

Inspection Report

16 December 2022



Carmoyne

Type of Service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Benmacdui Ltd	Registered Manager: Mrs Emma Logan
Registered Person: Mr Benjamin Logan	Date registered: 30 October 2014
Person in charge at the time of inspection: Mrs Emma Logan	Number of registered places: 16
Categories of care: Residential Care (RC) I – Old age not falling within any other category SI – Sensory impairment MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years DE – Dementia MP – Mental disorder excluding learning disability or dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides health and social care for up to 16 residents.	

2.0 Inspection summary

An unannounced inspection took place on 16 December 2022 from 10.00 am to 4.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean and tidy with a homely atmosphere. Staff members were attentive to the needs of residents' and carried out their work in a compassionate manner.

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.

Areas requiring improvement from the previous care inspection were reviewed and three new areas requiring improvement were identified. Please see the Quality Improvement Plan (QIP) for further details.

Addressing the areas for improvement will further enhance the quality of the care and services in Carnmoyne.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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, and a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow residents and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoke positively about the care that they received. One resident said, "I'm very well looked after", whilst another said "I'm happy here". Residents also commented positively on the food and their interactions with staff.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management, to allow residents, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. No questionnaires were returned and no feedback was received from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 25 October 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21(4) Schedule 2 (7) Stated: First time	The registered person must ensure all staff are recruited in accordance with legislation. Reference to this is made in respect of obtaining confirmation of medical fitness.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 21(6) Stated: First time	The registered person must ensure that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were robustly monitored.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 27(2)(j) Stated: First time	The registered person must ensure that the two identified toilets are repaired without delay.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 25.1 Stated: Second time	The registered person shall review the evening and night duty staffing levels so as to ensure they are in keeping with the increase in resident dependencies.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that dependencies are regularly reviewed to ensure the level of staff cover is appropriate.	
Area for improvement 2 Ref: Standard 28.1 Stated: First time	The registered person shall risk assess; <ul style="list-style-type: none"> • All free standing wardrobes • Dental cleaning solutions In accordance with current safety guidance and ensure subsequent appropriate action taken.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met, however this is further discussed in section 5.2.3.	
Area for improvement 3 Ref: Standard 35.7 Stated: First time	The registered person shall increase the accessibility of hand gels in the environment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 4 Ref: Standard 30 Stated: First time	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.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: 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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents.

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. There were systems in place to ensure staff were trained and supported to do their job, however a review of records did not provide assurance that all applicable staff had completed dysphagia training: an area for improvement was identified.

A system was in place to ensure all relevant staff were either registered or in the process of registering with the Northern Ireland Social Care Council (NISCC).

Review of a sample of records confirmed that competency and capability assessments were undertaken for staff members who had responsibility of being in charge of the home. An assessment for one member of staff was not available for review during the inspection. The manager agreed to review and following the inspection confirmation was received that an up to date assessment had been undertaken.

The duty rota identified the staff working in the home over a 24 hour period, however did not consistently identify the person in charge at each shift in the absence of the manager. This was discussed with the manager for review and action; an area for improvement was identified.

Observations confirmed that residents' needs were met by the staff on duty. Residents told us that they were satisfied with the delivery of care, attentiveness and support received from staff.

Staff were seen to attend to residents' needs in a timely manner, and residents' were offered choices throughout the day.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff were observed to attend to residents' dining needs in a caring and compassionate manner and where required, staff engaged with residents' on a one to one basis to assist the resident with their nutritional needs. Staff made an effort to ensure residents' were comfortable, had a pleasant experience and had a meal that they enjoyed.

It was noted that staff were aware that some residents preferred to have their meal in their own room/ day room; this was readily accommodated.

It was observed that the menu was displayed in small typed font on the notice board in the main hallway. This was discussed with the manager to review the display, to further enhance patients' awareness and understanding. Following inspection the manager confirmed that this had been addressed; this will be reviewed at a future care inspection.

On a complementary note, residents spoke positively in relation to the quality of the meals provided. Some comments made, included the following statements; "The food is great". "I enjoyed my lunch".

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Discussion with the manager confirmed that resident care records are held confidentially and securely.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The inside of the home was warm and inviting, communal areas were, suitably furnished. Patients' bedrooms were personalised with items important to them reflecting their individuality. It was noted that an identified toilet was out of use at the time of inspection; discussion with the manager confirmed that this was being addressed and following inspection, confirmation was received to confirm this had been addressed. The home was clean, tidy and had no malodours.

An area for improvement identified at the previous care inspection concerning risk assessment of free standing wardrobes and dental cleaning solution was reviewed; significant improvements were noted however one wardrobe was found to be not fully secured to the wall. This was discussed with the manager who confirmed that this would be immediately actioned. Following the inspection confirmation was received that this had been reviewed and acted upon. Potential hazards to include freestanding wardrobes ideally should be included in a regular monitoring programme; this was identified as an area for improvement.

A review of the environment identified for example a number of door frames were in need of painting. Discussion with the manager confirmed that there is a refurbishment plan ongoing and the door frames are due to be painted; this will be followed up at a future inspection.

It was observed that an identified room was open and unlocked. Confidential records were found to be potentially accessible; an area for improvement was identified.

It was observed that communal areas, corridors and fire exits were free from obstruction.

Review of records confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided. Discussion with the manager confirmed that following consultation with the Public Health Agency (PHA) a risk assessment had been undertaken to review the wearing of masks. Discussion with the manager confirmed that this would be kept under review.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents preferred to spend their days in their bedrooms while some took opportunities to visit the lounge.

It was observed that staff ensured a social atmosphere in communal areas with the television playing. A review of records confirmed that a range of activities were available, for example knitting club and music performances.

Staff took time to chat to the residents whilst going about their daily routine. Staff interactions with residents' were observed to be pleasant, polite, friendly and warm. Staff recognised the importance of maintaining good communication with families and visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

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

Staff members were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Applicable audits, for example infection control to include hand hygiene were not being completed; this was discussed with the manager for review and action; an area for improvement was identified. Following the inspection confirmation was received that a programme of audits had been implemented.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

The home was visited each month by a representative of 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. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* the total number of areas for improvement includes one which had been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Emma Logan, registered 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 Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (25 October 2021)</p>	<p>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.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 December 2022)</p>	<p>The registered person shall ensure that staff receive dysphagia training, in line with their roles and responsibilities.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>dysphagia training has been booked for March with staff annual mandatory training.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 December 2022)</p>	<p>The staff duty rota must always clearly mark the person in charge of the home in the absence of the manager.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This has been actioned.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 December 2022)</p>	<p>The registered person shall ensure that the manager undertakes regular governance audits to assure the quality of the care and other services delivered on a daily basis to residents.</p> <p>Ref: 5.2.3 & 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The appropriate governance audits have been implemented as part of the monthly monitoring visits.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 December 2022)</p>	<p>The registered person shall ensure that residents care records are securely stored in line with good practice and legislative requirements.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Access to this area now has a keypad entry system in place.</p>

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