



Unannounced Care Inspection Report 24 & 30 October 2019



Karuna Home

Type of Service: Residential Care Home
Address: 3-5 Minorca Drive, Carrickfergus BT38 8WP
Tel No: 028 9336 0665
Inspectors: Priscilla Clayton and Joseph McRandle

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: Eileen Marian Thomson | Registered Manager and date registered: Heather Wright 14 June 2018 |
| Person in charge at the time of inspection: Heather Wright - 24 October 2019 - 30 October 2019 (Team Leader) | Number of registered places: 10 Total number 10 comprising: RC - LD RC – LD (E) |
| Categories of care: RC - Residential Care 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: 10 |

4.0 Inspection summary

An unannounced care inspection took place on 24 October 2019 from 12.00 hours to 16.20 hours. The supporting finance inspection took place on 30 October 2019 from 10.30 hours to 12.30 hours.

The inspection assessed sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the home, dignity, and privacy, listening to and valuing residents and their representatives and taking account of the views of residents and /or their representative. In addition there was evidence of good practice in the areas of staffing, staff recruitment, care records, training, supervision and appraisal. Adult safeguarding, infection prevention and control, risk management, environment and the management of residents' monies and the general financial arrangements.

Areas requiring improvement were identified in relation to the development of a policy on dysphasia and the recording of residents' personal property.

Residents described living in the home as being a good experience / in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others / with staff.

Comments received from residents, relatives and staff during and after the inspection, are included in the main body of this report.

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 | 2 |

Details pertaining to the finance inspection improvement as cited within the Quality Improvement Plan (QIP) were discussed with Joanne Sturgeon, team leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 29 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 29 May 2018. No further actions were required to be taken following the most recent inspection on 29 May 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings written or verbal information received.

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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included;

- staff duty roster – October 2019
- staff training schedule and training records
- one staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from June 2018 – October 2019
- reports of visits by the registered provider/monthly monitoring reports (delete as required) from August 2019 to October 2019.
- RQIA registration certificate

- liability Insurance
- Annual Quality Report 2018/19
- four residents' finance files including copies of written agreements
- a sample of financial records including residents' personal allowance monies and valuables, residents' fees, payments to the reflexologist and purchases undertaken on behalf of residents
- a sample of records of monies deposited on behalf of residents
- a sample of records of residents' personal property and transport charges to residents

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 the last care inspection dated 29 May 2018

There were no areas for improvements made as a result of the last care inspection.

Areas for improvement identified at the last finance inspection have been reviewed and assessed as met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival at the home we were welcomed by the manager who remained on duty throughout the inspection.

The inspector was advised that all residents were up washed and dressed. Three residents had left the home with a care staff member to go shopping. Remaining residents were in various areas of the home. Some were in their bedrooms watching television or resting while others moved freely around the home. All residents appeared content, were nicely dressed with obvious care and attention given to their personal care needs.

There was evidence in staffing records, from observations of practice and from discussions with staff, residents and the manager to verify that the home was staffed satisfactorily by suitably qualified, competent and experienced staff. Records were retained of staff working in the home each day, the capacity in which they worked and who was in charge.

Review of the employment record of one staff member appointed since the previous care inspection evidenced compliance with employment legislation. Access NI clearance, which is a PSNI clearance check was carried out prior to commencing work. This procedure is carried out on all new staff appointments, prior to commencing employment, to ensure the person appointed was suitable to work within this setting.

Records of care staff registrations with the Northern Ireland Social Care Council (NISCC) were retained. The manager advised that monthly monitoring of registrations and annual retention fees was carried out to ensure all staff complied with NISCC registration requirements.

Staff training records in place evidenced that staff's knowledge and skills were kept up to date. Staff participate in mandatory training and other appropriate training relevant to their roles and responsibilities, for example, pressure area care, confidentiality, record keeping, behavioural management, continence and understanding brain injury. Recent staff e-learning in The Mental Health Capacity Act (Northern Ireland) 2016 – Deprivation of Liberty Safeguards (DoLS) was provided in preparation for implementation on 2 December 2019.

The home had a policy on infection prevention and control (IPC) which was readily available to staff. Staff training records examined reflected recent training was provided. Inspection of the home evidenced that all areas were exceptionally clean, tidy and organised. 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.

No outbreaks of infection had occurred in the home since the previous care inspection.

Residents' bedrooms were individualised, nicely furnished and decorated and personal memorabilia displayed. All areas were comfortably heated and odour free.

The manager and two staff members, who met with us, demonstrated confidence and knowledge of the care planned and provided to their residents. Adult safeguarding procedures were understood. Staff expressed strong commitment to their work and expressed satisfaction with staffing levels, staff training, supervision, appraisal and provision of staff meetings which were held on a regular basis to ensure staff were kept fully informed and involved about all aspects of residents care and life within the home.

Records of notifications forwarded to RQIA were discussed with the manager and cross referenced with records retained within the home. Accidents / incidents which require to be notified to RQIA and those which do not were clarified with the manager. A recurring behavioural incident notified to RQIA was discussed with the manager who explained that the commissioning trust was very much involved with ongoing behavioural capacity meetings held.

Monthly audits of falls were undertaken by the manager to identify trends / patterns with action taken to minimise the risk of recurrence. Maintenance of recorded action plans following audit was discussed with the manager who readily agreed to develop a plan. Care records reviewed contained fall risk assessments with care plans which reflected the measures in place to minimise recurrence.

Administration of medications, as reflected within accident / incident notifications, was discussed with the manager who advised that errors had been greatly reduced by way of a change in administration pack system arrangement introduced in November 2018 and regular audit.

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. The manager demonstrated knowledge and understanding of the procedure to follow in regard to implementation of DoLS on 2 December 2019.

The home had a current fire risk assessment was undertaken by a professionally qualified fire assessor on 21 May 2019. One recorded recommendation had been actioned, dated and signed. Staff training in fire safety was provided on 18 October 2019. All fire doors were observed to be closed and fire exits unobstructed.

Residents who were able to comprehend explained how happy they were living in the home where they felt safe and well cared for by very good staff. Comments included:

“I like living here, no complaints.”
 “Staff are good and kind.”

Six relatives’ satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated they were very satisfied that the care provided was safe. One comment included: “Care provided by Karuna staff is of the highest standard. I have no worries or concerns.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified in this domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total numb of areas for improvement | 0 | 0 |

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of two records was undertaken. 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.

One area of improvement discussed and agreed by the manager related to the development of a robust policy on dysphasia.

Resident weights were undertaken on a monthly basis, recorded and closely monitored for any weight loss or excessive weight gain.

The manager explained the systems in place for monitoring the frequency of residents' health screening; dental, optometry, podiatry, other health or social service appointments and how referrals were made, if necessary to the appropriate service. The district nurse provides care and support when nursing care for residents is prescribed by the GP, for example; injections, venepuncture, wound management or provision of specialised equipment such as air wave mattresses.

Staff explained they receive hand- over reports at commencement of new shifts so that they are kept fully informed of residents' health and well- being and any changes to the residents' care plans or other associated care information.

Staff were observed responding promptly to residents calls for assistance. One resident told us, "Staff are always here to help."

When we spoke with staff they had a good knowledge of peoples' abilities and level of decision making; staff know how and when to provide comfort to people because they know residents needs well.

Staff told us the care was really good in the home and that they were provided with the necessary support from the manager, good team working, and necessary resources such as training, staff meetings and a plentiful supply of items necessary to provide good care.

There was evidence of good information sharing with residents and their representatives, for example; individual discussions with residents, care review meetings, information displayed on notice boards; health matters, activities and daily menus. Due to the complex communication needs of the majority of residents accommodated it was not possible for individuals to participate in a residents' forum. A resident / representative satisfaction survey was conducted during 2018 / 19 with positive feedback achieved. This is to be commended.

Six relatives' satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated they were very satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders

Areas for improvement

One area identified for improvement related to the development of a policy on dysphasia.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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. Discussion with staff and residents confirmed the residents' spiritual and cultural needs, were met. Two residents attend their chosen church on Sundays. Some residents attend a social monthly meeting in a local community church.

Residents' bedrooms were individualised with their choice of memorabilia displayed and preference of bed linen, duvets and curtains. A mail box was positioned outside each bedroom door so that mail received can be posted unopened.

There was an adequate supply of clean bed linen stored within each resident's bedroom.

There was evidence of effective management of pain and discomfort which was given in a timely and appropriate manner which was reflected within person centred care plans reviewed.

Care records reviewed provided evidence of residents' choice and preferences in regard to their care and life in the home.

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.

Evidence from the home’s resident satisfaction survey conducted during the year showed a 90% return with 100% level of strongly / agree satisfaction with care and life within the home.

Overall there was good evidence that residents were treated with dignity and respect and fully involved in decisions affecting their treatment, care and support. This is to be commended.

Six relatives’ satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated they were very satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents and/or their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager outlined the management arrangements and governance systems in place and Stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care in which the home was registered with RQIA. The manager advised that she was reviewing and revising the statement of purpose due to the appointment of a new responsible individual. The manager agreed to forward an amended copy to RQIA.

The home’s RQIA registration certificate and current Liability Insurance were displayed within the hallway of the home.

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. Line manager provides supervision, regular meetings and conducts monthly monitoring visits to ensure that a good service is being provided by continuous quality improvements. The current quality action plan established reflected improvements included; collation and description of restrictive practices in preparation for the introduction of The Mental Health Capacity Act – DoLS, replacement flooring in one room, quotation for external grounds renovation, archiving and data base of records and review of the domestic cleaning schedule.

Discussion with the manager and two staff members alongside examination of a range of records, including minutes of staff meetings, staff supervisions, annual appraisals, 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.

Manuals of policies and procedures were readily available to guide and inform staff. cursory view of policies evidenced these had been reviewed and revised in compliance with residential minimum care standards.

The home's complaints policy and procedure was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. Residents and their representatives are made aware of how to complain by way of the resident guide given to each resident on admission. Complaints records viewed confirmed that complaints received were appropriately managed and recorded. An audit of complaints was used to identify trends and patterns, drive quality improvement and to enhance the service provided. Staff had received training in complaints handling.

The home had received many letters and cards complementing staff on the good care provided.

The annual quality report was reviewed. Suggestions for improvements included reflection of improvements made as a result of audits undertaken

Monthly monitoring visit reports were available. Visit reports undertaken during July, August and September 2019 were reviewed and demonstrated that an action plan was developed to address any improvement issues identified. Action plans were reviewed at subsequent monthly monitoring visit and supervision.

Six relatives' satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated they were very satisfied that the care provided was well led / managed.

Management of service users' monies

A sample of residents' records was taken to validate compliance with the areas for improvement identified from the last finance inspection. These included financial details retained within residents' files, copies of residents' written agreements, records of payments to the reflexologist and the residents' guide. All areas for improvement were assessed as met.

A sample of personal property records for three residents evidenced that although the records had been updated with items belonging to the residents at admission, there was no evidence that the records had been updated since admission. There was no recorded evidence that the personal property had been checked at least quarterly in line with best practice. This was discussed with the team leader and identified as a new area for improvement.

Review of a sample of purchases undertaken on behalf of residents showed that in line with the Residential Care Homes Minimum Standards (August 2011) details of the purchases were recorded. Two signatures were recorded against each entry in the residents' transaction sheets and receipts were available from each of the purchases reviewed.

Review of a sample of payments to the reflexologist showed that the details of the transactions were recorded. In line with best practice two signatures had been recorded against each entry in the residents' transaction books. This included the reflexologist and a member of staff from the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships. The system for recording transactions undertaken on behalf of residents, the system for retaining receipts from transactions and the required signatories were found to be in line with regulations and standards.

Areas for improvement

One area identified for improvement related to the recording of residents' personal property within a set timeframe.

| | 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, registered manager on 24/10/19 and with the team leader, on 30 October 2019, 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 | |
| Area for improvement 2 Ref: Standard 21.2 Stated: First time To be completed by: 31 January 2020 | <p>The registered person shall ensure that a policy on dysphasia is developed and shared with staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: New policy on Dysphasia developed and shared with staff who directly provide care/support for people who may be suspected to be or known to be at increased risk of choking.</p> |
| Area for improvement 2 Ref: Standard 8.7 Stated: First time To be completed by: 30 November 2019 | <p>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.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Records of personal property belonging to each resident are now up to date with details of personal belongings and will be audited quarterly by Manager.</p> |

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



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