



Unannounced Inspection Report

2 May 2019



Carmen House

Type of Service: Residential Care Home
Address: 3 Carmen Lane, Bangor BT20 3PL
Tel No: 028 9145 9508
Inspectors: Kylie Connor and Catherine Glover

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 15 residents.

3.0 Service details

Organisation/Registered Provider: Carmen House Responsible Individual: Alexander Thomas Millar	Registered Manager and date registered: Wendy Carson Registration pending
Person in charge at the time of inspection: Alexander Thomas Millar	Number of registered places: Total number 15 comprising: 15 – RC - I 02 – RC - DE
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 2 May 2019 from 09.30 hours to 16.10 hours.

This inspection was undertaken by the care inspector and the pharmacist inspector.

The inspection assessed progress with areas for improvement identified in the home in relation to care, finance and pharmacy inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of previous pharmacy inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to recruitment, training activities and communication with residents and family members.

Areas requiring improvement were identified in regard to fire safety checks, care plans and management of accidents and incidents.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Alexander Millar, Person in Charge 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 inspection dated 6 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 6 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

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

- staff duty rota for week of 28 April 2019
- staff training schedule and training records
- one staff recruitment and induction records
- two residents' records of care
- complaint records

- compliment records
- accident/incident records from 1 January 2019 to 2 May 2019
- fire safety check records
- RQIA registration certificate
- personal medication records
- medicine administration records
- receipt and disposal of medicines records

Areas for improvements identified at the last care and medicine management inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 6 November

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 20 (3) Stated: Second time	The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of one staff file and discussion with the person in charge and discussion with the manager following the inspection.	
Area for improvement 2 Ref: Regulation 17 (1) Stated: First time	The registered person shall ensure that an annual Quality Review Report is completed that provides a review of care and other service provision and includes consultation undertaken with residents and their representatives.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following receipt of the report following the inspection.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19.1 Stated: Second time	The registered person shall review the recruitment policy and procedure and application form to ensure compliance with statutory employment legislation and current good practice guidance.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed through evidence that the policy and procedure had been reviewed.	
Area for improvement 2 Ref: Standard 21 Stated: Second time	The registered person shall ensure that the Induction Policy and Procedure is reviewed and improved in line with NISCC current best practice guidance.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed through evidence that the policy and procedure had been reviewed.	
Area for improvement 3 Ref: Standard 27 Stated: First time	The registered person shall ensure that all looped pull cords are secured to the wall to prevent the risk of strangulation.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with staff and observation of the environment.	
Area for improvement 4 Ref: Standard 28.4 Stated: First time	The registered person shall ensure that there is a system in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts, keep an up to date log book of checks undertaken and action taken as necessary.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the responsible individual and manager and observation of alerts on display for staff reference.	

Area for improvement 5 Ref: Standard 29 Stated: First time	The registered person shall ensure that monthly checks are undertaken of fire-fighting equipment.	Met
	Action taken as confirmed during the inspection: Checks were evidenced to be completed as required.	
Area for improvement 6 Ref: Standard 5.5 Stated: First time	The registered person shall ensure that the assessment of needs and risk assessments are reviewed and up to date.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of residents' care records.	
Area for improvement 7 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that regular audit of accidents and incidents is undertaken to identify cause, trends, and patterns, to support effective management and prevent a re-occurrence.	Met
	Action taken as confirmed during the inspection: Discussion with the responsible individual and manager confirmed that a governance system is in place to review every accident and incident.	

6.2 Is care safe?

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

Staffing levels

The responsible individual outlined current staffing levels in the home and reported that this is adjusted depending on the needs of residents; review of duty rotas confirmed the arrangements.

On the day of inspection, staffing levels were satisfactory and staff spoken with raised no concerns. There was a warm and friendly rapport between residents, visitors and staff. Residents spoken with reported feeling safe, happy and settled living in the home. Discussion with residents confirmed that they felt that staff listened to them and responded appropriately.

Staff recruitment

Review of one personnel file and discussion with the manager confirmed that appropriate pre-employment checks are completed, such as AccessNI and references from previous employers are sought. Registration with Northern Ireland Social Care Council (NISCC) is also established and/or applied for. The manager reported that all employed staff are registered with NISCC and that this was audited and confirmed. These checks help ensure that only those individuals who are suitable to work with vulnerable people are employed in the home.

Staff induction, training, supervision, appraisal and competency

Review of the staff training schedule confirmed that attendance for mandatory training was monitored. The home provides training in house and the manager attends training offered by the local health and social care trust. Staff confirmed that they were aware that their mandatory training must be kept up to date to work in the home. Staff said that the induction process helped them to understand their role and responsibilities and to get to know the needs and preferences of residents.

The manager advised that staff learning and development is further supported through observation of staff practice and through the supervision and appraisal process. Discussion with staff confirmed that individual supervision takes place with the manager. This contributes to residents' safety, by ensuring only suitably trained and skilled staff are working in the home.

The responsible individual advised that additional training, would be provided when necessary provided to ensure that staff were equipped to meet the specific needs of residents in the home. Staff who spoke with the inspector confirmed that their training was up to date and that the induction and training had been helpful and informed their practice.

The manager described how she made sure that staff in charge in her absence could safely take charge of the home when she was not on duty; she reported that competency and capability assessments are reviewed every year to ensure that they are current.

During the inspection a staff member commented, "I've had an appraisal in this last year."

The home's environment

Observation of the home, including communal areas and a selection of residents' bedrooms confirmed that the home was clean, fresh-smelling and the décor and furniture were well maintained. Residents' bedrooms were individualised and reflected residents' needs and preferences. An electric heater was observed in a resident's bedroom but no risk assessment or care plan had been undertaken and an area for improvement was identified.

All fire exits were free from obstruction and no doors were observed to be wedged open.

A hand sanitiser was available at the entrance of the home. The responsible individual reported that there had been no outbreaks of infection in the home within the last year; he was aware that any outbreak should be reported to the Public Health Agency, the trust and RQIA and that appropriate records should be retained. The manager advised that hand hygiene audits would commence to make sure that staff used good hand hygiene practice.

Fire safety

The responsible individual advised that the home holds fire safety training, including practice evacuations, twice a year. The last fire safety training had been completed on 14 January 2019 and the next one was scheduled for 3 June 2019.

The responsible individual advised that the home's annual fire risk assessment was up to date.

Staff advised they had completed fire training, including a practice drill. Fire safety was also reviewed during the induction of new members of staff. Personal Emergency Evacuation Plans (PEEPs) were included in residents' care records.

Safeguarding and risk management

The home has an adult safeguarding policy and procedure in place, which was in line with regional guidelines. Staff receive training on this, and were knowledgeable about the types of abuse, indicators, responding and reporting arrangements. Staff were able to describe how residents in the home were protected from abuse or harm. However, staff were not knowledgeable about arrangements to respond during out of hours if they were unable to contact a member of the management team. Following the inspection, the manager advised that she had provided staff with refresher training on 13 May 2019 in regard to this and was satisfied that staff were competent in this regard.

Additional safeguards are in place depending on the individual needs of residents and the home works closely with the trust monitoring officer. A range of options is utilised and considered to best support residents and consideration of human rights and risk management was evident in discussion with the responsible individual. Any restrictions to ensure residents safety are discussed and agreed in conjunction with residents, relatives and multi-agency professionals, with a corresponding risk assessment and care plan contained in care records.

Medicines Management

Two areas for improvement stated previously in relation to the completion of personal medication records and recording discussions with other healthcare professionals had not been met. These areas for improvement have therefore been stated in the quality improvement plan in relation to The Residential Care Homes Regulations (Northern Ireland) 2005.

In addition to the two areas, it was noted that the procedure for managing medicine changes should be reviewed. One medicine had been discontinued by the resident's general practitioner in the days prior to the inspection. This medicine remained in the monitored dosage system and it was difficult for staff to distinguish this tablet from the others in the pack. There was a risk that the incorrect tablet could be removed and the discontinued medicine administered. The care assistant on duty contacted the community pharmacist following a discussion with the inspector and arranged to have the monitored dosage system amended. The registered person should ensure that staff are clear on the procedure to be followed should residents' medicine regimes change. An area for improvement was identified.

Views received following the inspection through returned questionnaires

Those persons completing questionnaires indicated that they were very satisfied or satisfied with the safety of care in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, training, supervision and appraisal.

Areas for improvement

One area was identified for improvement in relation to the use of an electric heater in a resident's bedroom.

Areas for improvement have been stated in relation to completion of personal medication records, recording discussions with healthcare professionals and the management of medication changes.

	Regulations	Standards
Total number of areas for improvement	2	2

6.4 Is care effective?

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

Admission, assessment and care planning

Discussion with the responsible individual confirmed that a pre-admission assessment and correspondence with families and multi-agency professionals are obtained to ensure that the home can meet the needs of potential residents. In addition, potential residents and their family are encouraged to visit the home as part of the admission process and these processes together ensure the suitability of residents being admitted to the home.

Assessments outlined residents' needs including areas such as personal and social care. Care plans did not reflect the person centred, individualised approach undertaken and did not provide sufficient detail to direct staff in the delivery of care and an area of improvement was identified. The inspector advised of the need to include the restriction of the management of access via the front door in care plans. There were arrangements in place to refer residents to dieticians and speech and language therapists as required; guidance and recommendations provided were reflected within the individual resident's care plans and associated risk assessments.

Care plans and risk assessments were regularly updated to ensure they accurately reflected the needs of residents. Care plans were signed by residents and/or their relatives to confirm consent. Review of care records confirmed that annual care reviews were completed and minutes retained within care records. Where minutes had not been received in a timely manner, the responsible individual advised that the home requests them.

Staff were able to provide examples of how they use their knowledge and understanding of individual residents' needs and preferences to ensure they received appropriate care and support in a timely manner and where supported to make choices.

Communication

Information was communicated to staff through a range of means, including handovers and supervision. Staff meetings were undertaken on a monthly basis. Staff reported that there was good communication within the home that supported the effectiveness of care delivery. The trust monitoring officer spoke with the inspector. She verified that she had no concerns in regards to the service delivered in the home, that the care was good and that she had good communication with the home.

There is a range of communication styles used with residents including face to face conversation, residents' meetings and observation of non-verbal cues and behaviours. Discussion with staff confirmed that their knowledge of each resident's life story, preferences, needs and lifestyle was important.

Observation of staff and the responsible individual's interaction with residents confirmed that there was effective communication during the course of the day.

Staff reported that there is good team-work.

Meals and meal-times

Discussion with residents and staff confirmed that the quality and variety of the meals provided was very good. Observation of part of the lunch-time meal evidenced that residents were not rushed during the meal service and had individual portion sizes.

Views received following the inspection through returned questionnaires

Those persons completing questionnaires indicated that they were very satisfied with the effectiveness of care in the home.

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Culture and Ethos of the home

Interactions between staff, residents were relaxed and friendly and there was a pleasant atmosphere within the home. Residents appeared relaxed, happy and at ease with staff; staff listened to residents and responded in a timely manner. There was evidence through discussion with staff and residents that residents are treated with dignity and respect and that staff are kind, caring and approachable. Discussion with staff evidenced that there was a focus of recognising residents' abilities and supporting their independence.

Residents' wishes, interests and preferences were reflected in care records and known by staff spoken with. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible and person-centred approach.

Activities

Staff and residents spoke about the range of activities available for residents; these included board games, card games, armchair exercises, music activities and arts and craft activities. Residents said that they enjoyed a relaxed and peaceful lifestyle and also enjoyed listening to music, reading and watching television.

Resident involvement

Discussion with staff and a resident confirmed that residents were encouraged to participate in the annual review of their care with their trust keyworker.

Residents attend residents meetings which gave them the opportunity to discuss any issues and to make suggestions and plans. Staff and residents reported that the management were always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents. The responsible individual reported that findings are included in the annual quality review report.

Residents commented:

- "I love this place but I miss my home."
- "The staff are very responsive."
- "Family decided I was not safe at home so I agreed that it would be safer here."
- "Staff are excellent. Will get you anything you want."

The lay assessor commented:

- "In general they (residents) were all very satisfied with the environment, staff attitude and interaction. I noticed some of the male residents enjoying the artwork and all being encouraged by the instructor."

Views received following the inspection through returned questionnaires

Those persons completing questionnaires indicated that they were very satisfied with the compassion of care in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, activities and listening to and valuing residents and their representatives.

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

6.6 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.

Management and governance arrangements

There was a clear organisational structure evidenced within the home, and all staff were aware of their roles, responsibility and accountability.

Staff and residents were observed to be comfortable and familiar with the responsible individual. Discussion with staff confirmed they felt that that management in the home were available, approachable and responsive to any issues raised.

A range of policies and procedures was in place to guide and inform staff. Policy and procedures in the home were reviewed and updated as required or on three yearly basis.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

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

Review of accident and incident records and discussion with the responsible individual evidenced that management of a small number of accidents and incidents had not been reported to RQIA in accordance with regulations. An area for improvement was identified.

Discussion with the responsible individual and review of complaint records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. RQIA's complaint poster was available and displayed in the home.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

The home had a whistleblowing policy and staff spoken with were knowledgeable in regard to this. The responsible individual verified that staff could access support from management who had an open door approach.

Views received following the inspection through returned questionnaires

One person completing a questionnaire indicated that they were satisfied with how care in the home is managed. One staff completing an electronic questionnaire indicated that they were very unsatisfied however it is noted that they had indicated satisfaction in all other areas and provided no comment to explain this response.

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to the management of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Alexander Millar, Responsible Individual, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2019</p>	<p>The registered person shall ensure that personal medication records are fully and accurately maintained and the process of verifying the accuracy of the personal medication records is reviewed and revised.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The staff have been fully made aware of the need to update kardex on changes of medication and ensure they match the MAR sheets. Registered Manager is checking the kardex and MAR sheets regularly and amendments being made. At this time we have decided to continue with the typed kardex and will monitor its use accordingly.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2019</p>	<p>The registered person shall ensure that a record of all contact and advice from healthcare professionals involved in residents' care is made.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A contact log has been put into place to record any contact with professionals, any action taken or outcomes. Any visiting professionals into the home were already asked to record their visits and actions taken.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that a risk assessment is completed for the use of an electric heater in a resident's bedroom and the need for an electric heater is kept under review.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The heater has now been removed from the residents room as it was not in use.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that care plans are person centred and provide sufficient detail to guide and support staff in the delivery of care to meet residents' needs and preferences.</p> <p>Ref: 6.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that all notifiable accidents and incidents are made to RQIA in accordance with legislation. Records must be completed in full and retained for inspection.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Care plans have been reviewed and detailed using person centred care. Staff have been informed of detailing care plans, and if unsure to check with Registered Manager.</p> <p>Response by registered person detailing the actions taken: All previous accident and incidents were notified to RQIA; the one in question was emailed due to RQIA portal being down on the day. All records are kept for inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2019</p>	<p>The registered person shall ensure that safe systems for the management of medication changes are in place. All staff should be made aware of the procedure to be followed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: In an immediate response the Registered Manager will remove discontinued medication from Pill pac to ensure no errors. The pharmacy will be contacted immediately to remedy the discontinued or changed medication. All staff have been made aware of procedures to follow.</p>

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



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