

Inspection Report

10 October 2023



Karuna Home

Type of Service: Residential Care Home
Address: 3-5 Minorca Drive, Ellis Street, Carrickfergus
Tel no: 028 9336 0665

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: The Cedar Foundation</p> <p>Responsible Individual: Mrs Mary Elaine Armstrong</p>	<p>Registered Manager: Mrs Heather Denise Wright</p> <p>Date registered: 14 June 2018</p>
<p>Person in charge at the time of inspection: Mrs Heather Denise Wright - manager</p>	<p>Number of registered places: 10</p> <p>RC-LD, RC-LD(E) with associated physical disabilities.</p>
<p>Categories of care: Residential Home (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 9</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides residential care for up to ten residents. The home is situated on one floor and includes individual bedrooms, a dining room, communal lounges and bathrooms, a multisensory room and an activities room.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 October 2023, from 9.30 am to 2.30 pm 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.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

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.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Heather Wright at the conclusion of the inspection.

4.0 What people told us about the service

Residents and staff were spoken with individually and in small groups about living and working in the home.

Residents said they loved living in the home, loved the arts and crafts and staff were very good to them. Residents also told us the home was nice and clean and the food was good.

Staff commented that they were well informed about residents care needs, they had no staffing concerns and they worked well as a team.

One questionnaire was returned and confirmed that they felt safe in the home, the care was good, the staff were kind and the home was well organised.

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?

The last inspection to Karuna Home was undertaken on 13 December 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to recruit staff. The manager did not have all completed checks information required available in the home. Following confirmation that full recruitment checks had been carried out, the manager confirmed that a complete checklist of the information required would be held in the home. This will be reviewed at the next inspection.

There were systems in place to ensure staff were trained and supported to do their job. There was evidence of good compliance with mandatory training which included moving and handling practice, fires safety and adult safeguarding.

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.

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 and the manager said that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

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.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents care records were maintained which accurately reflected their needs. 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.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, be rails and lap belts.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. 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.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked when required 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. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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.

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 generally well maintained. Radiators in two rooms were noted to be rusted. This was discussed with the manager for her action and will be reviewed at the next inspection.

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 'homely' touches such as snacks and drinks available, access to a kitchen and art work 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 infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times. Staff hand hygiene was regularly monitored by the manager and records were kept.

It was noted that aprons were not appropriately stored in the home and gloves used were not all appropriate for resident's care. An area for improvement was identified.

5.2.4 Quality of Life for Patients

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. Could have birthday parties in their room or one of the lounges and take part in seasonal activities.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

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. As said previously residents had helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events. Residents had access to the use of a multisensory room which they were observed to enjoy.

Staff recognised the importance of maintaining good communication with families. 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. Mrs Heather Denise Wright has been the manager in this home since 14 June 2018.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. 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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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.

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 not always followed up to ensure that the actions were correctly addressed in a timely manner. An area for improvement was identified. These are available for review by patients, their representatives, the Trust and RQIA.

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 (December 2022) (Version 1:2)**.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Heather Denise Wright, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible individual shall ensure the infection prevention and control (IPC) issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Flat pack aprons removed from the hand rail and are now stored in plastic storage drawers until a suitable dispenser can be located. Supply of nitrile gloves were delivered on 11/10/23 and distributed around the service. Vinal gloves removed and kept for kitchen/housekeepers use only. Communication of same provided to all staff to ensure the correct gloves are used for the required task.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2023</p>	<p>The responsible individual shall ensure the actions resulting from the monthly monitoring reports are followed up in a timely manner and this is documented.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Monthly Monitoring Reports will be closely monitored to ensure actions are followed up in a timely manner and that all actions are documented. There is a RAG (red,amber,green) rated system in place to monitor actions.</p>

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