



The Regulation and  
Quality Improvement  
Authority

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

Inspector: Alice McTavish  
Inspection ID: IN023436

Tel: 0289145 9508  
Email: [carmenhouse@btconnect.com](mailto:carmenhouse@btconnect.com)

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

**11 August 2015**

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 11 August 2015 from 10.05 to 14.35. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 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>	0	2

The details of the QIP within this report were discussed with the registered manager Mrs Patricia 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> Carmen House	<b>Registered Manager:</b> Patricia Millar
<b>Person in charge of the home at the time of inspection:</b> Patricia Millar	<b>Date manager registered:</b> 20 September 2007
<b>Categories of Care:</b> RC-I, RC-DE	<b>Number of registered places:</b> 15
<b>Number of Residents Accommodated on Day of Inspection:</b> 15	<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 and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/process

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

We met with five residents, two members of care staff, two resident's representatives and one visiting professional.

We inspected three care records, complaints and compliment records, policies and procedures relating to dying and death and to continence management and the accidents and incidents register.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced estates inspection dated 28 April 2015. The completed QIP was returned and was approved by the specialist inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) 7	<b>Duty roster</b>  The manager's duty hours requires to be recorded within the staff duty roster.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the staff duty roster confirmed that the duty hours of the manager are now recorded within the staff duty roster.	

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 38	<b>Environment</b>  To further enhance this standard it is recommended that a protective covering is placed on light switch strings in order to minimise the risk of cross contamination of infection.	Met
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that a protective covering was in place on light switch strings in order to minimise the risk of cross contamination of infection.	

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

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

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. Four residents had died within the home in the past 12 years and no resident had died within the past year.

We inspected three residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments were appropriately signed.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

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

The home had a policy and procedure in place relating to dying and death of a resident. The registered manager advised us that staff training had not been provided. A recommendation was made in this regard.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Staff also confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff also confirmed to us that they liaised closely with

district nursing staff to ensure appropriate pain management. Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

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

Staff members we interviewed explained that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The registered manager described to us how a resident is cared for in the home at the end of life; whilst the medical needs of the resident are met by the GP and the district nursing team, the care needs of the resident are fully met by the staff. The family is able to be with the resident at the end of life. The staff ensures that the family is made comfortable within the home.

The registered manager explained to us that the news of death of a resident is shared with fellow residents in a sensitive manner. A small religious service is held within the home to celebrate and remember the life of the deceased resident. Residents were given the option to attend the funeral.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

### **Areas for improvement**

There was one area of improvement identified from the standard inspected. Overall, this standard was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## **5.4 Theme: Residents receive individual continence management and support**

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

The registered manager advised us that no residents had complex continence care needs. Should any resident need specialist support in this area, the district nurse or community continence advisor would provide guidance to staff. Additional staff training would also be

provided, if necessary. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed three residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

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

The home had a written policy and procedure relating to continence management and promotion. A recommendation was made, however, that the policy and procedure should be reviewed and revised to include current best practice guidance.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

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

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related to us that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

### **Areas for improvement**

There was one area of improvement identified with the theme inspected. Overall, this theme was assessed as being met.

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

### **5.5.1 Residents' views**

We met with five residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- “I was a bit afraid of coming into a place like this – you always hear such bad things about homes in the news; but I haven’t once regretted coming to live here. I have made a very good choice. The staff are absolutely wonderful, so kind and caring and they just couldn’t do enough for us. I am very happy here.”
- “This is a great place. You couldn’t get better. The girls (staff) are very good to me.”
- “I enjoy being here, I have a lovely room and the food is great. The staff treat me very well.”

### **5.5.2 Staff views/staff questionnaires**

We met with two staff members 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. The information provided in the five completed staff questionnaires confirmed a high level of satisfaction with these areas.

Some comments included:

- “I believe the staff team and management are very caring. The residents are very well looked after and every effort is made to meet all of the residents’ needs. The staff look after the residents like they would look after their own family members and they make each resident feel like Carmen House is their own home from home, that they are wanted and valued.”
- “I feel this is an excellent place. If I had a family member who needed to enter residential care, this is the place I would recommend. I feel the residents are treated like our own family and there is a lovely atmosphere. The needs of the residents are met very well, and that’s what makes this a special place.”

### **5.5.3 Visiting professional’s views**

We met with one visiting professional who spoke very positively about the care provided within Carmen House.

Some comments included:

- “I have not been involved in attending residents here for some time now, but my senior colleagues visit here frequently and they all describe the care given to the residents as being absolutely excellent. My colleagues have told me that the staff provide very high quality care and are always knowledgeable and helpful. The atmosphere is like one big family.”

### **5.5.4 Residents’ visitors/representatives’ views**

We met with two residents’ representatives who expressed positive views on the quality of the care provided to residents.

Some comments included:

- “My (relative) loves it here and we, as a family, are very pleased with the care. The staff are lovely, very kind and helpful and they always treat the residents very well. There is always plenty of staff around and the residents don’t appear to have to wait for attention. The home has a lovely warm feeling about it and there are always plenty of activities going on.”
- “I am really happy with the help and care my (friend) gets here. I am able to leave after visiting without having to worry about how my (friend) is looked after. I know my (friend) is safe and happy. We couldn’t have found a better place.”

### **5.5.5 Environment**

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

### **5.5.6 Staffing**

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

- 1 manager
- 1 deputy manager
- 1 senior care assistant
- 1 care assistant
- 1 cook
- 1 domestic and laundry staff

One senior care assistant and one care assistant were scheduled to be on duty later in the day. One senior care assistant and one care assistant 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.

### **5.5.7 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.

### **5.5.8 Accidents/incidents**

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

### **5.5.9 Complaints/compliments**

No complaints had been received within the past year. The home had received several written compliments. Staff advised us that they receive many verbal compliments.



## Areas for improvement

There were no areas of improvement identified within the additional areas examined.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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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 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, 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.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time  <b>To be completed by:</b> 18 December 2015	The registered manager should ensure that staff training is provided in relation to dying and death.  <b>Response by Registered Person(s) detailing the actions taken:</b> Staff training/education date set for 5 <sup>th</sup> October 2015 for Death, Dying and Bereavement.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 18 December 2015	The registered manager should ensure that the policy and procedures relating to the promotion and management of continence is reviewed and revised.  <b>Response by Registered Person(s) detailing the actions taken:</b> Policy and procedures have been reviewed and revised taking into consideration minimum standards and The Residential Care Home Regulations (Northern Ireland) 2005.		
<b>Registered Manager completing QIP</b>	Patricia Millar	<b>Date completed</b>	22/09/15
<b>Registered Person approving QIP</b>	Alexander Millar	<b>Date approved</b>	22/09/15
<b>RQIA inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	23 September 2015

*\*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\**