



The Regulation and
Quality Improvement
Authority

Carmoyne
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**Unannounced Care Inspection
of
Carmoyne**

02 December 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 2 December 2015 from 09 45 to 14 30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSPSS Residential Care Homes Minimum Standards (2011).

1.1 Actions/Enforcement Taken Following the Last Inspection

There were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the Mrs Logan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/ Registered Person: Emma Logan	Registered Manager: Emma Logan
Person in Charge of the Home at the Time of Inspection: Emma Logan	Date Registered: 30 October 2014
Categories of Care: RC-DE, RC-I, RC-MP(E), RC-PH(E)	Number of Registered Places: 16
Number of Residents Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: £ 470 with additional top up of £30 - £40

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard had been met:

Standard 1: Residents' Involvement

4. Methods/ Process

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

During the inspection we met with twelve residents, three members of staff, two relatives and the registered manager.

We inspected the following records: four residents' care records, accident/ incident reports, the record of complaints, record of residents' meetings, the statement of purpose and the staff induction template.

5. The Inspection

5.1 Review of Requirements and Recommendations from last care inspection

The previous inspection of the home was an unannounced care inspection dated 23 June 2015. There were no requirements or recommendations were made as a result of that inspection.

5.2 Review of requirements and recommendations from the last inspection

There have been no further inspections since the one referred to at the previous point.

5.3 Standard 1- Residents' involvement

Is Care Safe? (Quality of Life)

The care files examined contained notes of annual care management reviews. These reviews provide a forum for residents and their families to express their views about the care they receive in the home. It was noted that for one resident whose next of kin lives abroad the review is organised for when the relative plans to be on a visit to Northern Ireland. This is good practice. The comments we read were all positive and the minutes had been signed by the resident and or their representative. Residents' views and opinions are sought informally on a daily basis. More formally, there are regular residents' meetings the most recent was held on 16 September 2015. When the inspection commenced the registered manager and staff were in the process of putting up Christmas decorations. A risk assessment had been completed in relation to any additional risk this may pose to the home.

Is Care Effective? (Quality of Management)

There are systems and forums in place to ensure that residents and their relatives are involved in the procedures and policies in the home. The registered manager stated that she is in the process of compiling the annual quality review report. Satisfaction questionnaires are being sent to families and their response will be incorporated into the quality report. The home has recently recruited new care staff. Minutes of the residents' meetings showed that their opinions on male care staff were sought before any new appointment was made. The home's Statement of Purpose showed that the values of dignity, rights and choice were explicitly set out.

Is Care Compassionate? (Quality of Care)

Staff with whom we spoke felt that the delivery of care is compassionate. This was verified by the inspector's conversations with residents and relatives. Further confirmation was found in the examination of care records and in the direct observation of the provision of care on the day.

Areas for Improvement

There were no areas for improvement identified with the standard inspected which has been assessed as met.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Residents

During the course of the inspection most of the residents were spoken with individually as they sat in the lounges or in their own bedrooms. Residents expressed positive comments in regard their life in Carnmoyne. Specifically mentioned was the quality of the food and the kindness of management and staff.

Comments made included the following:

- "There is nowhere like your own home but this is the next best thing"
- "That girl (manager) is an angel"
- "They (staff) couldn't be better"
- "Nothing is too much trouble"

5.4.2 Relatives

Relatives of two residents were visiting in the home. Both agreed to share their views with us. One relative stated that his parent had been in the home for several years. The relative said that he regards Carnmoyne as his parent's "own home". The relative stated that he calls as often and at whatever time he chooses and is always made welcome. Another relative informed us that she lives abroad and of the trust she has in the home to care for her parent. Comments included:

- "This is a wonderful place staff go far, far beyond what they are paid to do"

- “I don’t know what I would do if my parent wasn’t in this home”

5.4.3 Environment

The home was warm, bright, clean and tidy. Residents’ bedrooms were personalised to suit the preferences of the occupant. The communal areas were attractive with a variety of seating arrangements. It was noted that some internal doors were wedged open and that combustible material was stored under a fire staircase. A requirement has been made in this regard.

5.4.4 Staffing

The following staff were on duty:

- Manager x1
- Deputy manager x1
- Care assistant x1
- Catering x1

There was no domestic on duty. The manager stated that a member of staff had called in sick that morning. A recommendation has been made that staffing is reviewed to ensure replacement staff are available “on call” for unforeseen circumstances.

5.4.5 Accidents/Incidents

The record of incidents/accidents was examined and found to be satisfactory. The manager completes a monthly audit of all accidents in the home. This is good practice.

5.4.6 Staff Practice

Observation of practice showed that staff treated residents with care and respect. Assistance with tasks was provided in a timely manner and in a private and discreet way. Staff communications with residents were polite, friendly and at times, humorous.

Areas for Improvement

Fire precautions should be adhered to at all times in line with legislative requirements. Staffing levels must at all times meet the minimum standards.

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Logan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 27(4)(b) 5.4.3 refers Stated: First time To be Completed by: 3 December 2015	Fire doors should not be wedged open. Combustible material should not be stored under a fire escape stairway. Response by Registered Person(s) Detailing the Actions Taken: Council have removed all combustible material from below fire escape. Residents have been advised that bedroom doors cannot be propped open at any time.
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Recommendations

Recommendation 1 Ref: Standard 25.1 5.4.4 refers Stated: First time To be Completed by: 03 December 2015	The manager should ensure that there is a system to replace staff who are on sick leave. Response by Registered Person(s) Detailing the Actions Taken: Staff have been identified who will be on call if domestic assistant is on sick leave.
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Registered Manager Completing QIP	Emma Logan	Date Completed	22/12/15
Registered Person Approving QIP	Emma Logan	Date Approved	22/12/15
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	22/01/16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address