

Inspection Report

14 January 2023



The Cara

Type of service: Residential (RC)
Address: 114 Duneaney Road, Rasharkin, BT44 8SR
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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

Organization/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: Ms Rhonda McWilliams, Senior Care Assistant	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.	

2.0 Inspection summary

An unannounced inspection took place on 14 January 2023, from 9.45am to 1.50pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was safe, effective and compassionate care delivered in the home and the home was well led.

It was evident that staff promoted the dignity and well-being of residents. Staff provided care in a compassionate manner.

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

One area requiring improvement was identified during this inspection. This was in respect of ensuring that a reference is obtained from the applicant's present or most recent employer.

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. Addressing this one area for improvement will further enhance the safety of residents in the home.

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 following this inspection.

4.0 What people told us about the service

Residents said that they were very happy with their life in the home, their relationship with staff, the provision of meals and the provision of activities. Two residents made the following comments; "Everything is very good. They (the staff) are very good to us here. I can't see you finding anything wrong." and "It's a very good place here. All the staff are fantastic".

Staff spoke in positive terms about the provision of care, their roles and duties, teamwork, training and managerial support.

5.0 The inspection

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

The last inspection to The Cara was undertaken on 6 July 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of two staff members' recruitment records, confirmed evidence that a robust system was in place other than one record did not have a reference from the present or most recent employer. This has been identified as an area of improvement.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff spoke in positive terms about the provision of training. A review of staff training records confirmed that mandatory elements of training for staff were being maintained on an up to date basis, as well as other additional areas of training pertinent to their roles and the needs of residents.

A schedule of staff supervision and appraisal was in place.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and the staffing levels.

It was noted that staff responded to the needs of the residents in a timely way; and gave provision for residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. 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. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Care records were maintained well and accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was choice of meals offered and the dinner time meal was attractively presented, wholesome and portions were generous. There was a variety of drinks available and encouraged by staff.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily. Staff had received training in dysphagia and had understanding of modified diets as prescribed by the Speech & Language Therapist.

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

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held safely and securely.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. A good standard of décor and furnishings was in place. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The kitchen was clean, tidy and well organised.

The grounds of the home were nicely maintained.

Cleaning chemicals were stored safely and securely.

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 February 2022. There were no recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

Discussions with residents and observations of care practices confirmed that residents were able to choose how they spent their day.

It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options.

The genre of music and television channels played was appropriate to residents' age group and tastes.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Two residents said; "It is a very peaceful place. We are grateful for it" and "I am very happy here. I have no problems." Residents were engaged in pastimes of choice, such as socialising with one another, reading newspapers, crafts or relaxing. Staff were also seen to engage with residents in a nice, kind caring manner with local interests and conversation.

5.2.5 Management and Governance Arrangements

The Registered Manager of the home is Mrs Linda Jamieson.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

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. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, aligned named worker and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly.

There was a system of audits and quality assurance in place. These audits included; infection prevention and control, care records and the dining experience.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Linda Jamieson, Manager, following this inspection. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 Schedule 2 (3) Stated: First time To be completed by: 15 January 2023	The registered person must ensure in the recruitment of staff that a satisfactory reference is obtained from their present or most recent employer. Ref: 5.2.1 Response by registered person detailing the actions taken: Most recent employer was unable to give a reference due to short employment period they couldn't provide one when I contacted them, another reference was obtained from a past employer.

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