



The Regulation and  
Quality Improvement  
Authority

## Unannounced Primary Care Inspection

**Name of Establishment:** Carnmoyne  
**RQIA Number:** 1347  
**Date of Inspection:** 06 January 2015  
**Inspector's Name:** Ruth Greer  
**Inspection ID:** 17777

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 General information

<b>Name of Service:</b>	Carmoyne
<b>Address:</b>	38 Church Street Ahoghill BT42 2PA
<b>Telephone number:</b>	0282587 1439
<b>E mail address:</b>	carmoyne@yahoo.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mrs Emma Logan (registration pending)
<b>Registered Manager:</b>	Mrs Emma Logan
<b>Person in charge of the home at the time of inspection:</b>	Mrs Emma Logan
<b>Categories of care:</b>	RC-DE, RC-I, RC-MP(E), RC-PH(E)
<b>Number of registered places:</b>	16
<b>Number of residents accommodated on Day of Inspection:</b>	16
<b>Scale of charges (per week):</b>	Trust rates plus £30 to £40 additional top up
<b>Date and type of previous inspection:</b>	Primary announced Inspection 19 August 2014
<b>Date and time of inspection:</b>	06 January 2015 09:50 to 13:30
<b>Name of Inspector:</b>	Ruth Greer

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider/registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

### **Standard 9 – Health and Social Care**

**The health and social care needs of residents are fully addressed.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Carmoyne Residential Care home is situated in the rural village of Ahoghill Co Antrim.

Changes to the registered person in control since the previous inspection mean that Mrs Emma Logan is now in the process of being registered with the RQIA in this role. Mrs Logan also remains as registered manager.

Accommodation for residents is provided single and double rooms on both the ground and first floors. Access to the first floor is via a stair lift and stairs.

Communal lounge and dining areas are provided on the ground floor on either side of the front entrance to the home.

The home also provides for catering and laundry services on the ground floor

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 16 persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years
PH(E)	Physical disability other than sensory impairment - over 65 years

## 7.0 Summary of inspection

This secondary unannounced care inspection of Carmoyne was undertaken by Ruth Greer on 6 January 2015 between the hours of 09:50 and 13:30. Mrs Logan was available during the inspection and for verbal feedback at the conclusion of the inspection.

One requirement and one recommendation were made as a result of the previous inspection and were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by Mrs Logan can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9 - The health and social care needs of residents are fully addressed. Evidence was found to assess the home as compliant with the requirements of this standard. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. I

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory.

A number of additional areas were also examined these included the homes arrangements for the management of continence. Further details can be found in section 10.0 of the main body of the report.

No requirements and no recommendations were made as a result of the secondary unannounced inspection. This is commendable.

The inspector would like to thank the residents, registered manager, and staff for their assistance and co-operation throughout the inspection process.

### 8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 19 August 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 25 Reference 12.12	Records must evidence that the registered provider undertakes monthly monitoring visits.	Mrs Logan undertakes the dual role of provider and manager. Mrs Logan undertakes monthly audits of the home as part of her overall quality assurance governance. Reports are maintained.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Standard 10.1	Staff should be provided with training in the management of behaviours which challenge.	Training for staff in managing challenging behaviours was provided in October 2014.	Compliant



**9.0 Inspection Findings**

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Each resident's file contains a front page with the details as listed in this criterion. Residents who are new to the home and need to change their GP are assisted to do so and staff provide the details of local surgeries.	Compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
There are just 16 residents in the home. Staff are able to get to know each as an individual and often the families also. The home is registered to provide care for residents who have a diagnosis of dementia. Since the previous inspection training in the management of challenging behaviours has been provided. Mandatory training is also provided in line with RQIA guidance. Each resident has a comprehensive care file which contains records of medical and social care needs assessments and the subsequent care plans.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	
<b>Inspection Findings:</b>	
There is a written and verbal report presented at the change of each shift. Mrs Logan stated that the home have arrangements in place that they can access the services of community professionals directly without an initial referral to a GP. These include OT (specialist for dementia) District Nursing, Dieticians etc.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	
<b>Inspection Findings:</b>	
Where a residents visits (or receives a visit from) any outside professional the staff contact the family either by telephone or face to face when they visit to provide feedback on the outcome of the consultation.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	
<b>Inspection Findings:</b>	
There is a template within each care file which records all contacts with outside professionals. In addition Mrs Logan maintains a matrix of visits to all residents by social workers, nurses GPs etc.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

**Criterion Assessed:**

9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.

**COMPLIANCE LEVEL****Inspection Findings:**

Personal equipment, dentures, spectacles etc. are washed and maintained as part of each resident's daily hygiene routine. A record is maintained of a weekly deep clean of wheelchairs, commodes and walking aids. The moving and handling hoist and profiling beds are serviced 6 monthly by an outside company.

Compliant

## **10.0 Additional Areas Examined**

### **10.1 Resident's consultation**

The inspector met with 13 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "You wouldn't get better than here"
- "We had a brilliant time at Christmas"
- "The food is second to none"
- "The girls are so kind to us all"

### **10.2 Relatives/representative consultation**

There were no relatives in the home on the day of inspection.

### **10.3 Staff consultation**

The inspector spoke with staff on duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Staffing levels were as follows:

- Manager x 1
- Care staff x 2
- Domestic x 1
- Catering x 1

### **10.4 Visiting professionals' consultation**

No professional visited the home.

### **10.5 Environment**

The inspector viewed the home accompanied by Mrs Logan and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be satisfactory.

## **10.6 Management of continence**

The home has a policy on the promotion of continence. Residents (when required) are referred to district nursing services who undertake a continence assessment. As a result the nature and amount of products are decided and ordered. Mrs Logan confirmed that there are no difficulties in the re ordering and receipt of incontinence products. Two residents have an incontinence assessment and plan of care within their care file.

## **11.0 Quality Improvement Plan**

The findings of this inspection were discussed with Mrs Emma Logan as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

**Ruth Greer**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



No requirements or recommendations resulted from the secondary unannounced inspection of Carnmoyne which was undertaken on 6 January 2015 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Emma Logan
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Emma Logan

<b>Approved by:</b>	<b>Date</b>
Ruth Greer	12 March 2015