



The **Regulation** and  
**Quality Improvement**  
Authority

**Carmen House Residential Home**  
**RQIA ID: 1586**  
**3 Carmen Lane**  
**Bangor**  
**BT20 3PL**

**Inspector: Alice McTavish**  
**Inspection ID: IN023437**

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**Unannounced Care Inspection  
of  
Carmen House Residential Home**

**19 January 2016**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 19 January 2016 from 10.00 to 15.00. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Four areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. These related to ensuring that care plans are appropriately signed and dated, to notification of accidents and incidents, to cleansing or replacement of flooring in one identified corridor and to the removal of CCTV equipment within the home.

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

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

The details of the QIP within this report were discussed with the registered manager, Mrs Patricia Millar and the registered person, Mr Alex Millar, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Mr Alexander Thomas Millar	<b>Registered Manager:</b> Mrs Patricia Millar
<b>Person in charge of the home at the time of inspection:</b> Mrs Patricia Millar	<b>Date manager registered:</b> 20 September 2007
<b>Categories of care:</b> RC-DE, RC-I	<b>Number of registered places:</b> 15
<b>Number of residents accommodated on day of inspection:</b> 13	<b>Weekly tariff at time of inspection:</b> £470

### 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 has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Method/process

Prior to inspection we analysed the following records: the Quality Improvement Plan from the previous care inspection and notifications of accidents and incidents.

We met with six residents, two care assistants, the deputy manager, the registered manager and the registered person. We met with two resident's representatives and spoke with another by telephone. No visiting professionals were present during the inspection.

We examined the following records during the inspection: care records of four residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, residents and relative satisfaction surveys and the annual report to residents and representatives.

### 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 11 August 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection dated 11 August 2015

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 23.4	The registered manager should ensure that staff is provided in relation to dying and death.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that staff training in relation to dying and death was provided to staff on 5 October 2015.	
<b>Recommendation 2</b> Ref: Standard 21.1	The registered manager should ensure that the policy and procedures relating to the promotion and management of continence is reviewed and revised.	Met
	<b>Action taken as confirmed during the inspection:</b>	

	Discussion with the registered manager and inspection of documentation confirmed that the policy and procedures relating to the promotion and management of continence was reviewed and revised.	
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### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

#### Is care safe? (Quality of life)

The registered manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. We inspected care plans and noted that these were not consistently signed by the resident or their representative. We made a recommendation that all care plans should be appropriately signed and dated.

In our discussions with the registered manager and staff members they confirmed that residents' meetings were held informally on a weekly basis as this had proven to suit the residents better than a monthly formal meeting. We inspected the minutes of residents' meetings which confirmed that residents' views were actively sought and any actions which may be required were appropriately noted.

In our discussions with the registered manager and staff we confirmed that the management of complaints was included during staff induction. In our review of the complaints register we could confirm that any complaints received were reported and managed appropriately. The home had also received a number of written compliments. The registered manager advised us that the majority of compliments are given verbally and may not always be recorded.

#### Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

We noted that the home had current policies relating to involvement of residents in the running of the home and to inclusion and participation of residents in the life of the home.

In our discussions with the registered manager we identified that satisfaction questionnaires were used to obtain the views on the quality of care provided to residents. The satisfaction questionnaires were issued to the residents and their representatives. The information obtained from the questionnaires was analysed and incorporated into practices within the home. We examined the annual report prepared by the registered manager and provided to the residents and to their representatives; this gave an outline of the feedback to the home in order to effect improvements. We noted that the feedback indicated a high level of satisfaction with the services provided in the home.

We noted that a suggestion box was being placed in the home in order to give an additional opportunity for residents and visitors to contribute to sharing ideas on how the home could be improved.

We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded.

### **Is care compassionate? (Quality of care)**

In our discussions with staff and with six residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

### **Areas for improvement**

One area of improvement was made within the standard inspected. This related to ensuring that residents' care plans are appropriately signed and dated. This standard was met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## **5.4 Additional areas examined**

### **5.4.1 Residents' views**

We met with six residents individually and others in groups. The residents indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Residents were observed to be comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- "They are very good here. They take good care of me and I couldn't ask for better."
- "This is a very good place to live. There is plenty of staff. I only have to press my buzzer (call bell) at any time of the day or night and they (staff) come immediately to attend me. The staff are great, all very friendly and helpful. I am very comfortable here."
- "Things are going well for me here and I like it – I have no complaints about anything, for the staff are good and kind to me."
- "I like living here. They (staff) are very good to me."
- "I have absolutely no complaints about being here. I love the food and the staff are so helpful to me. They give me a manicure on Mondays and paint my nails and I get a lovely foot bath and pedicure on Tuesdays. I have plenty of company. If I had any complaints I would let the manager know; but I have no complaints!"
- "I couldn't be in a better place!"

### 5.4.2 Staff views

We met with two care assistants who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- “I feel the care given to the residents is absolutely excellent. The staff team view the residents almost like their own family and treat them as such.”
- “The residents are very well looked after here. We have a good staff team who all pull together to make sure that the residents’ needs are well met. The residents are a happy bunch of people and they seem to enjoy loving here.”

### 5.4.3 Resident’s representatives’ views

We met with two resident’s representatives and spoke with another by telephone; all expressed a high level of satisfaction with the care provided in the home.

Some comments included:

- “I am happy that my (relative) has come to live here. I can see a great difference in my (relative) who is now able to spend time with the other residents and there is always people to talk to. The staff are very tuned in to my (relative’s) needs and they have been very good about arranging a doctor and other medical assistance when it is needed.”
- “I am delighted with the care provided to my (relative) and with the fact that my (relative’s) health has improved tenfold since going to live in Carmen House. I put that down to the excellent care provided by the staff. My (relative) is diabetic and they monitor bloods and take care of my (relative’s) diet so well. The staff are very aware of my (relative’s) health and care needs and they spend so much time with my (relative). As a family, we felt so bad about my (relative) having to go into a care home, but we are so reassured by the quality of the care that my (relative) gets, it has made everything so much easier.”
- “I think Carmen House is absolutely brilliant! I have seen such an improvement in my (relative) who moved here from another care home. Here, my (relative) gets so much stimulation from interacting with other residents and with the staff and I see such an improvement in my (relative’s) mood and outlook. There are so many planned activities here and so much to do. At first, my (relative) didn’t want to leave the bedroom but staff worked hard to encourage my (relative) to come to the lounge and dining room and that has made such a difference. My (relative) enjoys life now and we, her family, are so happy and relieved to see this.”

#### **5.4.4 Staffing**

At the time of inspection the following staff members were on duty:

- 1 x registered manager
- 1 x deputy manager
- 1 x senior care assistant
- 1 x care assistant
- 1 x cook (also registered person)
- 1 x domestic

Two care assistants were scheduled to be on duty later in the day. Two care assistants were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

#### **5.4.5 Environment**

The home was found to be clean and tidy, although we noted that the carpet in one downstairs corridor was in need of cleansing or replacement. We made a recommendation in this regard. Décor and furnishings were of a good standard.

We noted that there were three CCTV cameras situated in downstairs communal areas. The registered manager advised that one camera did not operate; images from the other two cameras could only be viewed on screens which were situated in a locked cupboard and could be viewed only by the registered manager, the registered person or the deputy manager. Images had not been viewed in some six months and were consequently of limited value. The registered manager gave an immediate verbal undertaking that the cameras would be either disabled or removed. After seeking advice from senior colleagues within RQIA, we made a requirement that these cameras must be removed to preserve the privacy of the residents.

#### **5.4.6 Care practices**

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

#### **5.4.7 Accidents/Incidents**

We inspected the home's accident and incident register and noted that two accidents had occurred where medical advice or attention was sought; notification to RQIA of the two accidents had not been made. We made a recommendation that all accidents and incidents are notified to RQIA as outlined in the legislation and current guidance.

#### **Areas for improvement**

Three areas of improvement were made within the additional areas examined. We made a requirement that CCTV cameras inside the home must be removed. We also made recommendations that the carpet in a downstairs corridor should be cleansed or replaced and that appropriate notification should be made to RQIA of accidents and incidents.

<b>Number of requirements:</b>	1	<b>Number of recommendations:</b>	2
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Patricia Millar and the registered person, Mr Alex Millar as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



<b>Quality Improvement Plan</b>			
<b>Statutory requirements</b>			
<b>Requirement 1</b>  Ref: Regulation 13. - (8) a  Stated: First time  To be completed by: 16 February 2016	The registered manager must ensure that the CCTV cameras within the home are removed.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> Cameras, (4) although in public areas have been removed.		
<b>Recommendations</b>			
<b>Recommendation 1</b>  Ref: Standard 6.3  Stated: First time  To be completed by: 31 March 2016	The registered manager should 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. Where the resident or their representative is unable to sign or chooses not to sign, this should be recorded.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> All care plans have been checked and signed where necessary.		
<b>Recommendation 2</b>  Ref: Standard 27.1  Stated: First time  To be completed by: 31 March 2016	The registered manager should ensure that the carpet in the identified ground floor corridor is cleansed or replaced.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> Carpet has been cleaned, The hall, stairs and upper hall have also been measured for new carpet ordered. Should be in place by end of March.		
<b>Recommendation 3</b>  Ref: Standard 20.15  Stated: First time  To be completed by: 19 January 2016	The registered manager should ensure that accidents and incidents are notified to RQIA and all other relevant stakeholders in a timely manner in line with the legislation and current RQIA guidance.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> All accidents and incidents including phone calls for information from doctors will be included in reports.		
<b>Registered Manager completing QIP</b>	Patricia Millar	<b>Date completed</b>	4 <sup>th</sup> March 2016
<b>Registered Person approving QIP</b>	Alexander Millar	<b>Date approved</b>	4 <sup>th</sup> March 2016
<b>RQIA Inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	9 <sup>th</sup> March 2016

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**