



Unannounced Care Inspection Report 24 November 2020



The Cara

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

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 to nine residents.

3.0 Service details

Organisation/Registered Provider: Cara Care Home Ltd Responsible Individual(s): Elizabeth Kathleen Mary Lisk	Registered Manager and date registered: Linda Jamieson
Person in charge at the time of inspection: Linda Jamieson	Number of registered places: 9
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of residents accommodated in the residential home on the day of this inspection: 9

4.0 Inspection summary

An unannounced inspection took place on 24 November 2020 from 09.30 to 13.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- Safeguarding
- The environment
- Infection Prevention and Control (IPC)
- Care delivery
- Care records
- Fire safety
- Governance and management

Feedback from residents throughout this inspection was all positive and complimentary.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

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

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with nine residents and three staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. No responses from these questionnaires were received in time for inclusion to this report.

The following records were examined during the inspection: the duty rota, competency and capability assessments, staff professional registrations, a staff member's recruitment records, IPC records and audits, residents' care records, fire safety risk assessment and fire safety records, a Regulation 29 report, quality assurance audits, accident and incident records, staff training records and the schedule of maintenance certificates and service reports.

Findings of the inspection were provided to the Linda Jamieson, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced inspection undertaken on 9 January 2020. There were no areas of improvement identified at this inspection.

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. A competency and capability assessment was in place for any member of staff who

has the responsibility of being in charge of the home in the absence of the manager. Inspection of two of these assessments found these to be appropriately maintained.

Review of the duty rota found that there was a deficit in domestic and laundry hours with care staff and manager covering these duties. This deficit dilutes the care and managerial hours and was particularly more prevalent at weekends. This has been identified as an area of improvement to review accordingly.

Inspection of the professional registration register for staff confirmed that all 11 staff employed in the home had up-to-date registration with the Northern Ireland Social Care Council (NISCC).

A sample of a staff member's recruitment records was inspected and this was found to be in accordance with legislation.

Staff spoke positively about their roles and duties, training, managerial support and teamwork. Staff stated that residents received a good standard of care and were treated with respect and dignity.

Care duties were attended to in an unhurried organised manner with evidence of good team working and support amongst staff members.

6.2.2 Safeguarding residents from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

Staff training records confirmed that training in safeguarding was in place for all staff on an up-to-date basis.

6.2.3 Environment

The home was clean and tidy throughout with a good standard of décor and furnishings. Residents' bedrooms were comfortable, personalised and tastefully furnished. Communal areas were comfortable and furnished in a homely manner. Bathrooms and toilets were clean and hygienic. The kitchen was clean, tidy and well organised.

The tiles to part of a wall in the laundry room were missing, which was identified as an area of improvement to make good.

The grounds of the home were well maintained.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were observed to wash their hands and use alcohol gels at appropriate times. Staff were also observed to encourage and assist residents with good handwashing.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

Social distancing of residents was promoted with residents through by choice and guidance. Two residents talked about this and the visiting arrangements which they understood and acknowledged as necessary.

6.2.5 Care delivery

The atmosphere in the home was calm, relaxed and friendly. Residents were comfortable and content in their environment and interactions with staff. Staff attended to residents' needs in a kind, caring manner and their interactions with residents was warm and supportive. Residents were engaged with one another and their environment.

Staff sought consent with assisting with mobility or personal care through statements such as "Would you like to..." Staff also explained tasks and engaged with residents about current or local events and goings on.

Residents spoke with praise and gratitude about the provision of care, the kindness and support received from staff, the provision of meals and the overall atmosphere in the home. Some of the comments made included statements such as;

- "It's all good here. The staff could not be better."
- "I am very well cared for. You couldn't ask for a thing. Always plenty to eat, too much and there's a good choice."
- "We're like one big family. I like the staff. Every one of them."
- "I am very happy here. It's great having all my care taken care off and not having to worry about a thing, like cooking for myself. We are all looked after, very well."
- "The food is very good. I couldn't complain about a thing."

One staff member made a comment;

- "This is the best care I have seen anywhere. You just treat the folk like they were one of your family."

The atmosphere in the home was also engaging of Christmas festivity with carols being enjoyed by two residents.

The dinner time meal appeared appetising, wholesome and nicely presented. The dining room was facilitated well and there was a nice atmosphere in place for residents to enjoy their meal.

6.2.6 Care records

An inspection of two residents' care records was undertaken on this occasion. These records were maintained in a secure, organised manner.

A holistic assessment of needs was in place, supported with assessment tools pertaining to dietary management, falls and moving and handling. Care plans were written in a comprehensive detailed manner and were based on these assessments. Care reviews were up-to-date and informative.

Evidence was in place to confirm that the resident or their representative was including in the care planning process.

Progress records were well written and included evidence of multi-disciplinary healthcare input and advice.

6.2.7 Fire safety

The home's most recent fire safety risk assessment was dated 10 March 2020. There were no recommendations made as a result of this assessment.

Fire safety checks were maintained on a regular and up-to-date basis. Fire safety training and safety drills were also maintained on a regular and up-to-date basis.

6.2.8 Governance and management

At the time of this inspection the manager was covering additional domestic and laundry duties. Despite this the manager was able to facilitate the inspection with clarification, discussion and feedback at the conclusion.

The manager was knowledgeable about her role and the care needs of residents.

Inspection of the most recent month's Regulation 29 report (23 November 2020) on the behalf of the responsible individual found this to be well maintained with good governance.

Quality assurances audits pertaining to Northern Ireland Social Care (NISCC) registrations, the environment, IPC, staff training, and accidents and incidents were inspected and found to be appropriately in place.

Accident and incident reports were found to be recorded in good detail with evidence that these were duly reported to the relevant stakeholders.

Inspection of staff training records confirmed that staff mandatory training and additional areas of training were being maintained on a regular and up-to-date basis, with good oversight of same to ensure compliance with training needs.

Maintenance certificates and service reports were also found to be managed appropriately with a schedule dates of when last done and when due for renewal. These were found to be managed on an up-to-date basis.

Areas of good practice

Areas of good practice were found in relation to the staff teamwork, upkeep of the environment, care records, quality assurance and the nice atmosphere and ambience in the home.

Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to reviewing the domestic and laundry hours in the home and making good the wall tiles in the laundry room.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Residents were well cared for in a comfortable homely environment. Their needs were attended to staff in a kind caring manner with polite warm interactions and rapport. The home was clean and tidy and well maintained. Regulatory documentation was organised and methodical as with residents' care records.

The two issues of improvement identified at this inspection received assurances from the manager that these would be taken forward to be addressed.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Linda Jamieson, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20(1)(a) Stated: First time To be completed by: 24 December 2020	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. Ref: 6.2.1 Response by registered person detailing the actions taken: LiThis has been put in place for week starting 14/12/2020
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard E 13 Stated: First time To be completed by: 24 February 2021	The registered person shall make good the missing tiles in the laundry room. Ref: 6.2.3 Response by registered person detailing the actions taken: This has been discussed with the Area Manager who has assured me this will be completed soon. Linda Jamieson Home Manager 07/12/2020

Please ensure this document is completed in full and returned via Web Portal



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