

Unannounced Care Inspection Report

24 January 2019



Carmoyne

Type of Service: Residential Care Home
Address: 38 Church Street, Ahoghill BT42 2PA
Tel No: 0282587 1439
Inspector: Marie-Claire Quinn

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 16 persons in the categories of care cited on the home's certificate of registration and detailed in Section 3.0 of this report.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Carnmoyne Responsible Individual: Emma Logan | Registered Manager: Emma Logan |
| Person in charge at the time of inspection: Senior Care Assistant Pauline Steele Mooney Registered Manager Emma Logan later joined the inspection. | Date manager registered: 30 October 2014 |
| 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. | Number of registered places: 16 |

4.0 Inspection summary

An unannounced care inspection took place on 24 January 2018 from 11.30 to 14.40.

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

The inspection assessed progress with any areas for improvement identified during and 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 homely environment, staffing, positive working relationships and the individualised care provided to residents.

Two areas requiring improvement were identified in relation to care plans and records of written consent.

Residents said they were happy in the home, and residents' representatives said they felt residents were well taken care of. Those residents who could not verbalise their feelings presented as content and relaxed in their surroundings.

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

4.1 Inspection outcome

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

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

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

4.2 Action/enforcement taken following the most recent type care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events.

During the inspection the inspector met with the registered provider, registered manager, five residents, two staff and two residents' visitors.

A total of 10 questionnaires and several 'Have we missed you cards' were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. Two completed questionnaires were returned to RQIA; respondents described their level of satisfaction with all aspects of care as very satisfied.

A poster was provided for staff detailing how they could complete an electronic questionnaire; however no responses were received within the agreed time frame.

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

- Staff duty rota
- Staff training schedule
- Four residents' care files
- Minutes of recent residents' meetings
- Minutes of recent representatives' meetings
- Feedback for 2018 annual quality assurance survey
- Fire safety risk assessment
- Fire drill records

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met. The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 August 2018

The most recent inspection of the home was an unannounced care inspection. This QIP was validated by the care inspector during and after the most recent care inspection on 24 January 2019.

6.2 Review of areas for improvement from the last care inspection dated 28 August 2018

| Areas for improvement from the last care inspection | | |
|--|---|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: First time | The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance. | Met |
| | Action taken as confirmed during the inspection: Review of care records and discussion with the registered manager confirmed the required documentation was completed at the time. There are currently no residents who smoke, living in the home. | |
| Area for improvement 1 Ref: Regulation 17 (1, 2, 3) Stated: First time | The registered person shall undertake an annual review of the home and produce a report of the findings. | Met |
| | Action taken as confirmed during the inspection: The registered manager confirmed that the annual review report for 2017 had been completed. A copy of this report was submitted electronically to the inspector following the inspection. The registered manager was in the process of completing the annual review report for 2018. | |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. On the day of inspection, staffing levels presented as adequate to meet the needs of the residents. Staff did not appear rushed, and there was a calm atmosphere in the home. There is a low turnover of staff, and agency staff have never been used in the home. All staff working in the home were registered with their professional body, Northern Ireland Social Care Council (NISCC); their registration certificates were displayed in the home to provide this assurance to residents and/or their relatives.

A general inspection of the home was undertaken. The home was well-maintained, fresh-smelling, clean and appropriately heated. There was ample seating throughout the home, and residents looked content resting in their choice of lounge. The home had been redecorated and repainted earlier this year; the lounge tables and stair lift had recently been replaced; the floors were being refurbished this month. Residents' bedrooms were found to be personalised with art work, photographs, memorabilia and personal items such as blankets and cushions. Discussion with residents confirmed they felt their rooms were very homely and comfortable.

Additional environmental safety measures, such as the use of locked doors, bed rails and pressure alarm mats were reviewed and agreed with the resident, their representative and multi-professional team. New pressure mats had recently been ordered, and the registered provider completes audits of the environment at least weekly to ensure that facilities and equipment are adequately maintained.

The registered provider reported that there had been no outbreaks of infection within the last year. Staff training records evidenced that all staff had received training in Infection Prevention and Control (IPC). Observation of staff practice identified that staff adhered to IPC procedures, including the use of Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, when required. In the shared bathrooms, some commodes were torn in the arm rest area and lighting pull cords did not have a wipeable sheath. These areas were highlighted to the registered provider, who ordered the relevant equipment immediately, further promoting effective IPC within the home.

The home had an up to date fire risk assessment in place dated 1 October 2018 and all recommendations had been actioned. Review of staff training records and discussion with staff and the registered manager confirmed that staff completed fire safety training twice annually. Fire drills and fire safety checks were completed on a regular basis.

Residents, residents' visitors and staff spoken with during the inspection made the following comments:

Residents:

- "Oh, I'm very happy here. I like the people, I've a nice room, it's good company."

- “Ah, it’s great. I’m happy. They look after me!”

Residents’ visitors:

- “I’ve had no complaints since (my relative) has been here. She has been well cared for....I’d asked around to find a good care home and heard good things about here. Had to wait to get her in, but glad I did!”
- “(My relative) is very well cared for here.

Staff:

- “We are responsive – there’s always staff available.”
- “I had really good training the other day on (food) thickeners...I’ve had CPR training, and safeguarding and all the fire drills too...We make sure they (residents) are safe, like making sure they have their equipment – some would forget to take their zimmer frames.”

Two completed questionnaires were returned to RQIA; respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the homely environment and the retention of staff.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

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

6.5 Is care effective?

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

Staff were provided with adequate and accurate information regarding the residents’ needs, to ensure care was effective. This was evidenced by review of four care records, which confirmed that residents’ needs were regularly reviewed. Care records also included multi-disciplinary input, such as Speech and Language Therapy (SALT) and district nursing. An area of good practice was identified as care records included a clear record of the financial arrangements for residents, to minimise the risk of financial abuse. Another area of good practice was the inclusion of hospital passports; this ensures that relevant, personalised information on the resident’s preferences is available if an admission to hospital is required, to minimise the resident’s distress.

Care records were personalised to include the resident’s life story, preferred interests, sleeping routine, comfort checks and spiritual and cultural needs. Discussion with staff confirmed this person centred approach was embedded into practice. Staff were able to describe the various preferences and personalities of individual residents; for example, who enjoys getting their hair

and nails done; how residents' routines vary daily, depending on their expressed wishes; and what strategies they use to help improve a resident's mood. Staff stated that the ability to have individual time with each resident meant they were flexible and facilitated a person centred and individualised approach to care.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process; their views and preferences were included in care records. However, none of the care plans reviewed were signed by the resident and/or their representative, to confirm what has been discussed and agreed. This has been stated as an area of improvement.

Observation of the lunchtime experience was positive. The weekly menu was displayed and included a good variety of nutritious meals, which changed daily. Although residents did not get a choice of meals at lunch or dinner, it was made clear that an alternative was always available if required. Snacks, including sandwiches and hot drinks were available on request. Residents chose to eat in the dining room, lounge or their bedroom. Those who chose to eat in the dining room took their time to walk there, and were supported by staff as required. Staff greeted every resident by name, and there was a jovial, relaxed atmosphere in the dining room. Staff gently encouraged residents to finish their meals and checked if they were content with their food. Residents appeared to enjoy their food and stated the food was lovely.

Residents and staff spoken with during the inspection made the following comments:

Residents:

- "It (lunch) was lovely. Getting pudding now, can't miss that!"
- "Tell yer man (the chef) that was lovely!"
- "It's good portions."

Staff:

- "Handovers are good; maybe I give too much information sometimes, but it's always better to explain things well!"
- "We know what they (residents) need by talking to them; you make sure they are in good form. We have that time for 1-1 ...We get good handovers and you always read the care plan. The girls (staff) are good at giving in-depth care plans."

Two completed questionnaires were returned to RQIA; respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, the provision of individualised and person centred care, and the catering arrangements.

Areas for improvement

One area for improvement was identified within this domain during the inspection. This was in relation to care plans, which require the signature of the resident and/or their representative.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.6 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.

Observation of practice and discussion with residents established that staff in the home responded appropriately to and met the assessed needs of the residents. Staff were observed to be cheerful, helpful and responsive to the needs of residents. Staff were also compassionate and caring towards residents' relatives, giving clear information and emotional support as required.

The registered manager and staff advised that verbal consent was sought in relation to care and treatment. However, in the care records examined, written records of consent, signed either by the resident or their representative, had not been maintained. This was highlighted to the registered manager, who agreed that this would be reviewed with each resident and/or their representative. This has been stated as an area of improvement.

Residents' views and opinions were taken into account, as evidenced by review of the minutes of a residents meeting on 7 September 2018. Comments from residents included, "Home clean like a palace...care 1st class...excellent food...What would people complain about when it's perfect". Further consultation with residents and their representatives was gathered through the 2018 annual quality review questionnaires. Staff were described as treating residents like their own family, "Wonderful...attentive...highly professional...exceptional...residents treated with love and respect." There was also positive feedback on the activities, catering and the home's environment. The registered manager is currently collating the final report.

Discussion with staff and observation of the environment confirmed that residents were enabled and supported to engage and participate in a wide range of meaningful activities. Animal therapy was very popular in the home; residents had enjoyed visits from donkeys, dogs and chicks. Residents had also enjoyed a Halloween party, afternoon tea, and Christmas entertainment; there were several photographs of various activities and residents appeared happy and enjoying themselves. There were also ample supplies of magazines, newspapers, CDs, soft toys and games, including a magnetic dart board, available in the lounge areas. A piano was in the hall, and a music night was held on Wednesday evenings. Residents were also able to play the piano when they wished. The home also arranged outings, such as visits to the North Coast, a trip to a concert in the town hall and bus trips. Residents were also supported to attend a local gospel hall or church knitting group if they wished.

Residents and staff spoken with during the inspection made the following comments:

Residents:

- "The girls (staff) did my hair yesterday and help do my make-up."

Staff:

- “The residents know the staff; we interact a lot, and build good relationships. We have lunch and tea together...I like doing the hair and nails and ears...it’s the beauty of a small home that you can do so much 1-1 with them (the residents).”
- “I love all the residents, they’re like family...I love doing their hair. If you don’t do it right, they’ll tell you!”

Two completed questionnaires were returned to RQIA; respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified within this domain during the inspection. This was in relation to written records of consent being retained within care records.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.7 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

Discussion with the registered provider and registered manager confirmed that they had a clear understanding of their role and responsibilities. Both were well informed regarding the day to day running of the home as they are on site daily. This was highlighted as helpful by staff, who felt management were “hands on” and accessible. Discussion with staff confirmed that there were excellent working relationships within the home, and that management were responsive to any issues raised.

The registered manager expressed a positive attitude and commitment to quality improvement, particularly in relation to staff training. For example, the registered manager is currently focusing on reviewing General Data Protection Regulation (GDPR) arrangements within the home, to ensure this is fully embedded into practice. Discussion with staff confirmed that mandatory training, including adult safeguarding, was regularly provided. Additional training, such as dementia care, was also available. The registered manager outlined how she had improved training, following consultation with staff. Training is now arranged twice a year, with several topics covered in one day. E-learning had been considered, however staff and the registered manager felt that face to face training was more effective and encouraged shared learning.

Staff spoken with during the inspection made the following comments:

- “I love it here. I worked in another home, but here it’s close knit. We do really work as a good team; we help each other.”
- “All the staff are brilliant, it’s a great wee place to work.”

Two completed questionnaires were returned to RQIA; respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain 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: First time To be completed by: 25 April 2019 | <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: 6.5</p> |
| | <p>Response by registered person detailing the actions taken: All care plans are now signed either by the resident themselves or the representative whichever is appropriate.</p> |
| Area for improvement 2 Ref: Standard 7.4 Stated: First time To be completed by: 25 April 2019 | <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>Response by registered person detailing the actions taken: All residents care files now contain a written consent form for photographs and new GDPR regulations which is signed either by the resident themselves or their representatives.</p> |

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care