



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Carnmoyne (1347)  
**Date of Inspection:** 19 August 2014  
**Inspector's Name:** Ruth Greer  
**Inspection No:** 17754

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of Home:</b>	Carmoyne
<b>Address:</b>	38 Church Street Ahoghill BT42 2PA
<b>Telephone Number:</b>	028 2587 1439
<b>E mail Address:</b>	carmoyne@yahoo.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr Benjamin Logan (Acting)
<b>Registered Manager:</b>	Mr Benjamin Logan (Acting)
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Emma Logan (Deputy)
<b>Categories of Care:</b>	RC-I ,RC-MP(E) ,RC-PH (E), RC-DE
<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 with £25 - £35 top up
<b>Date and type of previous inspection:</b>	23 January 2014 Secondary unannounced inspection
<b>Date and time of inspection:</b>	19 August 2014 10:00 to 15:30
<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 a primary announced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the deputy manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	15
Staff	4
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	13	0 in time for inclusion in this report

## 6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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

## 7.0 Profile of service

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

The residential home is owned and operated by Mr Ben Logan. The current registered manager is Mr Ben Logan (acting).

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

## 8.0 Summary of Inspection

This primary announced care inspection of Carmoyne residential care home was undertaken by Ruth Greer on 19 August 2014 between the hours of 10:00 and 15:30. Mrs Emma Logan, deputy, was available during the inspection and for verbal feedback at the conclusion of the inspection.

One recommendation made as a result of the previous inspection was also examined. Review of documentation, observations and discussions demonstrate that this been addressed satisfactorily by the home. The detail of the actions taken by Mr Logan can be viewed in the section following this summary.

Prior to the inspection, Mr Logan completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr Logan in the self-assessment were not altered in any way by RQIA.

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.

## Inspection findings

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used and would only ever be considered as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff have not had training in the area of challenging behaviour/restrictive practice. It is accepted that there are no residents in the home currently who display challenging behaviours. However a recommendation has been made that this training is provided for staff. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The Mrs Logan was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Carnmoynne was compliant with this standard.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed an activity coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that name of home is add compliance with this standard.

### **Resident, representatives, staff and visiting professionals' consultation**

During the course of the inspection the inspector met with residents and staff .

In discussions 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. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, and staff are included in section 11.0 of the main body of the report.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

### **Environment**

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 considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and one recommendation were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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



**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 23 January 2014**

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 12.11	It is recommended that a record is kept of individual food choices made by each resident.	This record was examined and found to have been devised and maintained in a satisfactory manner.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
All resident's usual conduct, behaviours and means of communication are recorded in their active care plan. All care staff are aware of same and the importance to keep up to date with any changes to same. Any responses or interventions implemented by professionals or staff are contained in this care plan and intended to promote positive outcomes.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a Challenging Behaviours policy in place dated 10 May 2013 in place. A review of the policy and procedure identified that it reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values and knowledge of individual residents needs form the base for the delivery of care.</p> <p>A review of staff training records identified that care staff had not received training in behaviours which challenge. Mrs Logan stated that the residents currently in the home did not display any challenging behaviours. However the home is registered to provide care for persons with dementia and the current needs of the residents may change. A recommendation has been made that this training is provided for staff in line with best practice guidance.</p>	Substantially compliant

A review of six residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Three residents have been assessed as requiring bed rails. Mrs Logan confirmed that risk assessments had been appropriately completed by the district nurse. Copies of the risk assessments were included in the care records for just one resident. A recommendation is made that the manager contacts the district nursing service for copies of the other two risk assessments and these are held on file.

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> if a resident displays uncharacteristic behaviours staff immediately report this to the person in charge of the Home at the time. The situation is closely observed and monitored and any instigating factors which contributed to the behaviour are noted. If necessary the resident's social worker and representatives will be informed. This will be recorded in the resident's daily notes and staff coming on duty will be fully informed at the handover.	Compliant
<b>Inspection Findings:</b> The policy dated May 2013 includes the following: <ul style="list-style-type: none"> <li>• Identifying uncharacteristic behaviour which causes concern</li> <li>• Recording of this behaviour in residents care records</li> <li>• Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>• Reporting to senior staff, the trust, relatives and RQIA.</li> <li>• Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Six care records were reviewed and identified that they contained the relevant information regarding any occasion where the residents behaviour was uncharacteristic.</p> <p>A review of the records and discussion with staff confirmed that the family and the Trust had been informed appropriately.</p>	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Any resident who requires a consistent approach by staff will have this fully documented in their active care plan. The resident and their representatives are closely involved and families are personally involved and seen as an integral part of this process	Compliant
<b>Inspection Findings:</b>	
A review of six care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant
<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Any resident who has a specific behaviour management programme in place always had it implemented and approved by the appropriate professional. All staff are made aware of same and understand the importance of following the programme as part of the resident's care plan.	Compliant

<b>Inspection Findings:</b>	
Mrs Logan informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time	Not applicable
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Any behaviour programme which is implemented for a resident is approved by the appropriate professional and any necessary training will be provided. The professionals involved are contacted regularly for guidance and support and informed of any changes to ensure the programme remains appropriate and relevant.	Compliant
<b>Inspection Findings:</b>	
Please refer to inspector's comments at point 10.1 of this report in regard to the provision of training in the area of managing challenging behaviours.  Staff confirmed during discussion that they felt supported by management and that due to the small size of the home there were good communication systems in place. Staff confirmed that they are up dated daily at each hand over and that they had time to read the care plans to access any changes in the resident and any subsequent amendments to the care delivery to that person.	Compliant

<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Where any incident occurs which is outside the scope of the resident's care plan, this is recorded and subsequently reported to the resident's social worker. The family/representatives are also informed and if necessary a multi-disciplinary review will be undertaken to ensure the Home can appropriately continue to meet the resident's needs.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the accident and incident records from February 2014 to the date of the inspection and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of six care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, for example illness or accident, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan. Mrs Logan confirmed that any accident which results in a fracture is also reviewed and monitored by the Trust.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Carmoyne has a policy in place which states that the use of restraint is not advocated in the Home. It will only be used as a very last resort if the resident themselves or other residents were deemed to be at risk. If this was to occur the resident's social worker would be informed and an incident report form sent to RQIA.</p>	Compliant

<b>Inspection Findings:</b>	
A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
The programme of activities and events is discussed at resident's meetings to ascertain the activities and events which they enjoy. It is intended that the activities and events are person centred and promote positive outcomes for all who participate.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy dated 1 February 2013 on the provision of activities. A review of six care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The residents discuss the programme of activities and events at residents meetings to ensure they have their say in which activities and events they enjoy. We have strong links within the local community and churches and have weekly services held in the Home and regular visits from local primary schools.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Examination of the programme of activities identified that social activities are organised daily.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>All residents are enabled and encouraged by staff to take part in all activities. If they choose not to participate this must also be respected.</p>	Compliant

<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities provided and discussion with residents, including two residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>The programme of activities is displayed in the main notice board in the entrance hall of the Home to ensure residents and their representatives are aware of activities and any upcoming events</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>On the day of the inspection the programme of activities was on display in the entrance hall of the home. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents’ needs.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Residents are encouraged and enabled to take part in all activities. Any additional equipment which is necessary will also be provided and staff provide support and encouragement to ensure residents are facilitated to take part to the best of their ability.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Activities are provided on a daily basis by care staff as part of their designated duties.</p> <p>Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included cosmetics, games and daily newspapers.</p> <p>There was confirmation from Mrs Logan that a designated budget for the provision of activities is in place. One example is that the home hosted and funded a barbeque in the summer for residents and family/friends.</p> <p>Mrs Logan stated that she has been successful in an initiative which has resulted in a regular service provided by local clergymen each Thursday. This is an area which residents had identified as important to them.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>The activities and events organised are person centred and aim to take into account residents capabilities and their individual likes and dislikes.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	
Mrs Logan and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Any activities provided by persons contracted in to the Home are always supervised by the senior member of staff on duty to ensure that the activity is suitable and beneficial to the residents.	Compliant
<b>Inspection Findings:</b>	
Mrs Logan confirmed that there are no outside agencies contracted to provide activities in the home. Therefore, this criterion is not applicable at this time.	Not Applicable
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Any activities provided by outside agencies the likes and dislikes of the residents e.g. music before the initial visit to ensure it is beneficial to the residents and the senior carer in charge receives feedback when the activity is completed.	Compliant

<b>Inspection Findings:</b>	
Any volunteer church/school groups who visit to provide entertainment are accompanied by a staff member at all times.	Compliant
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activities record is located in the office and contains all the residents names, who participated and the staff involved.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The program of activities is reviewed by residents themselves at the resident's meetings and also at the families meeting held in the Home to ensure the activities remain appropriate and enjoyable.	Compliant
<b>Inspection Findings:</b>	
A review of the programme of activities identified that it had been reviewed on 9 January 2014 and 2 August 2014 at residents' meetings.  Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with 12 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 indicated/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'd never get better than here"
- "I'm still happy here and my daughter can call anytime"
- "The staff are wonderful"
- "The food is great"

### **11.2 Relatives/representative consultation**

No relatives were in the home on the day of this inspection.

### **11.3 Staff consultation**

The inspector spoke with four staff of different grades in addition to management. Staff questionnaires issued by the RQIA in preparation for this inspection were not returned in time to be included in this report. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

Comments received included:

- "This is just like a family there is a small number of residents and it's easy to get to know them and their relatives"
- "We took some of the residents to a tea dance in the local church and they really enjoyed it"

### **11.4 Visiting professionals' consultation**

There were no visiting professional in the home.

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.



## 11.6 Care Reviews

Prior to the inspection a residents' care a review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

## 11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

Mrs Logan confirmed that lessons learnt from investigations were acted upon.

## 11.8 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 by the inspector 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 of a good standard.

## 11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## 11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

An estates inspection had been undertaken of the home by the RQIA on 20 March 2014 which examined the home's arrangements for fire safety. Recommendations as a result of that inspection were followed up by the estates inspector.

A review of the fire safety records evidenced that fire training, had been provided to staff on 11 August 2014. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mr Logan. Mr Logan confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

### **11.12 Visits by the registered provider**

Mr Ben Logan is the registered provider and registered manager of Carnmoyne residential care home. Mrs Emma Logan is in day to day charge of the home. Mrs Logan has recently completed a professional qualification which will enable her to apply for the post of registered manager. A review of visits undertaken by the registered provider in line with the requirements of regulation 29 of the Residential Care Homes Regulations (NI) 2005 showed that these had been signed by Mrs Logan. A requirement has been made that the record reflects that the registered provider, Mr Logan has undertaken the visit.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Emma Logan, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

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**



## Quality Improvement Plan

### Primary Announced Care Inspection

Carmoyne

19 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Emma Logan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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 (NI) 2005**

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 25 Reference 12.12	Records must evidence that the registered provider undertakes monthly monitoring visits.	One	The registered provider will complete and sign the monthly monitoring visits with immediate effect	With effect from 31 August 2014 and on going

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Standard 10.1	Staff should be provided with training in the management of behaviours which challenge.	One	A challenging behaviour training session has been booked for the 7 <sup>th</sup> October	By 20 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

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

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Ruth Greer	13 10 14
Further information requested from provider			