

Inspection Report

25 October 2021



Carmoyne

Type of Service: Residential Care Home
Address: 38 Church Street, Ahoghill, BT42 2PA
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Benmacdui Ltd	Registered Manager: Mrs. Emma Logan
Registered Person: Mr. Benjamin Logan	Date registered: 30 October 2014
Person in charge at the time of inspection: Mrs. Emma Logan	Number of registered places: 16
Categories of care: Residential Care (RC): I - old age not falling within any other category SI - sensory impairment MP(E) - mental disorder excluding learning disability or dementia - over 65 years PH(E) - physical disability other than sensory impairment - over 65 years DE - dementia	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 16 residents.	

2.0 Inspection summary

This unannounced inspection took place on 25 October 2021, from 9.30am to 2.35pm by a care inspector.

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

Feedback from residents and one visiting relative was positive and residents were seen to be well care for. Staff were seen to be attentive and caring in their interactions with residents and there was a nice atmosphere in the home.

Six new areas of improvement were identified during this inspection, with some of these needing additional assurances from the manager that these would be acted upon without delay, as detailed later in this report.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

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

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

4.0 What people told us about the service

Residents told us that they felt safe and that they were satisfied with the care delivery in the home. They spoke positively about their relationship with staff, the provision of meals and the general atmosphere in the home. Observation during the inspection indicated that patients' needs were met. One visiting relative also spoke in positive terms about the provision of care and the kindness received from staff.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff further advised that they felt well supported by the manager.

No responses were received from questionnaires left for distribution at the time of this inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 11 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (2) Stated: First time	The registered person shall ensure that the assessment of resident's needs is – (a) kept under review: and (b) revised at any time when it is necessary to do so having regard to the any change of circumstances and no less than annually.	Met
	Action taken as confirmed during the inspection: Review of care records confirmed that assessments were maintained on an up-to-date basis.	
Area for Improvement 2 Ref: Regulation 29 (3) and (4) Stated: First time	The registered person shall complete an unannounced visit to the home at least once a month and shall – (a) interview, with their consent and in private, such of the residents and their representatives and persons working in the home as appears necessary in order to form an opinion of the standards of care provided in the home; (b) inspect the premises of the home, its record of events and records of any complaints; and (c) prepare a written report on the conduct of the home.	Met
	Action taken as confirmed during the inspection: These visits were maintained with corresponding reports. Advice was given in recording more detail on these reports to ensure evidence of robust governance.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 29 (5) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that Regulation 29 reports are forwarded to RQIA by the fourth day of each month, for a period of at least three months.</p> <hr/> <p>Action taken as confirmed during the inspection: These reports were submitted to RQIA.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust auditing system, which covers all aspects of medicines management in the home, is implemented, appropriate action taken when necessary and a record maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the dining experience to ensure there is minimal delay between residents being seated in the dining room and meals being served.</p> <hr/> <p>Action taken as confirmed during the inspection: This was found to be appropriately in place.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The staff duty rota must always clearly mark the person in charge of the home in the absence of the manager, and record staff's first name and surname.</p> <hr/> <p>Action taken as confirmed during the inspection: The duty rota was found to be maintained appropriately.</p>	<p>Met</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p>	<p>The registered person and manager will review staffing arrangements, including at night time and the weekend, to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was no evidence to indicate that staffing levels had been reviewed and as discussed in 5.2.1 such a review was deemed necessary.</p>		
<p>Area for Improvement 5</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p>	<p>All staff in the home must complete Mental Capacity Act training (https://www.health-ni.gov.uk/mental-capacity-act-training) relevant to their roles and responsibilities in the home</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This training was put in place.</p>		
<p>Area for Improvement 6</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>Resident's care plans are kept up-to-date and reflect the resident's current needs.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Of the sample of care plans reviewed these were found to be reflective of residents' needs.</p>		
<p>Area for Improvement 7</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>An individual comprehensive care plan is in place regarding the management of and care required for any resident living with diabetes.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This care plan was found to be appropriately in place.</p>		

Area for Improvement 8 Ref: Standard 28.3 Stated: First time	The registered person promotes safe and healthy working practices through the provision of training and monitoring of staff in Infection Prevention and Control measures.	Met
	Action taken as confirmed during the inspection: This training has been put in place.	
Area for Improvement 9 Ref: Standard 27 Stated: First time	The deficits identified in section 6.2.6 are addressed to ensure that the home is kept safe, well maintained and suitable for its stated purpose as a residential home.	Met
	Action taken as confirmed during the inspection: These deficits have been addressed by significant redecoration work in the home which was near completion at the time of this inspection.	
Area for improvement 10 Ref: Standard 8.2 Stated: First time	Full and accurate records are maintained regarding the management of unwitnessed falls, including any action taken by staff and reasons for same.	Met
	Action taken as confirmed during the inspection: These records were found to be appropriately maintained.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of recruitment records confirmed that these procedures were in accordance with legislation and standards, other than a medical fitness assessment for a member of staff. This was identified as an area for improvement. .

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Staff said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all but one member of staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis. Assurances were sought with the manager at

the time of this inspection that she would act to address this matter without delay. This was also identified as an area for improvement.

The duty rotas accurately reflected the staff working in the home over a 24 period. Staff told us that they knew who was in charge of the home at any given time. Any member of staff who have responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place to account for this responsibility.

The manager confirmed that safe staffing levels were determined and / or adjusted by on-going monitoring of the number and dependency levels of residents in the home. It was noted that there was an increase in resident dependencies that could have an impact on staffing levels in the evenings and at nights. Staffing had not been adjusted accordingly; therefore, as noted in section 5.1, this area for improvement was not met and has been stated for a second time.

Residents told us that they were satisfied with the delivery of care and the kindness and support received from staff. Some comments made, included the following statements; "Everything is very good here.", "They (the staff) are very good to me." and "I have no complaints what-so-ever, it couldn't be better."

Staff told us that there was good teamwork amongst the staff and that the manager was very supportive.

Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day; for example, from where and how they wished to spend their time and what activity they wished to engage in.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care with statements such as: "Would you like to..." or "Can I help you with..." and to knock patient's bedroom doors to seek permission on entry.

Residents' needs were assessed at the time of their pre admission to the home. During this stage, care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. Added to this any advice or directions by other healthcare professionals is included in the assessment and care plans. Residents' care records were held safely and confidentially.

Resident areas were free from clutter and trip hazards. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a resident falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate on-ward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention

team. Following a fall, relevant persons such as the resident's next of kin, their aligned named worker and where appropriate RQIA, were informed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was a choice of meals offered and a variety of drinks available. The dinner time meal was appetising and nicely presented. Records were also kept of what residents had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

The home had recently installed new flooring to its corridors and bedrooms, with finishing works to its skirting and doors yet to be completed. Residents' bedrooms were comfortable, suitably furnished and nicely personalised. Communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic but two toilets were out of use at the time of this inspection. Assurances were given by the manager that these would be addressed without delay. An area of improvement was made in this regard.

A new area for improvement was identified regarding potential health and safety hazards in the home. Wardrobes had not been securely attached to the wall, which posed a risk if a resident were to pull on same in the event of a fall. Denture cleaning solution was not safely stored, which posed risk of accidental ingestion. This was brought to the attention of the manager for immediate attention.

The home's most recent fire safety risk assessment was dated 18 March 2021. The four recommendations were made from this assessment had corresponding evidence recorded of actions taken. Fire safety training and fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided. An area of improvement was identified to increase the accessibility of hand gels in the environment, with advice given as to how this could be done.

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

Visiting arrangements were managed in line with Department of Health guidance.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

One visiting relative said they were satisfied with the provision of care and the kindness and support received from staff.

5.2.5 Management and Governance Arrangements

There have been no changes with the management arrangements in the home since the last inspection; Mrs. Emma Logan has been the registered manager of the home since 30 October 2014. She was working catering duties during this inspection but was able to assist with the inspection process.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

A monthly monitoring visit is carried out by the responsible person and a subsequent report is completed. Advice was given in ensuring that these reports are completed in more detail as to ensure evidence of robust systems of governance.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

6.0 Conclusion

Residents were seen to be well cared for and gave positive feedback on all aspects of their life in the home. Care duties and tasks were unhurried and organised. There was a nice rapport between staff and residents and interactions were kind and supportive.

Staff spoke positively about the managerial support in the home, their workload, teamwork and morale.

Six new areas for improvement were identified and are outlined within the Quality Improvement Plan in Section 7.0.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2021)**

	Regulations	Standards
Total number of Areas for Improvement	3	4*

*The total number of areas for improvement includes one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Emma Logan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21(4) Schedule 2 (7) Stated: First time To be completed by: 26 October 2021	<p>The registered person must ensure all staff are recruited in accordance with legislation. Reference to this is made in respect of obtaining confirmation of medical fitness.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff have now completed their medical fitness and will be obtained in future for any new staff</p>
Area for improvement 2 Ref: Regulation 21(6) Stated: First time To be completed by: 26 October 2021	<p>The registered person must ensure that all relevant staff are staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were robustly monitored.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff have now applied for their NISCC registration and paid the appropriate fees, ongoing issues with registration which we are in consultation with NISCC re same.</p>
Area for improvement 3 Ref: Regulation 27(2)(j) Stated: First time To be completed by: 26 October 2021	<p>The registered person must ensure that the two identified toilets are repaired without delay.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Due to ongoing refurbishments and new floors being fitted all toilets are now back in use</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 25.1 Stated: Second time To be completed by: 26 October 2021	<p>The registered person shall review the evening and night duty staffing levels so as to ensure they are in keeping with the increase in resident dependencies.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: During supervision night staff were asked about the work load during a night shift and all felt it was appropriate. The registered manager has worked evening and night shifts and also feels the level of staff cover is appropriate for the dependancies of the current residents. This is kept under review</p>

<p>Area for improvement 2</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2021</p>	<p>The registered person shall risk assess;</p> <ul style="list-style-type: none"> • All free standing wardrobes • Dental cleaning solutions <p>In accordance with current safety guidance and ensure subsequent appropriate action taken.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 2 November 2021</p>	<p>The registered person shall increase the accessibility of hand gels in the environment.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust auditing system, which covers all aspects of medicines management in the home, is implemented, appropriate action taken when necessary and a record maintained.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

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