



Unannounced Care Inspection Report 22 November 2019



Carmoyne

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 16 residents within the categories of care as cited within section 3.0 of this report.

3.0 Service details

| | |
|--|---|
| <p>Organisation/Registered Provider: Carnmoyne</p> <p>Responsible Individual: Emma Logan (not registered)</p> | <p>Registered Manager and date registered: Emma Logan 30 October 2014</p> |
| <p>Person in charge at the time of inspection: Emma Logan, registered manager</p> | <p>Number of registered places: 16</p> <p>Comprising:</p> <p>5 – RC - I 10 – RC - DE 1 – RC - SI</p> |
| <p>Categories of care: Residential Care (RC) I - Old age not falling within 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 SI – Sensory impairment.</p> | <p>Total number of residents in the residential care home on the day of this inspection: 16</p> |

4.0 Inspection summary

An unannounced inspection took place on 22 November 2019 from 9.50 hours to 15.30 hours.

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.

Evidence of good practice was found in relation to good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views.

Other areas of good practice included staff training and good modes of communication with staff, residents, representatives and visiting professional staff.

Areas requiring improvement were identified: fire safety up-date training, annual fire drill and monitoring of annual NISCC retention fees.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | *3 |

The total number of areas for improvement includes one which has been stated for a second time and is carried forward for review at the next care inspection of the home.

Details of the Quality Improvement Plan (QIP) were discussed with Emma Logan, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 24 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 24 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. Including registration information and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

One resident satisfaction questionnaire was completed and returned to RQIA following the inspection.

During the inspection a sample of records was examined which included:

- staff duty rotas from 4th November to 22 November 2019
- staff training schedule and training records
- one staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records/notifications
- reports of visits by the registered provided for September and October 2019
- RQIA registration certificate
- liability insurance

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 24 January 2019

Two areas were identified for improvement at the previous care inspection dated 24 January 2019. One was met and one partially met related to the signing of care plans (Reference made in section below).

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 6.3 Stated: First time | The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. Ref: 6.5 | Partially met |

| | | |
|---|---|-------------------|
| | <p>Action taken as confirmed during the inspection: The manager stated that review was ongoing; however, two of three care plans reviewed were not signed.</p> | |
| <p>Area for improvement 2 Ref: Standard 7.4 Stated: First time</p> | <p>The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.6</p> <p>Action taken as confirmed during the inspection: Care records examined contained evidence of completed signed consent forms.</p> | <p>Met</p> |

6.2 Inspection findings

6.3 Is care safe?
Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival at the home we were welcomed by the senior care assistant (SCA) who was in charge of the home as the manager was off duty. However, following contact by the SCA the manager came to the home a short time later.

The home was observed to be warm, friendly and welcoming. The SCA was busy administering medications while other staff attended to residents.

Most residents were up washed and dressed with personal care needs attended. Some residents choose to get up later and had breakfast served in the dining room.

All resident appeared nicely groomed with obvious time and attention given to personal care needs.

Resident call bells were promptly answered by staff with assistance provided in accordance to residents requests.

Following breakfast residents told us they could choose what they wanted to do. Some residents choose to sit within the lounge where they chatted to other residents, watched television and participated in the planned activities. Other residents moved freely around the home or preferred to remain in their bedrooms where they watched television or read the local papers.

The manager explained the staffing complement and confirmed that staffing levels was safe and kept under review in accordance with the dependency and number of residents accommodated, layout of the home and fire safety arrangements. The manager stated that they had a number of bank staff who provided cover for staff absence. This was reflected within the duty roster which reflected staff on duty, staff grades, shifts worked and staff off duty. Staff told us that the current staffing levels were safe and meeting the residents' needs.

The recruitment and selection of new staff was discussed with the manager and review of one newly appointed staff member records evidenced that correct appointment procedures were followed including Access NI clearance before commencing employment.

The manager advised that all newly appointed staff undertook a period of induction to ensure they were capable and competent to work in accordance with their role and responsibility. One induction record examined reflected evidence of the areas, including training, which staff have to achieve to fully complete their period of induction. Staff who spoke with us confirmed that the induction programme provided definitely prepared them to work in accordance with their role and that they felt fully supported by the manager throughout the period of induction.

The registration of staff with the Northern Ireland Social Care Council was discussed with the manager and the monitoring systems in place to insure all care staff retained their registrations. Improvement in regard to the inclusion of the annual retention fee within the registration template was made so that this can be monitored alongside the three yearly registrations with NISCC. Staff who met with us confirmed they were registered with NISCC.

We spoke with staff who told us that they received individual formal supervision and this happened more often when they were new to the home. Staff also told us they received ongoing mandatory training and additional training so that they were kept up to date with best practice to meet residents' needs. For example, stoma care, dysphasia
Evidence of mandatory staff training records were retained. The manager advised that training in the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) was being sourced for all staff. Update training in fire safety was last provided on 5 September 2019. The manager advised that fire drill was provided with the fire training however, no recorded evidence was retained on the outcome of the drill. Improvement was made in regard to fire safety training which should be provided twice yearly and annual fire drill. During the inspection the manager contacted the fire safety officer to arrange training dates for all staff.

The home had a policy on adult safeguarding. Staff were able to demonstrate knowledge and understanding of the procedure to follow in accordance with their role. They were able to describe what they might look out for if a resident was being abused or harmed. They were also aware of the need to report all suspected abuse and keep accurate records. The manager is the safeguarding champion for the home and has completed training in this regard. The position statement for adult safeguarding would be completed by the end of the year. The manager described how incidents were reported to the gateway team, what documents would be completed and how staff would assist with any ongoing investigations. Notification would also be made to RQIA.

Notifications of accidents and incidents were discussed with the manager and cross referenced with records retained within the home. The manager explained to us the

measures in place to minimise recurrence. Care records examined contained fall risk assessments and measures in place to minimise recurrence of falls.

We undertook an inspection of the home which evidenced that all areas were clean, tidy and organised. There was evidence of resources necessary for the prevention of cross contamination of infection. All bedrooms were suitably furnished and decorated with items of personal memorabilia displayed. The communal lounge for use by residents contained comfortable seating arrangements. The dining room had four seating table arrangement and the kitchen was found to be organised with all items of equipment in good working order. All fire exit doors were closed and unobstructed. There was a very good standard of decoration and furnishing throughout the home.

Residents who spoke with us gave positive feedback. Some comments made included:

- “Good home, don’t want to leave here.”
- “Staff are great, can’t do enough for us.”

One relative commented:

- “The care was good, no issues or concerns.”

The manager was aware that where resident choice and control are restricted due to peoples understanding, restrictions are carried out sensitively and comply with legislation. This is so that people feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of residents’ abilities and level of decision making. As previously stated the manager is sourcing staff training in DoLS.

One completed resident satisfaction questionnaire was returned to RQIA following the inspection. The respondent indicated they were very satisfied with the care provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home’s environment.

Areas for improvement

The following areas were identified for improvement in relation to monitoring of annual NISCC retention on the register and the provision of update training and drill in fire safety.

| | Regulations | Standards |
|--|-------------|-----------|
| Total numb of areas for improvement | 0 | 2 |

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Three care records were provided for review. The manager explained review of needs assessments was a work in progress to ensure these were current alongside care plans presently in place. Needs assessments were complemented with a range of risk assessments. Daily progress notes were recorded and care review minutes held. Hospital passports were also in place, kept under review, so that when a resident has to go to hospital personalised information is provided.

Care records were observed to be individualised with details include life history, interests, preferences and choice. One area identified at the previous inspection for improvement related to the signing of care plans. This has been stated for a second time.

Residents had recently had their anti-flu vaccinations administered by the district nurse who also visits the home to provide nursing care treatments prescribed by the general practitioner. Other visiting professional staff who visit the home when required include; the social worker, optician, dietician, general practitioner (GP) and podiatrist. Systems were in place for monitoring the frequency of health/social care needs with appointments and referrals made if necessary to the appropriate service.

Residents' weights were undertaken monthly or more frequently if necessary and recorded. Monitoring of weights is undertaken and if necessary referral made to the GP.

Staff advised us that the care provided was kept under review to ensure that all necessary interventions provided were effective. Residents' relatives are kept fully informed regarding the provision of care by way of discussions during visits or by telephone contact of those unable to visit on a regular basis.

The range of service provision was set out within the home's statement of purpose and resident guide which is given to each resident on admission.

Information from staff who met with us and review of records retained evidenced there were good modes of communication to ensure staff and residents/representatives were kept full informed of the service provided; for example, daily staff handover reports from night staff; staff meetings; residents' meetings; various information regarding health; activities; how to complain; and menus displayed on the notice boards.

During the course of the inspection we observed how staff spoke with residents, individually and in small group format, who gave positive feedback on the care provided. Some comments included;

- "We want for nothing here, everything is good."
- "The staff are very attentive and go the extra mile for us."
- "If I need to see the doctor they make sure he is contacted and comes to see me."

Staff also spoke positively about the provision of care and how the good team work and sharing of information, both written and verbal, ensured the correct care was given at the right time.

Some comments included:

- “We have a wide range of training to ensure we are up to date with good practice.”
- “We have a good supply of resources and excellent support from the manager which enables us to give good care.”

One completed resident satisfaction questionnaire was completed and returned to RQIA following the inspection. The respondent indicated they were very satisfied that the care provided was effective.

One relative told us:

- “Wouldn’t get better care anywhere I can leave here content knowing my relative is very well looked after.”
- “The staff are lovely.”
- “No issues what so ever.”

No issues or concerns were raised or indicated by residents, staff and one relative.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders

Areas for improvement

No new areas for improvement were identified in this domain during this inspection. (The signing of care plans identified at the previous care inspection has been stated for a second time).

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents talking openly, laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to freely express their needs, which were promptly attended by staff.

We could see that residents wishes, interests and preferences were reflected in care records, for example, there was information about what they liked to do and how they liked to be assisted with their care and daily routines were recorded. Staff told us that residents’ daily routines depended on what they wanted to do and that the staff took a flexible approach.

The daily menu for meals was displayed so that residents were reminded and relatives informed. The serving of the mid- day lunch within the dining room was discreetly observed. Dining room tables were respectfully set with condiments, napkins and drinks provided. Meals were nicely presented with adequate amounts food served. Special diets were provided as prescribed. Staff supervised and assisted residents as required.

Residents told us, "The food was really good and they could have a choice even if they changed their mind at the last minute."

Some residents choose to have their meal served within their room. Again the food was nicely presented on serving trays with drinks provided according to the residents' choice. Residents said their meal was always served warm and they had good choice of food which was cooked within the home.

The cook explained how she was provided with information to know what diets are to be provided. Seasonal menus were provided and when review occurs residents were consulted and their views were considered.

The home received a rating of five from Environmental Health food hygiene assessment. This is to be commended.

The manager and staff told us the range of activities provided and how the planned schedule can change sometimes depending on residents' wishes. The manager advised how staff worked to make sure that residents could participate in meaningful activities, hobbies, crafts, art or outings in line with each resident's established preference or interest. One resident told us how she was encouraged by staff to start knitting again, which was a past interest, and was now knitting every day which she really enjoyed.

Residents were observed moving freely around the home. Some sat in the lounge chatting with other residents or watching television while others preferred to remain in their room for periods of time to rest or quietly read. Staff told us it was always the resident choice what they preferred to do. We saw records which noted activities provided each day. Care records reflected participation.

Residents, staff and one relative indicated they were satisfied that the care provided was compassionate. Comments included:

- "We can choose what we want to do and staff listen" (resident group).
- "We are provided with good home- made food and we have a good selection of meals each day" (resident).
- "The cook is excellent and residents are consulted regarding the menu" (staff).
- "Special diets are provided as recommended by the dietician and consistency by the speech and language therapist" (staff).
- "My relative never complains about the food, says the meals are good." (relative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The home's current registration certificate was displayed in a prominent position. The registration status in regard to number of residents accommodated and categories of care was discussed with the manager who confirmed compliance with registration.

The manager advised she is supported in her role by a deputy manager and mixed skill team of care and ancillary staff.

Discussions with the manager evidenced that she had a clear understanding of her role, responsibilities and governance systems and processes. Staff spoken with were able to describe their role and responsibilities and confirmed there was very good working relationships within the home.

Review of the complaints records evidenced no complaints were received since the previous care inspection. It was confirmed with the manager that any expression of dissatisfaction with care would be recorded appropriately as a complaint. A notice on how to complain was displayed in the hallway. Staff who spoke with us demonstrated knowledge of the correct procedure in accordance with their role. Residents and one representative also knew.

Discussion with the manager and review agendas of staff meetings held evidenced that agendas and minutes were in place.

The manager explained the quality assurance measures in place and advised that the annual quality report was a work in progress.

Monthly monitoring reports were in place which provided information on the overall governance arrangements, resident, staff and views of the service provided.

The manager and staff advised that staff supervision was ongoing which provided support and opportunity to discuss ideas of improvement and what was working well.

Staff who spoke with us gave positive feedback on the management and leadership provided. Staff felt well supported and advised that the manager operated "an open door" to everyone. Some other comments included:

- "We have sufficient resources here to ensure a good standard of care is provided."
- "We are all treated fairly, with respect, by the manager and other staff members."

- “We have an open culture here and would not hesitate to report any human rights issues to the manager or if need be to RQIA.”
- “Really good team work here, I love my work in the home.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Emma Logan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 6.3 Stated: Second time To be completed by: 31 January 2020 | <p>The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: All care plans are now signed by either the resident or their representative and the registered manager</p> |
| Area for improvement 2 Ref: Standard 20.3 Stated: First time To be completed by: 31 December 2019 | <p>The registered person shall ensure that staff annual retention with NISCC is included within the staff registration template so that this can be monitored.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Dates have been obtained for staff renewal with NISCC and saved along with their staff registration.</p> |
| Area for improvement 3 Ref: Standard 23.3 Stated: First time To be completed by: 20 December 2019 and ongoing | <p>The registered person shall ensure that update fire safety training is provided twice yearly. The annual fire drill is necessary with a record retained of staff present and outcome.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The fire drill & training session is booked for 03/02/20 for all staff.</p> |

Please ensure this document is completed in full and returned via Web Portal



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