

Inspection Report

5 July 2021



Carmen House

Type of service: Residential Care Home
Address: 3 Carmen Lane, Bangor, BT20 3PL
Telephone number: 028 9145 9508

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organization/Registered Provider: Carmen House Responsible Individual: Mr Alexander Thomas Miller	Registered Manager: Ms Wendy Carson Date registered: 10 July 2019
Person in charge at the time of inspection: Ms Wendy Carson, Registered Manager	Number of registered places: 15 Maximum of 2 residents in RC-DE (mild dementia) category of care and 1 resident in RC-PH
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 15
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to fifteen persons over two floors. Resident's bedrooms are all single bedrooms, and there are lounges, a conservatory and dining space for residents to socialise in.	

2.0 Inspection summary

An unannounced inspection took place on Monday the 5 July 2021, from 9:30 am to 16:30 pm by two care inspectors.

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 the residents living in the home was positive, and they said that they found staff to be attentive.

It was evident that there was safe, effective and compassionate care delivered and that the home was well led by the manger. Staff were well trained, and had knowledge of the resident's needs to provide safe and effective care.

Two new areas requiring improvement were identified. These related to the recruitment process and fire safety. Areas for improvement around falls management and notifications to RQIA were stated for a second time.

RQIA were assured that the delivery of care and service provided in Carmen House was safe, effective, and compassionate and that the home was well led. 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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.

The findings of the inspection were discussed with Wendy Carson, Manager and Alexander Millar, Responsible Individual, following the inspection.

4.0 What people told us about the service?

Two members of care staff spoken with commented on the good teamwork, and that the manager was supportive and approachable; and how the mandatory training provided, enabled them to provide safe and effective care.

No comments were provided by staff via the on-line staff survey.

Six residents spoken with gave positive feedback on the standard of care they received, the attentiveness of the staff and the quality of the food provided. Residents also told us that they were able to receive visitors to the unit.

Six service user questionnaires were returned. Comments recorded on these highlighted a high level of satisfaction that care was safe, effective and compassionate. The respondents also felt that the home was well led.

There were no questionnaires returned from relatives.

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 25 th 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 13 (4) Stated: Second time To be completed by: Immediate, from the inspection date onwards	<p>The registered person shall ensure that the management of controlled drugs is reviewed to ensure that clear and accurate records are maintained and that handover stock balance checks are accurately performed.</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>	Carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 8 January 2021	<p>The registered person shall ensure that staff receive further training in relation to the management of controlled drugs, specifically in relation to recording and stock balance checks.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
Area for improvement 3 Ref: Regulation 20 (1) (c) Stated: First time To be completed by: 30 June 2021	<p>The registered person shall ensure that the persons employed to work in the home receive mandatory training and any other training appropriate to the work they are to perform such as Deprivation of Liberty Safeguards training.</p> <p>Action taken as confirmed during inspection: There was evidence to confirm that this area for improvement was met.</p>	Met

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: immediately and ongoing</p>	<p>The registered person shall ensure that the infection prevention and control issues identified in this report are addressed.</p> <hr/> <p>Action taken as confirmed during inspection:</p> <p>There was evidence to confirm that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2021</p>	<p>The registered person shall further develop the auditing processes within the home. Audits should be robust and completed in a timely manner.</p> <hr/> <p>Action taken as confirmed during inspection:</p> <p>There was evidence to confirm that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13(1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure falls in the home are managed in accordance to best practice guidance and a falls protocol is developed.</p> <hr/> <p>Action taken as confirmed during inspection:</p> <p>Review of records and discussion with the manager evidenced that some improvements had been made to the management of falls. For example, body maps and a monitoring form had been put in place. However, a falls protocol was yet to be developed. This area for improvement has been partially met and is stated for a second time</p>	<p>Partially 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 33</p> <p>Stated: First time</p>	<p>The registered person shall ensure that residents who self-administer their own medicines have a risk assessment in place and their competence to self-administer confirmed.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection.</p>

Area for improvement 2 Ref: Standard 20.15 Stated: First time	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.	Partially met
	Action taken as confirmed during inspection: It was evident from review of records and discussion with the manager that events occurring in the home were not notified to RQIA as required. This area for improvement has not been met and is now stated as an area for improvement under regulation.	
Area for improvement 3 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that the IPC training in the use of PPE is embedded into practice and compliance is monitored.	Met
	Action taken as confirmed during inspection: There was evidence to confirm that this area for improvement was met.	
Area for improvement 4 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a risk assessment is completed for the use of an electric heater in the staff area and the need for an electric heater is kept under review.	Met
	Action taken as confirmed during inspection: There was evidence to confirm that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of recruitment information evidenced deficits in the process for seeking references for new employees before they commenced working in the home. Details were discussed with the manager and an area for improvement was identified.

There was an induction program in place for new staff. Staff spoken with confirmed this and that they felt supported by other staff.

There was a system of mandatory training in place to ensure staff were able to undertake their duties safely and effectively. Staff commented on their experience of recent training and said they felt supported in their role. Staff also said the manager was both approachable and supportive.

Duty rotas reflected the staff working in the home on a daily basis. The duty rota clearly identified the person in charge of the home. Staff spoken with confirmed there was enough staff on duty to meet the needs of the residents. Two residents also said that there was enough staff on duty to respond to their needs.

Staff were observed attending to residents' needs in a dignified and respectful manner.

5.2.2 Care Delivery and Record Keeping

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

At lunchtime, bowls of homemade chicken and vegetable soup were being served by two members of staff. Fresh fruit was also available for residents. Lunch was served in a relaxed manner, with music playing in the background. Staff were observed to be attentive and compassionate toward residents. Residents commented on the quality of the food provided and on the food offered to them daily. Staff said there was a good choice of food available and that the food offered, caters for the client's likes and dislikes.

Staff reported they met at the beginning of each shift to discuss any changes in the needs of the residents. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, and by offering personal care to residents discreetly. Staff were observed to be polite and respectful in their interactions with clients. Residents said that staff had time for them.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. There was a range of assessments available for each resident. Residents, where possible, were involved in planning their own care. Residents' individual likes and preferences were reflected throughout the records. Care records were detailed and contained specific information on each resident's care needs and what was important to them. Care records were personalised and reflected the choice available to clients in their daily routine.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of rooms throughout the home evidenced that housekeeping staff maintained a good standard of cleanliness. Discussion with the manager confirmed that a refurbishment plan was in place to ensure both the inside and the outside of the home was well maintained. .

In the conservatory and dining area, there were examples of craft activities that the clients had completed. The lounges and bedrooms were suitably furnished, and bedrooms were personalised with items belonging to the residents. Residents spoke of their satisfaction with the environment, and of the cleanliness of the home.

On the first floor, some furniture and boxes were stored along a corridor in a staff area. This corridor was designated as a fire escape route. This was brought to the manager's attention who arranged for the area to be cleared immediately. However, to ensure fire exit routes are maintained clear of storage/clutter an area for improvement was identified.

Examination of fire drill records identified the last fire drill was in March 2021. However, following discussion with the manager it was evident that not all staff participated in a fire drill over the past year. This was identified as an area for improvement.

There were effective arrangements in place to reduce the risk of or spread of infection. Staff and residents expressed no concerns in relation to the home's management of the COVID-19 pandemic. Staff were knowledgeable in infection prevention and control measures and practices. Observation evidenced that staff carried out hand hygiene at appropriate times and used PPE in accordance with guidance. There was a good supply of hand gel and PPE available for staff. Hand hygiene, and an infection control audits, were completed by the manager on a regular basis.

There were good systems in place to ensure COVID-19 guidance was followed for any visitor to the home. For example, temperatures and contact details were taken on entry to the home. There was also a booking system in place for visitors.

5.2.4 Quality of Life for Residents

Observation and discussion with residents and staff confirmed that residents were offered choice in where they spent their time or how they spent their time. Some residents choose to spend time in their own bedrooms completing craft activities, or in the smaller lounges or the conservatory; where two clients were observed reading newspapers. Residents confirmed they were able to participate in residents meetings and of how they were offered a number of choices every day; from food and drink options, to times for getting up and going to bed.

The activities co-ordinator spoke of the activities and crafts that the residents had completed over the past month. There were plenty of examples on display and residents spoken with also showed us their crafts, and they had pride in the fact they had made them. Two residents told us how they were going out later in the week for a meal at a local restaurant. Residents spoke highly of the activities coordinator, and the activity programme that was in place.

Although normal visiting to the home had been disrupted due to the COVID-19 pandemic, residents told us they could have visitors to the home. They were able to keep in touch with loved ones on the telephone.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Wendy Carson has been the registered manager in this home since 10 July 2019. 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.

A system of auditing was in place to monitor the quality of care and other services provided to residents. This system included a range of auditing across various aspects of care and services provided by the home, such as infection control, hand hygiene and medication audits.

Staff and residents spoken with all knew who to report any concerns to, and were confident that the manager would act on their behalf. There was a system in place to record complaints, and these were well managed. There were also thank you cards reflecting good practice in the home.

Staff commented positively about the manager and described her as supportive and approachable. Staff also said that everyone worked as a team.

There was a system in place to monitor accidents and incidents that happened in the home. However examination of a sample of incident and accident records found that at least two notifiable incidents had not been reported to RQIA as required. During the previous inspection an area for improvement was identified under the Care Standards, this has now been subsumed into an area for improvement under Regulation.

The home was visited each month by the responsible individual who spoke with residents, their relatives and staff and examined all areas of the running of the home. The reports of these visits were completed in detail and available to residents, their representatives, the Trust and RQIA.

6.0 Conclusion

The resident's spoke positively on their lived experience in the home. They were offered choice in their day. Staffs engaged compassionately, and were respectful towards residents. Staff spoke of the positive relationship between themselves and management.

Based on the inspection findings and discussions held we were satisfied that this service was providing safe and effective care in a caring and compassionate manner, and that the service was well led by the manager.

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 2011)

	Regulations	Standards
Total number of Areas for Improvement	*5	*3

*The total number of areas for improvement includes two that have been stated for a second time, and three which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Wendy Carson, Manager, and Alexander Millar, Responsible Individual, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate, from the inspection date onwards</p>	<p>The registered person shall ensure that the management of controlled drugs is reviewed to ensure that clear and accurate records are maintained and that handover stock balance checks are accurately performed.</p> <p>Ref : 5.1</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 8 January 2021</p>	<p>The registered person shall ensure that staff receive further training in relation to the management of controlled drugs, specifically in relation to recording and stock balance checks</p> <p>Ref: 5.1</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
<p>Area for improvement 3</p> <p>Ref: Regulation 13(1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure falls in the home are managed in accordance to best practice guidance and a falls protocol is developed.</p> <p>Ref: 5.1</p>
	Response by registered person detailing the actions taken: A falls protocol has been produced including flowchart and observations.
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure all fire exits are maintained free from obstruction.</p> <p>Ref: 5.2.3</p>
	Response by registered person detailing the actions taken: All exits are clear and free from obstruction and checked on a regular basis

<p>Area for improvement 5</p> <p>Ref: Regulation 30</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required.</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: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: All staff to record incidents in as much detail, will be sent to RQIA as required.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: 8 January 2021</p>	<p>The registered person shall ensure that residents who self-administer their own medicines have a risk assessment in place and their competence to self-administer confirmed.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that two written references are obtained from staff members working in the home, one of which is from the applicant's present or most recent employer</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Will be carried out with each new employee</p>
<p>Area for improvement 3</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2021</p>	<p>The registered person shall ensure that a system is put in place to ensure that all staff complete a fire drill in the home, at least once a year.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been put in place and recorded appropriately. Will continue with fire drills throughout the year.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews

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