



The Regulation and
Quality Improvement
Authority

Carmoyne
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**Unannounced Care Inspection
of
Carmoyne**

23 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 23 June 2015 from 10.00 to 2.45. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement actions do not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust	Registered Manager: Emma Logan
Person in Charge of the Home at the Time of Inspection: Mrs Logan	Date Manager Registered: 27/11/14
Categories of Care: RC-DE, RC-I, RC-MP(E), RC-PH(E)	Number of Registered Places: 16
Number of Residents Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: £470 with an additional top up of £35-£40

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

Prior to inspection we analysed the following records: notification records and the previous inspection report.

During the inspection we met with 14 residents, 2 care staff and 1 catering staff. There were no visiting professionals and no resident's visitors/representatives in the home.

The following records were examined during the inspection:

Policy on death and dying
Policy on the management of continence
Accidents /incidents
Complaints
Care files (5)

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 6 January 2015. No areas for improvement resulted from the previous inspection.

5.2 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which prevent this. We were informed that one resident was receiving end of life care on the day of the inspection. Staff who spoke with us described their role in caring for residents who have been very ill and at end of life stage. We examined this resident's care plan which set out clear directives for staff in the areas of hydration and food intake. Records also included guidance on mouth care. Staff demonstrated knowledge of the importance of pain control and of when to contact a G P and /or district nurse.

Is care effective? (Quality of management)

We inspected the home's policy on death and dying dated October 2013. The policy gave clear instructions to staff in the event of a resident's death. The induction programme for new staff contains an element on how to care for the very ill or dying resident. Residents who become ill have their needs assessment reviewed and updated to reflect the change in their condition. The manager informed us that families are welcomed at any time and may sit with their dying relative. If a relative is sitting with a very ill resident the home provides them with meals, snacks and refreshments.

Is care compassionate? (Quality of care)

Staff who spoke with us stated that they feel the care in the home is compassionate especially at the end of life stage. Priests and ministers are welcome to visit at any time. Management and/or staff attend the funeral of any resident who dies. Recently a funeral service for a resident in a nearby church was attended by 6 other residents. Practice we observed in relation to a very ill resident was of a high standard, caring and compassionate. One staff member stated "even if she is asleep we just sit beside her and stroke her face, she seems to like that."

Areas for improvement

There were no areas of improvement identified with this standard. The overall assessment considered the care to be safe, effective and compassionate. The home is commended for the care to a dying resident observed on the day.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

We were informed that approximately 10 residents have been assessed with varying degrees of incontinence. The home has a policy on the management of continence dated February 2013. In our discussions with staff they demonstrated knowledge and understanding of this element of care. Staff were aware of the associated risk of maintaining skin integrity in residents who are incontinent. A staff member stated "We are really careful and there isn't even a red mark on her skin" (this reference was in respect of the resident who was very ill) A review of residents' care records found that an individual assessment and plan of care was in

place in relation to the management of incontinence. Any issues identified were referred to district nursing.

Is care effective? (Quality of management)

A continence assessment is undertaken by a district nurse who prescribes the amount and type of products required. The home re orders these on a three monthly basis. We were told by staff that there are sufficient protective aprons, gloves and hand sanitising products available. Continence products are disposed of in line with infection control guidance. There was no mal odour in any part of the home.

Is care compassionate? (Quality of care)

Staff who spoke with us were knowledgeable about the potential loss of dignity associated with incontinence. We were informed that assistance in this area is provided in a discreet and private manner. The practice we observed showed residents were treated with care, dignity and respect.

Areas for improvement

There were no areas of improvement identified with this standard. The overall assessment considered the care to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Residents Views

We spoke with all residents in the home at the time. In accordance with their capabilities, all expressed that they were happy with their care. One resident told us that he had moved to a downstairs room which had allowed him to maintain his independence with mobility. A selection of comments is below:

“the food is great, good homemade stuff”

“I moved to a downstairs room and I like this one it’s handy”

“Staff are lovely especially the manager”

“Everyone is great I am still very happy here”

5.4.2 Staff Views

We spoke with staff on duty including the home’s cook. Staff informed us that the care they provide is of a high standard and that the residents are “first” in all things.

Staff spoke affectionately and compassionately in regard to the resident who was receiving end of life care. A staff member told us “If I had a relative who required residential care this is the place where I know they would be looked at all times”

Staff confirmed to us that they had received induction training and regular up dated training was provided in line with mandatory requirements. We were informed that a training day was planned for 6 July 2015. The training sessions for that day included challenging behaviour, fire awareness and moving and handling.

5.4.3 Staffing Levels

On the day the staff on duty were:

Manager x 1

Care staff X 2

Catering x 1

Domestic x 1

5.4.4 Accident/Incident Record

We reviewed accident records. These were found to have been appropriately managed and reported.

5.4.5 Complaints

We reviewed the complaints record which was found to have been appropriately managed.

5.4.6 Environment

We found the home to be clean and tidy. The general décor was of a good standard. Residents' bedrooms were personalised to suit the preferences of the occupant. No hazards were noted. There was an electricity power cut during the inspection. The home's generator immediately became operational.

5.3.7 Fire Awareness

A fire risk assessment of the premises was carried out on 24 March 2015. The manager confirmed that fire training for staff was up to date. The fire alarm system is checked weekly and the outcome recorded.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Emma Logan	Date Completed	04/08/15
Registered Person	Emma Logan	Date Approved	04/08/15
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	01/09/15

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.