

Announced Care Inspection Report 9 March 2021



Karuna Home

Type of Service: Residential Care Home
**Address: 3-5 Minorca Drive, Ellis Street,
Carrickfergus, BT38 8WP**
Tel no: 028 9336 0665
Inspector: Debbie Wylie

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 10 residents.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Margaret Cameron	Registered Manager and date registered: Heather Denise Wright 14 June 2018
Person in charge at the time of inspection: Heather Wright – registered manager	Number of registered places: 10
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of residents accommodated in the residential home on the day of this inspection: 8

4.0 Inspection summary

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

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- nutritional care records
- quality of life for residents
- quality improvement
- consultation with residents, resident’s representatives and staff.

Residents consulted with were positive regarding their experience of living in Karuna Home.

Those who could not verbally communicate were observed to be relaxed and settled in their surroundings.

The findings of this report will provide Karuna Home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Heather Wright, manager and Kelly Devlin, head of service, 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

To reduce the risk to residents during the COVID-19 pandemic outbreak, this inspection was carried out remotely. The home was notified of the planned inspection 28 days prior to the date of inspection and an inspection pack was sent via email to the home at this time. The pack included an inspection poster which was displayed in the home for residents and emailed to residents' representatives to inform them of the contact telephone numbers and email address by which they could contact RQIA to provide feedback on the care provision in the home.

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

- duty rotas from 1 to 14 March 2021
- staff training matrix 2020
- management structure of the home
- on-call out of hours arrangements
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports for December 2020 and January 2021
- complaints analysis and compliments records
- incident and accident analysis form March 2020 to January 2021
- minutes of residents' and staff meetings
- activity planner for January 2021
- menu for January 2021
- two residents' care records.

During the inspection RQIA were able to consult with residents and staff using technology.

A poster was provided in advance of the inspection for the manager to display and distribute to residents, residents' representatives and staff with details of the inspection and how to complete online feedback.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that the care record is updated as discussed	Met
	Action taken as confirmed during the inspection: The inspector reviewed records and care plans for eating and drinking and found these to be up to date.	

6.2 Inspection findings

6.2.1 Staffing

The manager informed us that staffing levels were based on the dependency levels of the residents in the home. A review of the staffing rota from 1 to 14 March 2021 confirmed that the planned staffing were appropriate to meet the needs of the residents. Staff were observed, using technology, to be attentive to residents needs and to respond to requests promptly.

We spoke with three staff on the day of inspection who confirmed that they had no concerns about staffing levels. Staff had a good knowledge of residents' individual wishes needs and preferences and a good understanding of their roles and responsibilities. Staff were able to describe actions they may have to take if they had any concerns regarding residents' care or working practices. Staff told us:

"I really enjoy it here."

"There are good numbers of staff in place."

"Our training is mainly on-line."

"The manager sets really high standards."

"Karuna is a home from home."

Review of the staff training matrix showed that staff had received training to support them in their roles. Staff spoken with also confirmed that they had received mandatory training.

We asked residents, resident representatives and staff to provide comments on staffing levels via on-line questionnaires. There were 25 responses received of which 21 were either very satisfied or satisfied, one was neither satisfied nor dissatisfied and three were dissatisfied with staffing levels. This was discussed with the manager following the inspection.

6.2.2 Management arrangements

The management arrangements for the home have not changed since the last inspection. The manager confirmed that the home was working within its registered categories of care and the manager's hours of work were clearly documented on the staff duty rota.

Staff spoken with also confirmed they were aware of actions to take in the 'out of hours' period should they require management support.

6.2.3 Governance systems

A selection of quality assurance audits for the home were reviewed. We saw evidence of completed audits for IPC, restrictive practices and care planning. There was also evidence of a robust overview of accidents and incidents in the home. However, audits for wound care and nutrition had never been completed. This was discussed with the manager to be put in place and an area for improvement has been made.

The record of the monthly monitoring visits provided evidence that visits were completed each month, an action plan was in place and had been addressed.

We saw evidence that notifiable accidents and incidents which had occurred in the home had been reported appropriately to RQIA.

The home provided documents for review in relation to visiting and care partners. The documents showed evidence that the current Department of Health guidelines on visiting and care partners were being followed and risk assessments were in place where required.

An overview of complaints received by the home in 2020 was reviewed. RQIA were assured that complaints were being managed in accordance with regulations, standards and regional procedures.

6.2.4 Infection prevention and control (IPC)

The manager confirmed that a health questionnaire and temperature check were completed for all visitors to the home and that PPE and hand sanitising gel was available on entry to the home.

During a tour of the home using video technology we saw that the environment was clean and uncluttered. Staff were observed to be wearing appropriate PPE when caring for residents. PPE and hand sanitising gel was available at various points throughout the home.

Residents seating was appropriately spaced in the lounge and dining area to ensure social distancing. Domestic cleaning was taking place during the inspection and staff confirmed that 'enhanced' cleaning was in place and completed on a regular basis throughout the day.

In bathrooms and toilets we saw disposal bags, gloves and wipes on top of toilet cisterns. We also saw that equipment was stored inappropriately in bathrooms. This was discussed with the manager and an area for improvement was made.

6.2.5 Nutritional care records

We were provided with the nutritional care records for two residents. We saw evidence that care records were in place for monitoring weight, choking, eating and drinking, modified diets, dental reviews and input from other healthcare professionals such as the dietitian and speech and language therapist (SALT).

There was evidence that action was taken if there were concerns regarding weight loss or nutritional needs. However assessments for choking and modified diets had not been regularly reviewed. An area for improvement was made.

Staff spoken with were knowledgeable about individual resident's nutritional needs and any assistance they required with their food and fluid intake.

6.2.6 Quality of life for residents

We observed the home's environment with the use of video technology and saw that the communal rooms were well decorated and welcoming. Residents' bedrooms were personalised with their own individual belongings and memorabilia.

Residents were well dressed in clean clothing and their hair had been styled. Residents and staff chatted and interacted in a relaxed manner throughout the inspection.

Activities were available and included music, massage, arts and crafts, tactile awareness, walking in the garden, makaton exercises, wheelchair zumba, ball games and cookery. Resident also had access to a sensory room and we saw one resident was using the water bed and they said how much they enjoyed it. The day activities room was also being used by residents to participate in completing puzzles and artwork. However, there was no formal planner or timetable for activities in place and an area for improvement was made.

Residents told us:

"We are cooking tomorrow."

"We made the soup for today's lunch."

"I am playing bingo later on zoom."

The lunch time meal was also observed. Residents were served lunch in a timely manner and were aware of what meal was being provided for lunch. A choice of drinks was offered and condiments were available on tables. Residents chatted with staff about mother's day and life in the home. We saw that residents were laughing and enjoying each other's company.

6.2.7 Quality improvement

The manager told us that a residents' meeting had been held recently and that plans were in place to seek resident's views and opinions in a more formal manner.

A gazebo was to be added to the garden area for residents’ use and new garden furniture had been ordered for the warmer months.

6.2.8 Consultation with residents, resident’s representatives and staff

We received 25 responses via our on line survey. Twenty one respondents were either very satisfied or satisfied, one was neither satisfied nor dissatisfied and three were dissatisfied; that care was safe, effective, compassionate and well led. Details of the responses were discussed with the manager following the inspection. Comments received from the online survey included:

- “Karuna is a lovely homely environment and it is great for Residents too.”
- “I have never seen a better run home than Karuna, in my opinion it’s the best for both residents and staff.”
- “Staff are always lovely and really care for the residents. Covid has impacted Karuna in the sense that a lot of the normal activities and outings have stopped but staff have continued to work hard to support residents.”
- “Karuna provide an excellent service to the residents. The staff team are caring and dedicated to their roles. I have no issues or concerns. Communication over the Covid pandemic has been excellent with regular updates provided and staff at the end of the phone if needed.”

A record of the compliments received during the 2020 period was retained by the home and shared with staff. Some of the compliments included:

- “Staff go above and beyond with care for residents.”
- “Karuna is second to none...staff are all so good.”
- “The home is clean and tidy and staff are friendly and approachable.”

Areas for improvement

Areas for improvement included: completion of quality audits, IPC practices, care records and the activity planner.

	Regulations	Standards
Total number of areas for improvement	1	3

6.3 Conclusion

The home was clean, inviting and well decorated. Residents were settled and relaxed on the day of the inspection. Staff spoken with were knowledgeable about residents’ individual care needs. Car was provided in a friendly and unhurried manner.

RQIA were assured that care was safe, effective and compassionate and that the service was well led. Areas for improvement identified during the inspection will assist the manager and her team to develop the service provision further.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Wright, manager, and Kelly Devlin, head of service, 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection. This is in relation to disposal bags, gloves and wipes on toilet cisterns and equipment stored in bathrooms.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: New storage tub system introduced for storage of wipes and disposal bags in bathroom. Glove dispensers have been mounted on wall outside in corridors as part of donning stations and wipes no longer stored on toilet cistern.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2021</p>	<p>The registered person shall ensure working practices are systematically audited. This is in relation to the implementation of regular audits for nutritional and wound care.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: Wound care and nutritional audits will take place regularly and recorded on new templates introduced.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2021</p>	<p>The registered person shall ensure risk assessments and care plans for choking and modified diets are reviewed regularly to ensure they are up to date..</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: Regular audits of care plans to include reviewing of care plans to ensure that these have been completed on a regular basis within the specified timeframes.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall ensure there is a daily timetable of activities provided for residents based on their identified needs and interests.</p> <p>Ref: 6.2.6</p>
<p>To be completed by: 31 March 2021</p>	<p>Response by registered person detailing the actions taken: Activities timetable has been updated to represent activities on offer over 7 day period. This has been created and presented in pictorial format as well as photographs used to enable residents know what activities are offered.</p>

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



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