



Unannounced Care Inspection Report

13 March 2020



Karuna Home

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

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 registered residential care home which provides care for up to 10 residents, over and under the age of 65 years with a learning disability.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Margaret Cameron	Registered Manager and date registered: Heather Wright 14 June 2018
Person in charge at the time of inspection: Heather Wright	Number of registered places: 10
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 9

4.0 Inspection summary

An unannounced inspection took place on 13 March 2020 from 10.40 hours to 14.40 hours

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

The following areas were examined during the inspection:

- staffing arrangements
- deprivation of liberty safeguards (DoLS)
- meals and mealtimes
- care records
- consultation with residents, staff and visiting professionals
- governance arrangements
- the environment

Residents described the home in very positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

One area for improvement was identified in relation care records.

The findings of this report will provide the 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	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Heather Wright, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 October 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection the inspector met with two residents individually and a further seven residents in a activity group setting, four staff and one residents representative. Questionnaires were also left in the home to obtain feedback from residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position 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.

The following records were examined during the inspection:

- incident and accident records from 24 October 2019 to 13 March 2020
- staffing rotas
- staff recruitment
- NISCC registration
- staff training records
- staff and residents meetings
- the care records of two residents
- a sample of reports of visits by the registered provider/monthly monitoring reports
- a sample of governance audits/records
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not 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(s)

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 2 Ref: Standard 21.2 Stated: First time	The registered person shall ensure that a policy on dysphasia is developed and shared with staff.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a policy had been devised and shared with staff.	
Area for improvement 2 Ref: Standard 8.7 Stated: First time	The registered person shall ensure that the records of personal property belonging to each resident are updated and checked at least quarterly. The records are to be signed by the staff member undertaking the checks and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that records of resident's personal property were updated and checked at least quarterly. The records had been signed by the staff member undertaking the checks and countersigned by a senior member of staff.	

6.2 Inspection findings

6.2.1 Staffing

On arrival at the home some residents were in the lounge, or activity room. We could see staff respond promptly to residents; assist and support residents in accordance with their individual needs in a respectful unhurried manner. All residents appeared content, were nicely dressed with obvious care and attention given to their personal care needs.

Comments included:

- “Happy here.” (resident)
- “I love working here, we are like a family.” (staff)
- “I am more than happy with the care my daughter receives.”(relative)

Staffing levels explained by the manager were reflected within the staff duty roster.

The manager advised that recruitment records were stored at the organisations human resources department and full records were therefore not available for inspection. There was a checklist for recently recruited staff. A review of this list highlighted that employment history, reasons for leaving or exploration of any gaps in employment and start date was not included on the list. The manager agreed to contact human resources regarding this and to ensure that they forward a list for new members of staff to ensure that the manager maintains oversight. This area should be reviewed at a future inspection.

Discussion with staff and review of the staff registrations with Northern Ireland Social Care Council (NISCC) evidenced that all staff were registered as required.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and was well maintained and training was up to date.

6.2.2 Deprivation of liberty safeguards (DoLS)

We were informed that there was a policy and procedure on restrictive practice/behaviours that challenge which was in keeping with current legislation and reflected best practice guidance on Deprivation of Liberty Safeguards (DoLS). In discussion with the manager it was confirmed that care staff had completed the Mental Capacity Act/Deprivation of Liberty Safeguards training level 2. The manager had attended level 3 training.

The manager described the restrictive practices in place within the home, as agreed by the commissioning trust and resident/representative in order to protect residents from harm/injury. These included, for example, locked doors/key pad systems, wheel chair straps, bed rail use and restrictive work man tools. Risk assessments of current restrictive practices in place were contained in care records reviewed with measures in place to minimise identified risks reflected within person centred care plans.

6.2.3 Meals and meal times.

The serving of the mid- day meal was discreetly observed. Staff were observed supervising and assisting residents as necessary and in accordance with good professional practice. Meals served were nicely presented. Residents were offered choice of meal by showing them the plated two meals on offer for the day. Residents indicated which meal they preferred. Alternatively, another can be provided if desired. Records of meals provided were retained. Special diets are provided as prescribed. Fluids were provided and encouraged. Residents told us they liked the meals provided and have additional snacks mid-morning, afternoon and evenings.

A rotating four weekly seasonal menus were provided. Seasonal menus developed were based on input from residents and based on their preferences/choice. The menus noted a takeaway for one evening all residents spoken with gave this a big thumbs up.

6.2.4 Care records

Two care records were reviewed. Each contained pre-admission assessment applications, information titled "All about Me" detailing likes/dislikes/preferences and other personal information, needs assessments which were complemented with risk assessments, care plans which reflected actual and potential needs/goals and interventions, consent to use of images, progress notes and care reviews with reports received via the new electronic portal system, egress. Care records reviewed were noted to be legible, current, signed and dated.

In one identified care record there were two areas that needed to be more fully reviewed. This related choking and attendance at hospital for an on-going issue. These areas were discussed with the manager and an area for improvement under the standards was made.

In the two care records reviewed it was noted that the record of residents' possessions had been reconciled at least quarterly and signed by two people.

6.2.5 Consultation with residents, staff and visiting professionals

During the inspection we met with two residents individually and a further seven residents in an activity group setting, four staff and one residents representative. The atmosphere throughout the home was calm, encouraging and good humoured. Residents who were able to verbally communicate gave positive feedback on the caring support and encouragement that staff provided to them. Other residents were relaxed and communicated with us by way of non-verbal gestures/cues and signage which indicated they were happy and content. Activities and interactions observed between staff and residents were professional dignified and respectful.

Throughout the inspection residents were observed to be calm with no aimless wandering around the home. The activity therapist, who is employed on a full time basis, was on leave. Various therapeutic activities, were taking place with individual residents to ensure these were tailored to meet their complex needs, with adequate support providing opportunity for residents participate and enjoy in their own time, for example, art and craft work.

We also consulted with one resident's representative. The representative was very happy with the home and the care provided.

Of the 10 questionnaires left in the home, none have been returned. No completed staff questionnaires were submitted to RQIA following the inspection.

6.2.6 Governance arrangements

The manager explained that she was supported in her role at operational level by team leaders, support staff, activity therapist, bank staff, housekeeper, cook and administrator. Support was also being provided by the organisations human resource, finance and maintenance departments. The line manager provides supervision, regular meetings and conducts monthly monitoring visits to ensure that a good service is being provided by continuous quality improvements.

Discussion with the manager and staff members alongside examination of a range of records, including minutes of staff meetings, complaints and accident/incident management, monthly monitoring and care review reports, provided evidence that effective leadership and management arrangements were in place.

The manager advised that there was a system in place to share learning from a range of sources including complaints, accidents/incidents, training; feedback was integrated into practice which contributed to continuous quality improvement.

6.2.7 The environment

Residents' bedrooms were individualised, nicely furnished and decorated and personal memorabilia displayed. All areas were comfortably heated and odour free. Inspection of the home evidenced that all areas were exceptionally clean, tidy and organised. The home was being repainted although was causing some disruption the home had managed this well.

There was visible evidence of a plentiful supply of IPC resources including, disposable gloves, aprons, liquid hand soap and disposable hand towels. Wash rooms were exceptionally clean and tidy. Safe hand washing notices were displayed in pictorial and written format. Resident who were able had attended a meeting with staff that week to discuss the implications of the COVID virus in terms they would understand. This is to be commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic about the home. Staff were knowledgeable of the needs of the residents and worked well as a team to deliver the care required. Communication regarding the COVID virus is to be commended.

Areas for improvement

One area for improvement was identified in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	1

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 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 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.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 13 April 2020</p>	<p>The registered person shall ensure that the care record is updated as discussed</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Care plan rewritten with all relevant details included. Care Plans continue to be reviewed and uploaded onto iplanit.</p>

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



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