



The Regulation and  
Quality Improvement  
Authority

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

Inspector: Ruth Greer  
Inspection ID: IN22242

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**Unannounced Care Inspection  
of  
Karuna Home**

**7 May 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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 7 May 2015 from 10:00 to 13:30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP 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
<b>Total number of requirements and recommendations made at this inspection</b>	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

<b>Registered Organisation/Registered Person:</b> Ms Eileen Marian Thomson	<b>Registered Manager:</b> Mrs Heather Denise Wright
<b>Person in Charge of the Home at the Time of Inspection:</b> Heather Wright	<b>Date Manager Registered:</b> Mrs Wright has been manager of the home since April 2003
<b>Categories of Care:</b> RC-LD, RC-LD(E)	<b>Number of Registered Places:</b> 9
<b>Number of Residents Accommodated on Day of Inspection:</b> 9	<b>Weekly Tariff at Time of Inspection:</b> From £733.52 to £1065.56

## 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 and theme has been met:

**Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.**

**Theme: Residents Receive Individual Continence Management and Support.**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

During the inspection the inspector met with eight residents and three care staff. There were no relatives or visiting professionals in the home on the day of the inspection.

The following records were examined during the inspection:

- Policy on death and dying
- Policy on the management of continence
- Residents' care files records
- Accidents/incidents records
- Complaints

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 5 June 2015. No requirements or recommendations resulted from the last inspection.

## 5.2 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

### Is Care Safe? (Quality of Life)

Residents can spend their final days of life in the home unless there are documented health care needs that prevent this. Residents in Karuna are younger people who have complex/life limiting conditions. Risk assessments were in place, in the care files we inspected, in regard to any area identified as an individual risk. Residents have a “dignity plan” which has been completed by family and staff. This records the end of life and funeral wishes/plans.

Staff who spoke with us described their role in caring for residents who have been very ill. Staff demonstrated knowledge of the importance of hydration/diet and pain control. This is especially important for many of the residents who would be unable to verbalise how they are feeling. Staff were aware of when to contact the GP and/or nurse and of the importance of keeping families informed of the resident’s condition.

### Is Care Effective? (Quality of Management)

We inspected the home’s policy on death and dying which provided guidance to staff pertaining to palliative and end of life care. The policy referenced the input of outside professionals and of which statutory organisation needs to be informed. The policy states “No service user will be left alone when life is drawing to an end”. When the death of a resident occurs the bedroom is locked until family are ready to remove the belongings. The home has arranged a funeral service for one resident who died in hospital but who was brought “home”. A funeral service took place in the home. Other residents and their families were present and a book of condolence was opened and given to the resident’s family.

### Is Care Compassionate? (Quality of Care)

Pictorial literature is available for residents regarding dying and death. When a previous resident died residents were told individually by staff. Within the care files reviewed there were templates, “Things you need to know about me”. This is described as a communication passport which is taken with any resident has to go to hospital. This is especially important for the residents in Karuna who would be unable to express their views and opinions.

Relatives can stay in the home with residents who are very ill and are provided with refreshments.

Spiritual needs are identified and priests /ministers are welcomed at any time.

Staff we interviewed and the practice observed on the day showed a compassionate and caring approach.

### Areas for Improvement

There were no areas of improvement identified with this standard. The overall assessment of the standard is that care is compassionate, safe and effective.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.3 Theme: Residents Receive Individual Continence Management and Support

#### Is Care Safe? (Quality of Life)

Residents assessed as incontinent have a care plan devised by a specialist community nurse. The care plan is reviewed annually unless any changes occur. The nurse provides support and guidance for staff. One resident requires a catheter and training has been provided for staff on Catheter Care. The home has a policy on the management of continence which provided guidance for staff.

#### Is Care Effective? (Quality of Management)

We were informed that continence products are ordered and supplied individually for each resident. Staff confirmed that there was unrestricted availability of continence products and of protective gloves/aprons for themselves. Staff were aware of the disposal of continence items in line with infection control guidance.

There was no odour in any part of the home.

#### Is Care Compassionate? (Quality of Care)

Staff who spoke with us recognised the potential loss of dignity associated with incontinence. They gave various examples of how they ensure, as far as possible, the resident's privacy and independence is maintained when assisting with individual continence management. From our observation of care practice we found residents were treated with care and respect while being assisted by staff. There was evidence that there is a good standard of continence management in the home which is person centred, underpinned by informed values and delivered with compassion.

#### Areas for Improvement

There were no areas of improvement identified with this theme of continence management.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.4 Additional Areas Examined

#### 5.4.1. Residents' Views

We met with all the residents in the home at the time of the inspection. In accordance with their capabilities, all expressed/indicated that they were happy with their life in the home. A close rapport was noted between staff and residents. Some of the comments made included:

- "I still like it staff are good to me"
- "I'm having a birthday party soon"
- "I like going over to Tesco"

#### **5.4.2. Relatives' Views**

There were no relatives in the home. We reviewed several letters of thanks from relatives which expressed complimentary views of the care provision in Karuna and the kindness of the staff.

#### **5.4.3. Staff Views/Staffing levels**

On the day the following staff were on duty:

- Manager x1
- Support worker x 3
- Activity therapist x 1
- Housekeeper x 1
- Administrator x 1

This is considered satisfactory for the needs and numbers of residents accommodated.

Staff with whom we spoke were knowledgeable of each resident in the home as an individual. Staff confirmed that a good standard of care is provided and attributed this to the internal standards expected by the manager and the fact that there are only nine residents in the home. Staff practice was observed and noted to be friendly and professional.

#### **5.4.4. Environment**

We inspected the homes internal environment and found it to be clean and fresh smelling. Residents' bedrooms are individual and have been personalised to the occupant's needs/preferences. The manager stated that funding has been secure and that the communal areas in the home will be re decorated and refurnished within the next few months.

#### **5.4.5. Fire Safety**

We were advised that fire training is up to date and the next fire training for staff will be held in June 2015. The HTM84 fire risk assessment was completed on 3 July 2014. Fire alarms are checked weekly from a different zone and the result if recorded.

#### **5.4.6. Complaints**

We reviewed the complaints record and found that any expression of dissatisfaction is taken seriously and dealt with by the manager.

#### **5.4.7. Accidents/incidents**

A review of the accident/incident record since the previous inspection showed that these had been actioned appropriately.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Heather Wright	<b>Date Completed</b>	18/5/15
<b>Registered Person</b>	Eileen Thomson	<b>Date Approved</b>	18/5/15
<b>RQIA Inspector Assessing Response</b>	<b>Ruth Greer</b>	<b>Date Approved</b>	<b>22/6/15</b>

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

*\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

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.