

# Inspection Report

23 February 2023



## Carmen House

**Type of Service: Residential Care Home**  
**Address: 3 Carmen Lane, Bangor, BT20 3PL**  
**Tel no: 028 9145 9508**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Harrison Care Homes Ltd	<b>Registered Manager:</b> Mrs Lisa Dawn Harrison
<b>Responsible Person:</b> Mrs Lisa Dawn Harrison	<b>Date registered:</b> 01/09/2022
<b>Person in charge at the time of inspection:</b> Mrs Lisa Dawn Harrison	<b>Number of registered places:</b> 15  Maximum of 3 residents in RC-DE (mild dementia) category of care and 1 resident in RC-PH
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 15
<b>Brief description of the accommodation/how the service operates:</b> 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 is a lounge, a conservatory and dining space for residents to socialise in.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 February 2023, from 9.30am to 16.30pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Harrison Care Homes Ltd have taken on operational control of the home from 1 September 2022.

The home was clean and there was a homely atmosphere. Staff members were attentive to the residents needs and carried out their work in a compassionate manner.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two new areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Carmen House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Carmen House.

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 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 Mrs Lisa Dawn Harrison, Manager, at the conclusion of the inspection.

### **4.0 What people told us about the service**

Five residents and four staff were spoken with. Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "The care is excellent, it could not be better. The food is all home cooked. The girls are attentive". Another resident spoke of how, "We are all very happy here. The food is great, the staff are excellent, there is plenty for us to do."

Following the inspection, no comments were received from staff via the online survey. No questionnaires were received from relatives or residents via the questionnaires provided.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 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 17 October 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	The registered person shall ensure that monthly reports to confirm compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 are available for review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time	The registered person shall ensure that the manager's hours are included on the duty rota.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	The registered person shall ensure that care plans are in sufficient detail for a residents assessed needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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. Review of care plans found that individual residents had not signed their own care plan. This was discussed with the manager and an area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

The most recent Fire Risk Assessment (FRA) for the home had outstanding items requiring actions that had not yet been completed. This was discussed with the Manager and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in , stay up late to watch TV.

Residents told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as arts and crafts, baking, puzzles and word games.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mrs Lisa Dawn Harrison has been the manager in this home since 1 September 2022.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address these.



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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 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) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

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



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b>  1 June 2023	The Registered Person shall implement the Fire Risk Assessment action plan recommendations in accordance with the risk assessor's listed time frame. Where an action plan item is not completed then the Registered Person should indicate a realistic completion date for the item.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The Fire Risk Assessment Action Plan is ongoing with over 50% of actions now completed. Where there is a delay in any action this is documented on the portal, and this is available for inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> First time  <b>To be completed by:</b>  1 June 2023	The Registered Person shall ensure the resident, or their representative, signs the care plan. If the resident or representative is unable to sign, or choose not to sign, this is recorded.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All care plans have now been signed and, where a resident chooses not to sign, this is documented.

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

