plans. An area for improvement was identified.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and tidy, corridors were free from clutter or hazards and fire doors were unobstructed. However, the overall environment was worn with identified areas in need of repair and refurbishment. For example, some bedrooms' required to be painted, the details of the deficits identified were discussed with the manager. An area for improvement was identified.

Residents' bedrooms were personalised with photographs and other items of memorabilia.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 15 May 2023. There were no recommendations made from this assessment.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of personal protective equipment within the home.

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

One resident told us, "this place is clean and comfortable."

5.2.4 Quality of Life for Residents

Discussion with residents and staff confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Staff discussed the importance of a person centred approach when it came to activities for the residents. There was a range of activities provided for residents by staff including; crafts, bingo, ball games and chair exercises. The activity schedule was on display for residents and their relatives to observe.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

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 registered manager of this home since 12 June 2017.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home enhancement of the current auditing system was discussed with the manager and will be reviewed at a future inspection.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concerns raised.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home, it was noted that visitors had not been consulted for a number of months, this was discussed with the manager who informed us that visitors were routinely consulted, however, this evidence was not recorded. The manager agreed to ensure that visitors would be consulted and their views recorded. Therefore, an area for improvement was not identified at this time and this will be reviewed at the next inspection.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Linda Jamieson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 5.5 Stated: First time To be completed by: 30 April 2024	<p>The registered person shall ensure that all residents assessments such as mobility and health needs are kept under review and amended as changes occur to accurately reflect the needs of the residents.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All residents assessments as mobility and health needs will be kept under review and assessments and careplans updated as required to accurately reflect the needs of the resident.</p>
Area for improvement 2 Ref: Standard 28.5 Stated: First time To be completed by: 30 April 2024	<p>The registered person shall insure that risk assessments are carried out for every area of work in liaison with relevant others. This area for improvement relates specifically to individual resident risk assessment for the stair gate in the home.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A general risk assessment is in place. A specific risk assessment has now also been completed for each resident in relation to the stair gate.</p>
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: 30 April 2024	<p>The registered person shall insure that care plans in relation to the use of commodes in bedrooms are completed and are up to date and where appropriate are signed by the resident or their representative and the staff member making the change.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This has been put in place, so that care plans in relation to the use of commodes in bedrooms are completed and are up to date. These are agreed and signed by the residents or their representative and also signed by the staff member making the change.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2024</p>	<p>The registered person shall ensure as far as reasonably practicable that the internal premises are kept in a good state of repair and decoration</p> <p>Ref 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The internal premises will continue to be maintained in a good state of repair. Various areas of the home have been redecorated and will be continued as an ongoing process.</p>

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