

# Unannounced Care Inspection Report

## 27 October 2016



## Carmen House

Type of service: Residential care home  
Address: 3 Carmen Lane, Bangor, BT20 3PL  
Tel No: 028 9145 9508  
Inspector: Alice McTavish

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Carmen House residential home took place on 27 October 2016 from 07.15 to 13.00.

The inspection was undertaken in response to a whistle blowing concerns raised anonymously with RQIA by telephone on 13 October 2016, relating to several areas of care and management practices within the home.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Alex Millar, registered person and Mrs Patricia Millar, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action was considered by RQIA within an Enforcement Decision Making meeting; the rationale for choosing an alternative course of actions is set out in the body of this report.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 August 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Carmen House/Alexander Thomas Millar	<b>Registered manager:</b> Mrs Patricia Millar
<b>Person in charge of the home at the time of inspection:</b> Mrs Patricia Millar	<b>Date manager registered:</b> 20 September 2007
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 15

### 3.0 Methods/processes

Prior to inspection we analysed the following records: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with the registered person, the registered manager, seven residents, three care staff and one visiting professional.

The following records were examined during the inspection:

- Staff duty rota
- Recruitment files of four staff members
- Care files of four residents
- Complaints records
- Policies and procedures manual

Questionnaires were not provided on this occasion for distribution to residents, their representatives and staff for completion and return to RQIA.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 5 August 2016

The most recent inspection of the home was an unannounced care inspection. This QIP is validated below.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 5 August 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19. (3) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 05 August 2016	The registered provider must ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home.	Met
	<b>Action taken as confirmed during the inspection:</b> Records were available for inspection. In addition, the registered manager confirmed that suitable arrangements had been put in place to ensure that such records could be accessed should an inspection be undertaken outside of normal working hours.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 25.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2016	The registered provider should ensure that staffing levels in the home are reviewed for those days on which the registered manager is not on duty in order to ensure that sufficient numbers of staff are present, especially in the event of an emergency.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that staffing levels in the home were reviewed for those days on which the registered manager is not on duty in order to ensure that sufficient numbers of staff are present, especially in the event of an emergency. In addition, an on call arrangement was in place.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2016  <b>Carried forward to next inspection</b>	The registered provider should ensure the following: <ul style="list-style-type: none"> <li>adult safeguarding policies and procedures are reviewed to reflect current regional guidance and implemented within the home</li> <li>infection prevention and control (IPC) policy and procedure is reviewed</li> </ul>	
	<b>Action taken as confirmed during the inspection:</b> This recommendation has been carried forward as the timescale for completion was agreed as after the date of this inspection. This will be reviewed at the next care inspection.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2016	The registered provider should ensure that the following areas are addressed in line with infection prevention and control measures: <ul style="list-style-type: none"> <li>wipeable covers for toilet rolls are installed in communal bathrooms</li> <li>enclosed bins are considered for use in communal bathrooms</li> <li>the shower chair in a bathroom on the ground floor is replaced</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that enclosed bins were provided in communal bathrooms and that the shower chair in a bathroom on the ground floor was replaced. Discussion with the registered provider confirmed that wipeable covers for toilet rolls were on order	

	for use in communal bathrooms and would be in place in the near future.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2016	The registered provider should ensure that a record is maintained of a complainant's level of satisfaction with the outcome of any complaint.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of complaints records confirmed that a record is maintained of a complainant's level of satisfaction with the outcome of any complaint.	

### 4.3 Inspection findings

The information provided by the anonymous caller stated that care staff routinely assisted residents to get up, washed and dressed from 6.30am onwards. The anonymous source identified two residents by name.

On the day of inspection, one of the identified residents was in the communal lounge at 07.15. This resident was already washed and dressed. The inspector spoke with the resident who reported that she was tired; she advised that her usual routine was had been to get up at around 07.00, but her current preference would be to get up at approximately 08.00.

The care records for this resident were examined. It was noted that the preferred rising and retiring times for the resident were not recorded. In discussion with the registered manager it was agreed that it would be beneficial to include this detail in the care plans for each resident. A recommendation was made in this regard. The registered manager advised that the resident had lived in the home for several years and had a rigid routine of rising early. In light of the preference expressed by the resident to rise later, the resident's morning routine could easily be accommodated and the care plan would be adjusted to reflect the new arrangement.

On the day of inspection, the other named resident was not up, washed or dressed at 07.15. The care records for this resident were examined. The pre admission information for this resident noted a preference for early rising and retiring. The daily records for the resident noted that the resident consistently slept well. It was identified, however, that the records which related to care provided during the evening shift were entered on the following day, also that times of interventions were not noted. This made it difficult to ascertain the exact details of when care was delivered. A requirement was made in this regard.

The inspector spoke with three other residents who were either already in the lounge at this time, or who arrived in the lounge shortly after the arrival of the inspector. One resident reported that she had got herself up and dressed at approximately 05.00 as it had been her preference to sit in the lounge at this time where she could have the company of staff. The care records for this resident were examined. The daily records confirmed that the resident had slept until the early hours and had got up and dressed independently and came to the lounge by choice. The minutes of the care reviews for this resident were present and were up to date. The template used for such care reviews was devised by the trust and did not provide a prompt

for care home staff to note residents' preferences for rising and retiring times. In discussion with the registered manager, it was suggested that care staff might add this information.

The inspector spoke with two other residents. Both residents reported that they had slept well, had got up early by choice and attended to their personal care independently. This was their usual routine.

The inspector also spoke with another resident who entered the lounge. The resident was unable to indicate her preference for rising time and felt that she had got up too early. The resident went on to explain, however, that she had awakened without being disturbed by staff and that she had slept well.

The registered person and the registered manager advised that one resident was entirely independent with personal care and that it was the choice of this resident to rise at approximately 05.30 daily to use the shower. Equally, other residents chose to rise later in the day and take a leisurely breakfast in their rooms. The inspector later noted that breakfast trays were taken to residents' bedrooms throughout the course of the morning.

The information from the anonymous caller stated that there were two staff members on duty at night. This included one staff member who was on sleep over duty between 23.30 and 06.30 and whose duties included peeling potatoes prior to 23.30 in preparation for the lunch the following day. A staff member confirmed to the inspector that staff on night shift set up the trays for breakfast for the following day and peeled potatoes in preparation for the following day's lunch. The staff member, however, advised that these tasks are undertaken at a quiet time of the evening and the preparation of vegetables is usually completed within 10 or 15 minutes.

The information from the anonymous caller stated that two staff members were on duty from 15.00 to 21.00; one staff member was allocated kitchen duties which included preparing and cooking the evening meal for an approximate three hour period between 15.00 and 18.00. This left one staff member to supervise residents and to provide any assistance which residents might need. The anonymous source raised a concern that staffing levels in the home were therefore insufficient to meet the needs of the residents.

Inspection of the staff duty roster confirmed that two staff members were on duty between 15.00 and 21.00. Discussion with the registered person, who is also a cook in the home, identified that care staff who are on duty during this shift were expected to spend approximately one hour making sandwiches or heating food which had been made earlier in the day for the evening meal. The inspector also spoke with a staff member who confirmed that one member of staff would assist with food preparation for the evening meal, but that the staff member was always immediately available to respond if additional assistance was needed to meet residents' needs. The staff member described the task of preparing meals during the afternoon shift as not being particularly intensive.

The anonymous caller further stated that the registered person had informed RQIA in the past that he worked as the cook during the 15.00 to 21.00 shift and undertook all catering duties in the home, but that this was not accurate. Inspection of the staff duty roster identified that the cook's hours of work were recorded as 07.00 to 14.00 daily. At weekends another cook was employed to undertake catering duties. The cook, who is also the registered person, advised the inspector that he regularly stayed in the home until after 18.00 on many days in order to complete duties in relation to the running of the home and to supporting residents to attend planned appointments.

The anonymous caller stated that two care staff were on duty between 08.00 and 15.00 at the weekends. One staff member was allocated to undertake the medication round and the other was responsible for assisting the residents with personal care needs. The caller raised the concern that one staff member worked under pressure to meet the personal care needs of the residents. The inspector spoke with a staff member on duty who reported that she often worked at weekends and that the medications round was usually completed by 09.00, leaving plenty of time to assist residents. The registered person also confirmed that all staff were trained to deliver care, even if they worked on a shift to provide laundry or domestic duties. Inspection of the staff duty roster confirmed that there was a member of staff on duty on each day of the week for cleaning and laundry duties. These staff were trained to deliver care, if required, but were rarely called upon to do so.

The anonymous caller stated that two identified residents, who had a diagnosis of dementia, were at risk of wandering and presented with aggressive behaviours. Inspection of the care records of the residents identified by the caller confirmed that both residents had a diagnosis of dementia. The care records of one resident noted that some agitation was observed and that this was reported to the resident's G.P. who had adjusted medications. In the care records of the other resident, there was no record of the resident being aggressive or presenting with challenging behaviour. The home is registered to provide care to residents who have dementia.

The anonymous caller stated they had worked in the home for some time and had not received a contract of employment. The caller also stated they were not registered with the Northern Ireland Social Care Council (NISCC).

The inspector examined the staff recruitment files of four staff members. Three out of the four staff most recently employed by the home had received contracts of employment. In discussion with the registered person it was established that one staff member had been reminded on several occasions that it was their responsibility to make timely application to NISCC; if the staff member failed to do so, the staff member would face disciplinary procedure. The registered person, however, had not maintained records of any discussions or written correspondence with the staff member. A requirement was made in this regard.

Inspection of the staff recruitment files of four staff members identified that enhanced AccessNI disclosures were sought in each case after the date of staff members commencing employment in the home. All enhanced AccessNI disclosures had been returned within a maximum of one month of the commencement of employment of each staff member and all disclosures were satisfactory. A requirement was made in this regard.

In discussion with the registered person it was evident that he had not previously recognised the significance of the potential risk to residents in having new employees commence work in the home without first confirming that staff had a satisfactory enhanced AccessNI disclosure in place. The registered person gave a verbal undertaking to ensure that all enhanced AccessNI disclosures were in place for new staff prior to the commencement of employment in future and understood that this area would be inspected during subsequent care inspections.

Enforcement action was considered within an Enforcement Decision Making meeting. It was decided that any potential risk to the home's residents was not present on the day of inspection. Furthermore, the registered person had fully recognised the gravity of the situation and the inspector was assured that this would not arise in future. Recruitment practices will be regularly inspected in future.

During the inspection the inspector met with residents, staff and one visiting professional. A resident commented "I love it here!" A visiting professional reported "I believe the care here is



excellent. Alex (registered person) and Pat (registered manager) are very supportive of the residents. There is always plenty of staff on duty. I haven't had any reports of residents being unhappy with the way they are looked after at Carmen House and the families of residents placed here by the trust are always very satisfied with the care provided to the residents."

### Areas for improvement

Three requirements were made. One requirement was in relation to maintaining written records of all persons employed at the home including correspondence, reports and records of disciplinary action. One requirement was in relation to ensuring that staff do not commence employment at the home unless a full and satisfactory enhanced AccessNI disclosure is obtained. One requirement was in relation to maintaining contemporaneous records in line with best practice and with NISCC standards.

Two recommendations were made. One recommendation was in relation to the preferred rising and retiring times for residents being noted within individual plans of care. One recommendation was in relation to the issue of contracts of employment within a 13 week timescale.

<b>Number of requirements</b>	3	<b>Number of recommendations</b>	2
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Alex Millar, registered person and Mrs Patricia Millar, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.



### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** 19 (3) (a)

**Stated:** First time

**To be completed by:**  
27 October 2016

The registered provider shall ensure that a contemporaneous records are maintained, signed and dated, in line with best practice and with NISCC standards.

**Response by registered provider detailing the actions taken:**

All records have been checked and R. M. will ensure all records are signed at time of entry.

#### Requirement 2

**Ref:** Regulation 19 (2)  
Schedule 4 (6) (f)

**Stated:** First time

**To be completed by:**  
27 October 2016

The registered provider shall ensure the following records are maintained at the home for employees:

- records specified in Schedule 4 relating to correspondence, reports and records of disciplinary action

**Response by registered provider detailing the actions taken:**

All records in relation to any correspondence with staff leading up to disciplinary action will be placed in employee files.

#### Requirement 3

**Ref:** Regulation 21 (1)  
(b)

**Stated:** First time

**To be completed by:**  
27 October 2016

The registered provider shall not allow a person to work at the home unless a full and satisfactory enhanced AccessNI disclosure is obtained.

**Response by registered provider detailing the actions taken:**

No induction or sample days will be carried out before full AccessNI certificate has been received.

### Recommendations

#### Recommendation 1

**Ref:** Standard 6.2

**Stated:** First time

**To be completed by:**  
30 December 2016

The registered provider should ensure that the preferred rising and retiring times for residents are noted within individual plans of care.

**Response by registered provider detailing the actions taken:**

A detailed list of timings for rising and retiring has been added to each residents care plan.

#### Recommendation 2

**Ref:** Standard 19.4

**Stated:** First time

**To be completed by:**  
27 October 2016

The registered provider should ensure that contracts of employment are issued within 13 weeks.

**Response by registered provider detailing the actions taken:**

All new employees have received their contracts and future employees will have contracts issued within 13 weeks.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**





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