

# Unannounced Care Inspection Report

## 16 June 2016



## Carmoyne Residential Home

Type of Service: Residential Home

Address: 38 Church Street, Ahoghill, BT42 2PA

Tel No: 0282587 1439

Inspector: Ruth Greer

## 1.0 Summary

An unannounced inspection of Carnmoyne Residential Home took place on 16 June 2016 from 10.10 to 14.45.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

No requirements or recommendations were made in relation to safe care. There were examples of good practice found throughout the inspection in relation to the home's safeguarding arrangements.

### Is care effective?

One recommendation was made in regard to effective care. This was in relation to the annual quality review report. There were examples of good practice found throughout the inspection in relation to the communication between staff, residents and other stakeholders.

### Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were examples of good practice found throughout the inspection. Residents were positive in relation to staff attentiveness and their caring attitude. A visiting professional and a resident's representative spoke positively about the care provision in the home.

### Is the service well led?

One recommendation was made in regard to the annual quality review report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Emma Logan, registered 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.

## 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

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

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Emma Logan	<b>Registered manager:</b> Emma Logan
<b>Person in charge of the home at the time of inspection:</b> Emma Logan	<b>Date manager registered:</b> .22 April 2016
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 16
<b>Weekly tariffs at time of inspection:</b>  £ 494 with additional top up of £30-£40	<b>Number of residents accommodated at the time of inspection:</b> 16

## 3.0 Methods/processes

Prior to inspection we analysed the following records: The previous inspection report and returned quality improvement plan and notifications of accidents/incidents.

During the inspection the inspector met with 14 residents, two care staff, one domestic staff, one visiting professionals and one resident's visitors/representative.

The following records were examined during the inspection:

Staff duty roster  
 Induction programme  
 Residents' care files (4)  
 Complaints  
 Accidents/incidents  
 Fire safety records  
 Staff training  
 Minutes of family meetings  
 Minutes of staff meetings  
 Audit of staff supervision  
 A selection of policies and procedures

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 02/12/15

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 02/12/15

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

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 25.1 5.4.4 refers  <b>Stated:</b> First time  <b>To be Completed by:</b> 03 December 2015	The manager should ensure that there is a system to replace staff who are on sick leave.	<b>Met</b>
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Staff have been identified who will be on call if domestic assistant is on sick leave.	

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty –

Manager x 1  
 Senior care assistant x1  
 Care assistant x 2  
 Domestic x1  
 Catering x1

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments were reviewed.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The manager liaises on a regular basis with the NISCC to monitor when each staff member's re registration is due.

The adult safeguarding policies and procedures in place were found to be consistent with current regional guidance. The manager has been identified as the safeguarding champion for the home. The policy included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

The manager had compiled the safeguarding information into a flow chart. This was on display for staff guidance. Records showed that the manager arranged a meeting with residents to share knowledge of safeguarding with them. This is commendable practice as it empowers the residents themselves to recognise safeguarding matters and what would not be acceptable practice.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. The home had recently applied to RQIA to admit a resident for whom they did not have the required category. The resident was not admitted until the additional category of care had been approved. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that areas of restrictive practice were employed within the home, notably keypad entry systems bed rails and a specialist chair. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that were appropriately maintained and reviewed regularly e.g. A COSHH audit was undertaken on 8 June 2016.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities most recently in February 2016. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The registered manager reported that there had been no recent outbreaks of infection within the home. Any outbreak would be managed in accordance with trust procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine the bedrooms, bathrooms, communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. Much work had been undertaken in the grounds of the home. Residents had participated in a creating flower beds, a vegetable patch and a bar b que area. The home had entered a competition for best kept facility and residents and staff were hoping to achieve success. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 21 March 2016, identified that there were no recommendations arising from the assessment. Review of staff training records confirmed that staff completed fire safety training twice annually most recently in February 2016. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

## Areas for improvement

No areas for improvement were noted.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. Residents views how their care was provided were clearly identified within the care files. These included individual preferences in relation to going to bed/rising times, food choice and what social activities the resident enjoyed.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans and accidents/incidents were available for inspection and evidenced that actions identified for improvement were incorporated into practice. The annual quality review report had not been completed for 2015/ 2016 The manager had begun to gather the information required including the views and opinions of residents and their families. A recommendation has been made that the information collated needs to be formatted into a report which is made available for residents and their families in line with regulation 117.1 and standard 20.12

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.



A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. Records showed that a specialist professional from Hearing Loss NI had undertaken an assessment of one resident with hearing loss in respect of the resident being unable to hear the alarm in the event of a fire. Alternate arrangements had been put in place as a result.

### Areas for improvement

One area has been noted for improvement. This was in regard to the compilation of the annual quality review report.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents and/or their representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity.

Discussion with staff, residents and representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home had a part time dedicated activity therapist. Records showed that activities included artwork and pamper sessions. Arrangements were in place for residents to maintain links with their friends, families and wider community. The home is adjacent to a church. On the morning of the inspection the rector was conducting a service in the home. He told the inspector that links had been made with all residents in the home irrespective of denomination. For example residents had enjoyed a recent tea party in the church hall to celebrate a royal birthday. One resident told the inspector that he was looking forward to watching a NI football match in the afternoon. He showed the inspector that staff had left his supporter's shirt ready for the match. The resident said that staff served juice and crisps at half time and said "it's great".

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and representatives confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. A selection of comments made to the inspector is below –

“I like it here; it’s lovely to be looked after” (resident)

“I’m very, very happy” (resident)

“I love my dinner” (resident)

“The girls are just lovely” (resident)

“I visit at all different times, the care here is 100%,the girls are devoted to these people”( representative)

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example family meetings are organised twice annually where residents and their families meet with the manager to discuss any issues in relation to the provision of care. The most recent took place on 26 January 2016 and minutes were available for inspection.

### Areas for improvement

There are no areas highlighted for improvement.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The home is facilitating two staff to undertake training for KSF level two.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider/s identified that s/he had understanding of her/his role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. The home had a whistleblowing policy and procedure in place. Discussion with staff showed that they could recognise where/when any allegation or suspicion of abuse might occur and demonstrated that they were knowledgeable of what steps to take should they witness or suspect any such incident. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns. Carnmoynne is a small family run residential care home with a low staff turnover. Residents showed that they were familiar and at ease with staff.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas for improvement

There are no areas highlighted for improvement.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

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

The registered provider/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 provider 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 the 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 20.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 July 2016</p>	<p>The registered provider should develop the collated information into a quality review report which should be made available for residents and their representatives.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>An annual quality report has been compiled and is available for residents and their representatives to view at any time.</p>

*\*Please ensure this document is completed in full and returned to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) from the authorised email address\**



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