

# Unannounced Care Inspection Report 25 March 2021



## Carmen House

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

[www.rqia.org.uk](http://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 residential care home registered to provide residential care for up to 15 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Carmen House  <b>Responsible Individual:</b> Alexander Thomas Millar	<b>Registered Manager and date registered:</b> Wendy Carson, 10 July 2019
<b>Person in charge at the time of inspection:</b> Wendy Carson	<b>Number of registered places:</b> 15
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 15

### 4.0 Inspection summary

An unannounced inspection took place on 25 March 2021 from 0930 to 1730 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with all areas for improvement identified in the home since the last inspection and reviewed the following areas:

- staffing
- Personal Protective Equipment (PPE)
- the home's environment
- care delivery
- care records
- medicines management
- governance and management arrangements.

Residents told us they were happy living in Carmen House.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*6	*4

\*The total number of areas for improvement includes two against the regulations and one against the standards that has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Wendy Carson, manager, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the last care and medicines management inspections
- the registration status of the home
- written and verbal communication received since the last care and medicines management inspections
- the returned QIP from the last care and medicines management inspections
- the last care and medicines management inspection reports.

During the inspection the inspector met with seven residents and four staff.

Questionnaires and 'Tell Us' cards were also left in the home to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Three completed questionnaires were received and respondents indicated they were positive about the service received in Carmen House.

A poster was displayed for staff inviting them to provide feedback to RQIA on-line. Two responses were received; one response indicated they were positive with regard to service provided in the home and the second indicated they were dissatisfied. Comments were passed to the manager for action as required.

The following records were examined during the inspection:

- duty rota from 22 March to 4 April 2021
- registration of staff with the Northern Ireland Social Care Council (NISCC)
- a sample of staff training records
- one recruitment file
- staff supervision schedule
- incident/accident reports
- a sample of governance audits/records
- complaints/compliments
- staff competency and capability assessments
- three residents' care records
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement identified at the last care inspections were reviewed and an assessment of compliance recorded as met or partially 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 previous inspections

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 08 December 2020.

<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> Second time	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.	<b>Carried forward to the next care inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that staff receives further training in relation to the management of controlled drugs, specifically in relation to recording and stock balance checks.	<b>Carried forward to the next care inspection</b>
	<b>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.</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 33 <b>Stated:</b> First time	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.	<b>Carried forward to the next care inspection</b>

	<b>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.</b>	
--	--	--

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager outlined the planned staffing levels and during the inspection we observed that residents' needs were met promptly by the number and skill mix of staff on duty. One staff member raised concern regarding staffing levels in the afternoon. We passed this comment to the manager to review as necessary. Residents did not raise any concerns in relation to the staffing levels during the inspection. Staff told us that teamwork was good and that the management team was supportive and approachable.

Staff were knowledgeable about the needs of the residents in their care and obviously knew them well. Staff were seen to treat residents in a friendly and respectful manner; there was a pleasant atmosphere in the home. Staff commented positively about working in the home. Some comments included:

- "It is very homely, joyful and we all get on. I love coming to work."
- "No two days are the same...it's a happy home, very homely"
- "It's enjoyable working here, I feel like I come in to see my residents, talk to staff members. I feel like I'm coming to my second home."

We reviewed one file for a recently recruited staff member; we saw that all required checks were in place prior to employment and that staff had completed an induction.

We reviewed staff training and saw that not all staff had received their mandatory training and the necessary training in Deprivation of Liberty Safeguards. We discussed this with the manager who advised that this was partly due to the ongoing pandemic. An area for improvement with regard to staff training was identified.

We reviewed the system in place to ensure that staff were appropriately registered with NISCC. Three staff had applied to be registered, however had not received their registration numbers. The manager later confirmed that two staff had successfully completed registration and NISCC was in the process of assisting one member of staff with the outstanding registration.

### 6.2.2 Personal Protective Equipment (PPE)

We observed that masks were not worn by staff in keeping with the current regional guidance. The use of masks was discussed with the owner of the home and addressed at that time.

There was a plentiful supply of PPE available; PPE was located at different areas in the home. The manager confirmed that sufficient supplies of PPE were maintained and staff had received PPE awareness training.

We discussed the use of PPE further with the manager and an area for improvement was identified.

### **6.2.3 The home's environment and infection prevention and control (IPC).**

The internal environment in the home was inspected and residents' bedrooms were found to be personalised, clean and tidy. Communal areas within the home were comfortably heated and odour free. Corridors and fire exits were clear of clutter and obstruction.

We saw there were some toiletries in a communal bathroom which were not labelled with the resident's name and inappropriate storage of continence products. The under sides of some soap dispensers had not been effectively cleaned. We also saw that some of the surfaces in the home were cluttered making it difficult for these areas to be thoroughly cleaned, for example the ledges in the laundry and staff area. This was identified as an area for improvement.

The domestic on duty told us that, in addition to the regular cleaning schedule, frequently touched points were cleaned. We observed frequently touched points being cleaned during the inspection.

We observed the use of a portable heater in the staff area within the home. No risk assessment was in place for the use of this. An area for improvement was identified.

### **6.2.4 Care delivery**

Residents in the home looked well cared for; they were well presented and settled in their surroundings. The atmosphere was relaxed. Staff spoke to residents in a kind and friendly manner and offered them support as required.

Visiting was taking place in the home in accordance with current guidance. We reviewed the visiting risk assessment for the home and inspected the visiting area. The manager stated that there had been an arrangement in place for a care partner, but this was not currently needed.

Residents were chatty and engaged, and spoke positively about life in the home, the staff and the food. Residents who were less well able to communicate were content and relaxed. Specific comments from residents included:

- "The food is very good."
- "I like it here the foods quite good."
- "We are very well looked after, the staff are very friendly."
- "They do everything they can for you."

We observed the serving of lunch in the dining room. The mealtime was relaxed and unhurried. Residents were offered a selection of drinks, and condiments were on the tables. The food on offer was served from the kitchen, was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary.

### 6.2.5 Care records

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that care plans were in place to direct the care required.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required. We saw that records were made of any consultation with a health care professional along with the outcome.

### 6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and available for guidance.

There was a system of audits which covered a range of areas such as accidents and incidents, falls, environment and care records. We found, however, that the audits had not been consistently completed. In light of the findings with regard to the managerial oversight of such areas as staff compliance with PPE, hand hygiene and IPC, we advised that these should be added to the programme of regular audit. This was identified as an area for improvement.

We examined the records for two resident falls which had occurred in the home. There was no protocol for staff to follow in the event of an unwitnessed fall or if a resident was suspected of having sustained a head injury. Staff did not complete observations of residents and consistently record in line with best practice guidance. This was identified as an area for improvement.

It was noted that one fall had not been reported to the trust or to RQIA; this was also identified as an area for improvement.

The registered individual, who also worked as the cook, was frequently present in the home, hence a monthly report on the quality of the care and services was not required. A new cook was due to commence employment. The registered individual would be starting to complete these reports. The monthly monitoring reports will be reviewed at the next inspection.

#### Areas of good practice

Good practice was identified in relation to staff knowledge of the residents' needs and warm and supportive interactions between residents and staff.

#### Areas for improvement

New areas for improvement were identified. These related to staff training, use of PPE and IPC, the use of a heater, governance audits and falls management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	3



### 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. Residents told us they were happy with the service provided in the home.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wendy Carson, Manager, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> 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>Ref: 6.0</p> <p><b>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.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> 8 January 2021	<p>The registered person shall ensure that staff receives further training in relation to the management of controlled drugs, specifically in relation to recording and stock balance checks.</p> <p>Ref: 6.0</p> <p><b>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.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20 (1) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 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>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have now completed the online Deprivation of Liberty Training as well as an inhouse training sessions led by SERC, Bangor. Annual training lists are readily available for inspection.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> immediately and ongoing	<p>The registered person shall ensure that the infection prevention and control issues identified in this report are addressed.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been made fully aware how important it is to wear their PPE at all times e.g. masks, and other appropriate PPE at other times when needed. Infection Preventions audits are being completed.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Audits have been brought up to date and will be completed on a regular basis.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13(1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</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: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Further guidance to staff on observation sheets have been given. Falls will be managed in accordance to best practice.</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 33</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 6.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Accident and incidents are all recorded in the record book ready for inspection. Accident and incidents will be made to RQIA in accordance with legislation.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the IPC training in the use of PPE is embedded into practice and compliance is monitored.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p>

<b>To be completed by:</b> Immediately and ongoing	In house training has been booked for all staff. Donning and doffing posters displayed in home. Online IPC training completed.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> 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.  Ref: 6.2.3
<b>To be completed by:</b> Immediately and ongoing	<b>Response by registered person detailing the actions taken:</b> Electric heaters have been removed and replaced with the saver option of oil heater. Risk assessment completed.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**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)