

Inspection Report

20 February 2024



Carmoyne

Type of Service: Residential Care Home
Address: 38 Church Street, Ahoghill, BT42 2PA
Tel No: 028 2587 1439

www.rqia.org.uk

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: 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.	Number of residents accommodated in the residential care home on the day of this inspection: 15
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. Carnmoyne is located in Ahoghill. The residents have access to communal and dining areas. Resident bedrooms are located over two floors and there is a stair lift available.	

2.0 Inspection summary

An unannounced inspection took place on 20 February 2024, from 9.45 am to 3.20 pm by a care inspector.

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

The home was bright and welcoming. Residents were seated comfortably in communal lounges across the home or their bedrooms if this was their preferred choice.

It was evident that staff promoted the dignity and well-being of residents in Carnmoyne. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

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.

Seven new areas requiring improvement were identified relating to; pre-employment checks, staff competency and capability assessments, registration with the Northern Ireland Social Care Council (NISCC), resident choice at mealtimes, review of assessments, propping/wedging of doors and scheduled activities.

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

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

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.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

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

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us they enjoyed living in the home. Residents said staff were approachable and responsive to their care needs. There was mixed feedback regarding activities in the home, this is discussed further in Section 5.2.4.

Residents said the food was “very good”, one resident told us, “the food is beautiful, if I want something, the kitchen will make it for me.”

Relatives spoken with told us they were happy with the care delivered in the home. They told us there was regular relative meetings and that residents were offered choice throughout the day.

One questionnaire was received; completed by a resident, confirming they were satisfied and very satisfied that their care was safe, effective, well led and that staff treated them with compassion.

Three responses were received through the survey monkey by relatives of residents in the home. The feedback indicated relatives were satisfied and very satisfied with the care in the home. Some of the comments wrote, “we are so blessed our mother is in Carnmoyne, the home is always clean and smells fresh and warm.” Another comment wrote, “it does not matter what time of the day or night I’m over, the manager and all other staff are all just lovely, really friendly.”

One staff member submitted a response to the survey monkey and reported to be very satisfied that that care delivered was safe, effective, compassionate and well led. Comments wrote, “the team of staff members are the nicest bunch of girls to work with, who all work to a high standard to deliver care.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment card wrote, “the manager brings a warmth to Carnmoyne that is precious and something you feel when you go through the door.”

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 16/05/2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that the medicines are stored at the appropriate temperature: <ul style="list-style-type: none"> • The current, maximum and minimum 	Carried forward to the next inspection

	<p>temperature of the medicines refrigerator must be monitored and recorded each day.</p> <ul style="list-style-type: none"> The temperature of the medicines storage area must be monitored and recorded each day. 	
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: Second time</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>Carried forward to the next inspection</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: Second time</p>	<p>The registered person shall ensure that staff receive dysphagia training, in line with their roles and responsibilities.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement has been met.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</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>Partially met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The duty rota evidenced a reference code to identify the person in charge in the absence of the manager. However, it was not always clear which staff member was in charge on the documents reviewed.</p> <p>This area for improvement has been partially met and will be stated for a second time.</p>	

<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement has been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that residents care records are securely stored in line with good practice and legislative requirements.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement has been met.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 33</p> <p>Stated: First time</p>	<p>The registered person shall review the management of medicines prescribed on a 'when required' basis for distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • the reason for and the outcome of administration is recorded on every occasion. • the identified discrepancy is investigated and the outcome reported. 	<p>Carried forward to the next inspection</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 7</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that written confirmation of each resident's medicine regime is obtained at or prior to admission on every occasion.</p>	<p>Carried forward to the next inspection</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>		

Area for improvement 8 Ref: Standard 30 Stated: First time	The registered person shall ensure that all staff responsible for the management of medicines have received training and have an up to date competency assessment in place.	Carried forward to the next 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 one staff member had commenced employment before the manager had received a second reference. This was discussed with the manager who agreed to review the current pre-employment checklist in use. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

It was evident that competency and capability assessments had not been completed for two members of staff, the manager completed the assessments with the identified staff members on the day of inspection. An area for improvement was identified.

A review of the system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC) evidenced that one staff member was not registered with NISCC and that other staff were not up to date with their fee payments. This was discussed with the manager and further assurance was provided following the inspection that all the other staff were appropriately registered with NISCC and up to date with their fee requirements. An area for improvement was identified.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, residents who preferred to spend time in their rooms were supported to have access to books or the television. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said staff were approachable and responsive to their needs. Residents told us they felt confident in requesting support from staff.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example; one resident was presenting with home seeking behaviours, the staff member was observed providing reassurance to this resident in a respectful and dignified manner.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

It was observed that the dining room was unsupervised at lunchtime; this was discussed with the manager who confirmed that usually a staff member is designated to provide supervision and support at mealtimes and this was an oversight on the day of inspection. The manager agreed to monitor mealtimes to ensure the designated staff is in attendance. This will be reviewed at a future inspection.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

The menu on display did not evidence an alternative choice of meal for residents. This was further evident through discussion with the residents and staff. A discussion took place with the manager and an area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care plans were reflective of individual assessed need. However, there was evidence that assessments were not regularly reviewed to ensure they reflected any change in the resident's needs. For example; one resident who had a fall did not have this updated in their risk assessment. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. The home was bright and spacious, residents had access to a number of communal spaces.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as flowers, newspapers, magazines and a library area. One resident told us they made regular use of the library area and were enjoying reading a book they had borrowed from it.

Residents and a residents' relative told us the home was well maintained and kept clean and tidy.

The fire risk assessment had been completed by an accredited fire risk assessor on 19 December 2023. There was evidence that actions had been taken within the timeframes identified by the fire risk assessor as outlined in the action plan.

Two doors were observed propped or wedged open on the day of inspection. This was addressed by the staff, once brought to their attention. The manager provided assurance that a suitable hold open device would be installed for one of the identified doors. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV, could go out to church, or other activities in the community if desired. Residents spoken with generally said they felt activities within the home could be improved. Some residents said, "there are activities sometimes, like bingo or quizzes."

A local musician had come in to perform for the residents on the day of inspection and residents were observed engaging and interacting with this. A discussion took place with the manager to ensure that residents are involved in the planning of scheduled activities and to ensure these are displayed for the residents in a suitable format. An area for improvement was identified.

Residents told us staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents were well presented; clean, neat and tidy, dressed appropriately for the time of year. It was observed that personal care was of a good standard.

5.2.5 Management and Governance Arrangements

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

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager (Emma Logan) was identified as the appointed safeguarding champion for the home. It was established that systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address these appropriately.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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

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

Staff commented positively about the manager and described her as supportive and approachable.

The home was visited by 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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	4*	9*

*The total number of areas for improvement includes one standard that has been stated for a second time and one regulation and four standards which are carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Emma Logan (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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection (16 May 2023)	The registered person shall ensure that the medicines are stored at the appropriate temperature: <ul style="list-style-type: none"> • The current, maximum and minimum temperature of the medicines refrigerator must be monitored and recorded each day. • The temperature of the medicines storage area must be monitored and recorded each day. Ref: 5.1
Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 21 (1) (b) (c)	The registered person shall ensure that pre-employment information has been obtained prior to any persons commencing employment in the home.

<p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 February 2024) and ongoing</p>	<p>This is stated with specific regard to obtaining references.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All pre employment checks are now in place prior to commencing employment in the Home.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 February 2024) and ongoing</p>	<p>The registered person shall ensure robust systems are in place to monitor staff's registration with NISCC.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: As part of the registered provider's monthly monitoring report, NISCC registrations are now included in this.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 February 2024) and ongoing</p>	<p>The registered person shall ensure the propping and wedging of doors ceases immediately.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The remaining 5 doors within the Home have now been upgraded to operate in line with the with the automatic fire system.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: Second time</p> <p>To be completed by: 27 February 2024</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: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: The staff duty rota now clearly states the person in charge in the absence of the manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall review the management of medicines prescribed on a 'when required' basis for distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • the reason for and the outcome of administration is recorded on every occasion. • the identified discrepancy is investigated and the

<p>From the date of inspection (16 May 2023)</p>	<p>outcome reported.</p> <p>Ref: 5.1</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 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (16 May 2023)</p>	<p>The registered person shall ensure that written confirmation of each resident's medicine regime is obtained at or prior to admission on every occasion.</p> <p>Ref: 5.1</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 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (16 May 2023)</p>	<p>The registered person shall ensure that all staff responsible for the management of medicines have received training and have an up to date competency assessment in place.</p> <p>Ref: 5.1</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 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (16 May 2023)</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>Ref: 5.1</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 6</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 February 2024) and ongoing</p>	<p>The registered person shall ensure that a competency and capability assessment is completed with any staff member who is left in charge of the home in the absence of the manager.</p> <p>These assessments should be kept under regular review.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff left in charge of the Home in the absence of the manager now have a capability and competency assessment in place.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2024</p>	<p>The registered person shall ensure systems are in place to offer residents choice with regards to the daily menu and that residents are supported to make these choices.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The weekly menus have been updated and a picture menu board is in place in the hallway.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2024</p>	<p>The registered person shall ensure individual assessments are kept under regular review and are reflective of any change in individual resident's needs.</p> <p>This is with reference but not limited to residents at risk of falls.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All individual assessments are now reviewed and updated with the monthly monitoring report.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2024</p>	<p>The registered person shall ensure there is a structured programme of varied activities on offer, suitable to the identified needs of the residents and displayed in a suitable format.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: There has been a structured program of activities put in place and a new accessible picture board is now on display.</p>

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