



The Regulation and
Quality Improvement
Authority

Karuna Home
RQIA ID: 1697
3-5 Minorca Drive
Ellis Street
BT38 8WP

Inspector: Ruth Greer
Inspection ID: IN22243

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**Unannounced Care Inspection
of
Karuna Home**

17 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 17 November 2015. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard inspected was assessed as being fully met.

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

1.1 Actions/enforcement taken following the last inspection

There were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/Registered Person: Ms Eileen Marian Thomson	Registered Manager: Mrs Heather Denise Wright
Person in Charge of the Home at the Time of Inspection: Mrs Heather Wright	Date Manager Registered: 1 April 2005
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 9
Number of Residents Accommodated on Day of Inspection: 9	Weekly Tariff at Time of Inspection: From £786 to £1108

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard had been met:

Standard 1 **Residents' involvement - Residents' views and comments shape the quality of services and facilities provided by the home.**

4. Methods/processes

Prior to the inspection the following records were examined: the previous inspection report and notifications of accidents and incidents.

During the inspection the inspector met with six residents and three staff.

The following records were examined during the inspection:

- Four care files
- Minutes of residents' meetings
- Satisfaction questionnaires
- Minutes of reviews
- Internal quality assurance documents
- Statement of purpose
- Supervision records

5. The inspection

5.1 Review of requirements and recommendations from previous inspection.

The previous inspection of the home was an unannounced care inspection dated 7 May 2015. No requirements or recommendations were made as a result of this inspection.

5.2 Review of requirements and recommendations from the last care inspection.

No requirements or recommendations were made as a result of this inspection.

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The home had a comprehensive induction programme for all new staff. Inspection of the induction template showed that it incorporated the values of good social care and is underpinned by residents' rights, choice and involvement. The induction also sets out the importance of including families and the funding trust in the planning and delivery of care. Residents' meetings are held regularly and relatives' meetings are held six monthly. The activity coordinator facilitates a weekly informal meeting for residents to share "my news". This provides an additional forum for informal discussion between residents and a trusted staff member. Notes of meetings were examined by the inspector.

Is care effective? (Quality of management)

Staff supervision sessions take place four times a year, one of which is an annual appraisal. Examination of supervision minutes showed that residents' needs are discussed and include an element of the staff member representing each resident and at times undertaking an advocacy role. The manager confirmed that mandatory training for staff is up to date. Care management reviews take place annually. In addition, the home undertakes an internal six monthly review. Examination of a selection of care files showed that the minutes of these reviews are signed by the resident and/or relatives. Examination of the monthly monitoring

reports in line with Regulation 29 (Residential Care Homes Regulation (NI) 2005) showed that these are regular and up to date. The most recent undertaken on 20 October 2015. Relatives' views are sought formally as part of the annual quality assurance review. Examination of the most recent returned questionnaires showed that relatives "strongly agree" that the care provided to their loved ones is of a "high quality". There is a suggestion box in place for any resident/relative to anonymously raise any concerns.

Is care compassionate? (Quality of care)

Karuna is a small (nine beds) residential home where there has been little change in the resident group accommodated for many years. Several of the residents have multiple and complex needs. Observation of practice showed staff providing care to these residents in a gentle, friendly and compassionate manner. Staff with whom we spoke felt that care delivery in the home and the attitude of staff is compassionate. Staff turnover is low and those on duty demonstrated an in - depth knowledge of each individual resident.

Areas for improvement

There were no areas identified for improvement and the standard inspected was assessed as fully met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents

Several residents in the home were unable to verbalise their views and opinions. These residents looked well and at ease with their surroundings and were familiar with staff. Residents who were able to verbalise confirmed that they are happy in the home. One resident stated that he was "the boss" and staff do "what I want." Residents confirmed that they had been fully involved and given choice in the recent refurbishment of the home. On the day some residents were on a shopping trip with staff and others were undertaking craft work with the day care coordinator. One resident was at the local library. As part of the home's refurbishment a new digital menu board is being developed. One resident is working alongside the manager to develop this initiative.

5.4.2 Relatives

There were no relatives in the home on the day.

5.4.3 Staff

On the day the following staff were on duty:

Manager x 1
 Practice leader x 1
 Support worker x 2
 Day activity coordinator x 1
 Housekeeper x 1
 Administrator x 1

The manager confirmed that this is satisfactory to meet the needs and numbers of the persons accommodated.

Staff with whom we spoke reported that they feel a good standard of care is provided for residents and ample training opportunities for the staff team. Staff stated that they felt supported by management and were aware that residents' rights and preferences are the basis of the care provided. Observation of practice on the day found it to be caring, respectful and delivered at the resident's pace.

5.4.4 Environment

There had been an extensive refurbishment and redecoration throughout the home since the previous inspection. New furniture has been provided in all communal areas including the fitting of a new kitchen. Residents' bedrooms have been redecorated and new flooring fitted. The internal environment looks very well and is of a high standard. All residents now have an individual letter box beside their bedroom door. This is a thoughtful addition and gives an added degree of independence to residents.

5.4.5 Complaints

A review of the complaints records showed that one expression of dissatisfaction had been addressed appropriately.

5.4.6 Accidents/incidents

A review of the record of accidents and incidents showed that these have been dealt with, reported and recorded appropriately.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Heather Wright	Date Completed	21/1/16
Registered Person	Eileen Thomson	Date Approved	21/1/16
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	22/1/16

Please provide any additional comments or observations you may wish to make below:

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