

# Inspection Report

**Name of Service: Carnmoyne**

**Provider: Benmacdui Ltd**

**Date of Inspection: 2 January 2025**

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Benmacdui Ltd
<b>Responsible Individual:</b>	Mr Benjamin Logan
<b>Registered Manager:</b>	Mrs Emma Logan
<b>Service Profile –</b> This home is a registered residential care home which provides health and social care for up to 16 residents with sensory impairments, residents over 65 years of age, residents with mental health over 65 years of age, residents with physical disabilities over 65 years of age and residents with dementia. There are a range of communal areas throughout the home.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 January 2025, between 10.10 am and 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 20 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents spoken with who were able to make their wishes known, provided positive feedback about the care they received in the home. Residents said the staff were supportive and approachable. Comments shared included, "it is great" and "the staff are so warm and welcoming."

Visitors spoken with provided positive feedback about the care their relatives received in the home. Comments shared included; "the staff are amazing, they are so personable. There is always activities" and "residents have choice, mum does not want to return home she loves it so much."

Questionnaires returned from relatives and visitors indicated that they found the care to be; safe, effective, compassionate and well-led. Some of the comments shared in the feedback included; "lovely, welcoming staff who have the interests of the residents at the heart of everything they do" and "the best care home ever. Very satisfied, staff are brilliant. The care and food my mother is given is of the highest standard."

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

Residents told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. One of the recruitment files reviewed evidenced that references were not obtained prior to the staff member commencing employment in the home. The previous area for improvement identified relating to this has not been met and will be stated for a second time.

A review of the staff supervision matrix highlighted that staff had not received supervision in line with the required minimum standard of twice per year. An area for improvement was identified.

A record to evidence staff attendance at fire drills was not made available, therefore it was not evident that all staff had attended an annual fire drill. A discussion took place with the manager and assurances were provided that this would be completed with all staff. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff responded promptly to call bells and there was evidence of staff supervision across the home.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

#### **3.3.2 Quality of Life and Care Delivery**

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care. There was evidence that improvements were required to monitor and review those residents with a Deprivation of Liberty Safeguard (DoLS) in place, assurances were provided by the manager that this would be addressed.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referred to their GP.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come. Comments by residents regarding activities were shared with the manager for review and action as appropriate.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and events were shared with residents, families and staff advising of future events.

### **3.3.3 Management of Care Records**

A review of residents care files indicated that pre-admission assessments were not always completed as required. Assurances were provided by the manager that these assessments were completed, however these were not always recorded. An area for improvement was identified.

Following the initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the residents' needs. Review of one recently admitted resident evidenced that their care plans and risk assessments had not been developed in a timely manner, assurances were provided this would be addressed.

Residents care records were held confidentially.

Care records were generally person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. It was evident that improvements were required to ensure residents, where possible, were involved in planning their own care and the details of care plans shared with residents' relatives, if this is appropriate. A discussion took place with the manager to ensure monthly weights are recorded appropriately.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of 'homely' touches such as flowers, newspapers, magazines, snacks and drinks available.

Observation of the home's environment identified denture cleaning tablets accessible in residents bedrooms, assurances were provided that this would be addressed and action taken as appropriate. An area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Mrs Emma Logan has been the Manager in this home since 30 October 2014.

Residents, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to residents. The home was visited each month by the registered provider 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. A discussion took place with the manager to ensure these visits are completed unannounced. These are available for review by residents, their representatives, the Trust and RQIA.

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

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	7*

\* the total number of areas for improvement includes one regulation that has been stated for a second time, one regulation and four standards that have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Emma Logan, 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 Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (b) (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> 2 January 2025	<p>The Registered Person shall ensure that pre-employment information has been obtained prior to any persons commencing employment in the home.</p> <p>This is stated with specific regard to obtaining references.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b>            There has been a pre employment checklist implemented which will be followed before any future employment commences.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (16 May 2023)	<p>The Registered Person shall ensure that the medicines are stored at the appropriate temperature:</p> <ul style="list-style-type: none"> <li>The current, maximum and minimum temperature of the medicines refrigerator must be monitored and recorded each day.</li> <li>The temperature of the medicines storage area must be monitored and recorded each day.</li> </ul> <p>Ref: 2.0</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 January 2025</p>	<p>The Registered Person shall ensure that risk assessments and care plans are drawn up for residents regarding the management of denture cleaning tablets to manage any associated risks.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> A risk assessment has been completed for the resident who wishes to keep her denture cleaning tablets in her own room.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 33</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (6 May 2023)</p>	<p>The Registered Person shall shall review the management of medicines prescribed on a 'when required' basis for distressed reactions to ensure that:</p> <ul style="list-style-type: none"> <li>the reason for and the outcome of administration is recorded on every occasion.</li> <li>the identified discrepancy is investigated and the outcome reported.</li> </ul> <p>Ref: 2.0</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 33</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (6 May 2023)</p>	<p>The Registered Person shall ensure that written confirmation of each resident's medicine regime is obtained at or prior to admission on every occasion.</p> <p>Ref: 2.0</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The Registered Person shall ensure that all staff responsible for the management of medicines have received training and have an up to date competency assessment in place.</p> <p>Ref: 2.0</p>



From the date of inspection (16 May 2023)	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (16 May 2023)	The Registered Person shall ensure that a robust auditing system, which covers all aspects of medicines management in the home, is implemented, appropriate action taken when necessary and a record maintained.  Ref: 2.0
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time  <b>To be completed by:</b> 2 January 2025	The Registered Person shall ensure staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily.  Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> All staff had supervisions carried out in Januray and will be carried out 6 monthly there after.
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time  <b>To be completed by:</b> 9 January 2025	The Registered Person shall ensure that all staff have attended a fire drill at least once annually and records of this maintained.  Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> As part of supervision all staff attended a fire drill.

<b>Area for improvement 7</b>  <b>Ref:</b> Standard 3.4  <b>Stated:</b> First time  <b>To be completed by:</b> 9 January 2025	<p>The Registered Person shall ensure that a pre-admission assessment is completed prior to any resident being admitted to the home. These must be made available for inspection.</p> <p>Ref: 3.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            A formal written pre admission assessment is now in place &amp; will be completed before any resident is admitted to the Home.</p>

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



The Regulation and  
Quality Improvement  
Authority

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