

Inspection Report

26 April 2022



Carmen House

Type of Service: Residential Care Home
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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

Organisation/Registered Provider: Carmen House Responsible Individual Mr Alexander Thomas Millar	Registered Manager: Ms Wendy Carson Date registered: 10 July 2019
Person in charge at the time of inspection: Mrs Hazel Gibson	Number of registered places: 15 Maximum of 3 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: 12
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 is a lounge, a conservatory and dining space for residents to socialise in.	

2.0 Inspection summary

An unannounced inspection took place on 26 April 2022, from 9.45am to 4.30pm 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.

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

Three 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, 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.

4.0 What people told us about the service

Eight residents and three staff were spoken with. No comments were received from staff via the on-line staff survey. 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. No comments were received from relatives via the questionnaires provided.

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "The girls look after me well, they couldn't do more for me. I have no complaints. This place is better than a hotel". Another resident spoke of how "There is a family atmosphere, the staff are exceptional, I could not fault it."

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.

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 5 July 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	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.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence to confirm that this area for improvement was met.	

Area for improvement 3 Ref: Regulation 13(1) (a) (b) Stated: Second time To be completed by: Immediate action required	The registered person shall ensure falls in the home are managed in accordance to best practice guidance and a falls protocol is developed. Action taken as confirmed during the inspection: There was evidence to confirm that this area for improvement was met.	Met
Area for improvement 4 Ref: Regulation 27 (4)(c) Stated: First time To be completed by: Immediate action required.	The registered person shall ensure all fire exits are maintained free from obstruction. Action taken as confirmed during the inspection: There was evidence to confirm that this area for improvement was met.	
Area for improvement 5 Ref: Regulation 30 Stated: Second time To be completed by: Immediate action required.	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. Action taken as confirmed during the inspection: There was evidence to confirm that this area for improvement was met.	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		
Area for improvement 1 Ref: Standard 33 Stated: First time To be completed by: 8 January 2021	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. Action taken as confirmed during the inspection: There was evidence to confirm that this area for improvement was met.	Met

Area for improvement 2 Ref: Standard 19.2 Stated: First time To be completed by: Immediate action required.	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. Action taken as confirmed during the inspection: There was evidence to confirm that this area for improvement was met	Met
Area for improvement 3 Ref: Standard 29.6 Stated: First time To be completed by: 1 September 2021	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. Action taken as confirmed during the 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. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Review of the duty rota identified that the managers working hours were not recorded on the rota. This was discussed with the manager and identified as an area for improvement. All other aspects of the duty rota accurately reflected the staff working in the home on a daily basis.

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.

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.

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, 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.

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.

One care plan sampled did not contain sufficient detail to reflect the clients individual care needs. This was discussed with the manager and an area for improvement was identified.

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.

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.

There was evidence throughout the home of crafts undertaken by residents as part of the activity programme provided.

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.

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. For example, the home participated in the regional testing arrangements and any outbreak of infection was reported to the Public Health Authority (PHA).

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.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

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 or stay up late to watch TV.

It was observed that staff offered choices to residents 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.

There was a range of activities provided for residents by staff to the home. Examples of this were arts and crafts, pamper sessions, singing and reminiscence sessions.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

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

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.

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 incidents 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.

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

Monthly reports to confirm compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were not being completed on a monthly basis. This was discussed with the manager and an area for improvement was made.

6.0 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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	2*	2

* the total number of areas for improvement includes one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Alexander Thomas 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: Immediate, from the inspection date onwards	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. Ref : 5.1
	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.
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: 1 July 2022	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: Registered Person shall ensure that monthly visits are completed and recorded in line with the Regulation 29
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that the manager's hours are included on the duty rota. Ref: 5.2.1
	Response by registered person detailing the actions taken: Managers hours will be noted on the rota going forward.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 01 July 2022	The registered person shall ensure that care plans are in sufficient detail for a residents assessed needs. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care plans will continue with the detailed version of the active care plans instead of the shortened version

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



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