

# Unannounced Care Inspection Report 24 January 2017



## Carmoyne

**Type of service: Residential care home**  
**Address: 38 Church Street, Ahoghill, BT42 2PA**  
**Tel no: 028 2587 1439**  
**Inspector: Ruth Greer**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Carnmoyne Residential Home took place on 24 January 2017 from 9 45 to 15 00

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, adult safeguarding, infection prevention and control, risk management and the home's environment.

Two recommendations were made in regards to the annual quality review report and the frequency of staff supervision.

### Is care effective?

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

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

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

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout the inspection in relation to management of accidents and incidents and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

This inspection resulted in no requirements and two recommendations being made. Findings of the inspection were discussed with Emma Logan, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 June 2016.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Emma Logan	<b>Registered manager:</b> Emma Logan
<b>Person in charge of the home at the time of inspection:</b>	<b>Date manager registered:</b> 22 April 2016
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 16

## 3.0 Methods/processes

Prior to inspection the following records were analysed: The report and quality improvement plan of the last care inspection and notifications to RQIA since that date.

During the inspection the inspector met with ten residents, two care staff, one catering staff, one domestic staff and one resident's relative.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment file
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records

- Infection control register/associated records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Programme of activities
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Four questionnaires were returned within the requested timescale.

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 04/08/16

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 16/06/16

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 20.12 <b>Stated:</b> First time <b>To be completed by:</b> 30 July 2016	The registered provider should develop the collated information into a quality review report which should be made available for residents and their representatives.  <b>Action taken as confirmed during the inspection:</b> The annual quality review report was not fully complete and had not been shared with relatives and residents'. This recommendation is re stated and will be examined at the next inspection.	Partially Met

##### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The scheduled annual staff appraisals and staff supervision was reviewed during the inspection and showed that appraisal and supervision was last provided in April 2016. The registered manager was referred to the minimum standards which state that professional supervision should take place every six months. A recommendation is included in the quality improvement plan appended to this report.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were not reviewed at this inspection.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of one staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. The registered manager stated that there is currently a delay in the return of Access NI checks and that at times this can cause difficulties in new staff commencing employment in the home.

Arrangements were in place to monitor the registration status of staff with their professional body

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager is the safeguarding champion and records showed that she had attended "Safeguarding for Managers" training on 6 October 2016.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no suspected, alleged or actual incidents of abuse. The registered manager confirmed that in such a case it would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust and home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 21 March 2016. No recommendations had been made as a result.

Review of staff training records confirmed that staff completed fire safety training twice annually. Most recently on 30 September 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Four completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents, staff and one relative included:

- "I know ( resident ) is well cared for and safe in here" ( relative )
- "You wouldn't get better care anywhere"( resident )
- "We just want to provide the best care for the folk here" ( staff )

### **Areas for improvement**

One area for improvement was identified in relation to the frequency of staff supervision.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred. One care file showed that due to a change in the resident's condition a referral and appointment had been made with a psychiatrist. This was scheduled to take place in the week of the inspection and the home registered manager was collating an overview of the care in preparation for the visit.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that they had an understanding of person centred care and that a person centred approach underpinned practice. It was evident that staff were very familiar with the care needs of residents, that they were able to identify uncharacteristic behaviours and that they communicated any concerns with the appropriate professionals.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plan and accidents and incidents (including falls) are undertaken monthly. The registered manager/provider works full time in the home and she undertakes an environmental audit each morning.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one relative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Four completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents, one relative and staff included:

- “This is a good home and we get plenty of training” (staff)
- “I wouldn’t want to live anywhere else” (resident)
- “The girls (staff) are brilliant” (resident)
- “I have absolutely no worries about my (resident) in this home” (relative)

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and one relative confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Three residents attend the adjacent church each Sunday. Since the last inspection one resident had died. The resident had lived in the home for many years and staff were visibly upset in discussion with the inspector. Management and staff recognised the impact of the loss on the other residents and on them.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. This was specifically evident in regard to a non-hearing resident who was very able to communicate by lip reading and writing. There were ample writing facilities on hand for the resident who confirmed her satisfaction with life in the home.

Discussion with residents, one relative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected. For example, by knocking bedroom doors and in assisting with personal care in a discreet manner. There are three shared bedrooms in the home. There are privacy screens in place to promote privacy and confidentiality.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and one relative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, one relative and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Activities are arranged every afternoon and a designated staff member



facilitates, quizzes, music crafts etc. Daily papers are delivered; Arrangements were in place for residents to maintain links with their friends, families and wider community.

Four completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents, one relative and staff included:

- “Our family is really happy with our parent’s care here and we are welcome every time we visit” (relative)
- “We still can’t get over the death of (resident) she was so much part of our life in Carnmoyne” (staff)

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by posters and leaflets.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. The record of complaints showed that there had been none received since the last inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Training since the last inspection had included:

Fire awareness  
 Safe moving and handling  
 Medicine management  
 Dealing with challenging behaviour

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager/ provider identified that she had understanding of her role and responsibilities under the legislation.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/manager responds to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Four completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from residents, one relative and staff included:

- "I think it's good because the home is small and the manager works along with the staff" (relative)
- "The girls (staff) here would do anything for you" (resident)
- "The manager is approachable and we can ask if we are unsure of anything"

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 20.12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 February 2017</p>	<p>The registered provider should ensure that the annual quality review report is fully completed and made available for residents and their relatives.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The annual quality review has been completed and will be distributed to all relatives should they wish at the annual relatives meeting on 22<sup>nd</sup> Marc.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 24.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2017</p>	<p>The registered provider should ensure that staff supervision is completed in line with the minimum standards.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Staff supervisions were organised for week commencing 6<sup>th</sup> March and are ongoing at the present time.</p>

*\*Please ensure this document is completed in full and returned via the web portal\**



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