The Regulation and Quality Improvement Authority

Inspection Report

26 September 2024

Karingmore

Type of service: Residential
Address: 19 Largy Road, Carnlough, BT44 0EY
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: Karingmore Homes Ltd **Responsible Individual:** Mrs Mary Theresa Hamill	**Registered Manager:** Mrs Mary Theresa Hamill **Date registered:** 01 April 2005
Person in charge at the time of inspection: Mrs Mary Theresa Hamill - manager	**Number of registered places:** 16 Not more than sixteen (16) persons in categories RC-I and RC-DE
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	**Number of residents accommodated in the residential care home on the day of this inspection:** 15
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 16 residents. The home is divided over two floors with bedrooms and communal bathrooms on the first floor, and lounges, a dining room, communal bathrooms and bedrooms on the ground floor. There is a communal garden and seating for residents use.	

2.0 Inspection summary

An unannounced inspection took place on 26 September 2024, from 9.30 am to 3.15 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 can be found in the body of the report and 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 Mary Theresa Hamill at the conclusion of the inspection.

4.0 What people told us about the service

Residents and staff spoke positively about life in Karingmore and the care and support provided. Staff and residents' exchanges were observed to be friendly and respectful.

Residents said they were well looked after by staff, had a lot of entertainment in the home and enjoyed the food provided.

Staff were complimentary about the support of the manager, the good team work and the training provided.

Questionnaires returned confirmed that residents felt safe and well cared for by staff in the home.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 11 April 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** Second time	The registered person shall ensure all parts of the home to which residents have access to are free from hazards to their safety.	**Met**
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	
Area for Improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure the infection prevention and control issues identified during the inspection are addressed.	**Met**
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	
Area for Improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall review the management of warfarin to ensure that a care plan is in place to direct staff and that written confirmation of the regime is obtained from the prescriber or the phone call is signed as witnessed by two trained members of staff.	**Carried forward to the next inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training compliance was good and included moving and handling practice and infection prevention and control training.

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 did not fully reflect the staff working in the home on a daily basis as it required the full name of staff on duty. This was discussed with the manager for her action and will be reviewed at the next inspection. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents during the inspection, however, the rota identified that only one staff member was supervising residents overnight. This was discussed with the manager for her action and will be reviewed at the next inspection.

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 sensitive to residents' needs.

At times some residents may be required to use equipment that can be considered to be restrictive. 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. 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. These residents were assisted by staff to change their position regularly. Care records, however, did not accurately reflected the residents' repositioning needs. This was discussed with the manager and an area for improvement was identified.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records confirmed that the risk of falling and falls were well managed.

The dining experience was an opportunity for residents to socialise 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.

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.

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 maintained, however, not all care plans were reviewed and updated to ensure they continued to meet the residents' needs, for example; choking and falls. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information 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

On arrival at the home it was noted that there was no visitor sign in book in place. This was brought to the attention of the manager who agreed to address this immediately. This will be reviewed at the next inspection.

Observation of the home's environment evidenced that the home was clean and tidy, however, a number of cupboards around bedroom sinks required maintenance. The manager advised this would be addressed through continuing improvement works in the home. This will be reviewed at the next inspection.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were 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.

Fire safety measures were reviewed and it was noted that there was a trip hazard outside a fire exit. Following discussion with the manager this was removed and this will be reviewed at the next inspection.

Window openings reviewed throughout the home were found to have no restrictors in place. This was discussed with the manager for her action and an area for improvement was identified.

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).

While improvement was noted in the safe storage of chemical hazards it was found that laundry chemicals and denture cleaning tablets were not stored appropriately. This was brought to the attention of the manager for immediate action and an area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

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 with family or friends in their room or one of the lounges.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents 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. Resident were enjoying a quiz on the day of the inspection.

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 Mary Theresa Hamill has been the manager in this home since 01 April 2005.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. 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. The manager was identified as the appointed safeguarding champion for the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

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.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by 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 followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	2*	3

* the total number of areas for improvement includes one regulation which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Theresa Hamill, 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	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect (11 April 2024)	The responsible individual shall review the management of warfarin to ensure that a care plan is in place to direct staff and that written confirmation of the regime is obtained from the prescriber or the phone call is signed as witnessed by two trained members of staff. Ref: 5.1 and 5.2.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** With immediate effect (26 September 2024)	The responsible individual shall ensure laundry chemicals and denture cleaning tablets are stored appropriately and safely. Ref: 5.2.3
	Response by registered person detailing the actions taken: Laundry chemicals and denture cleaning tablets are now stored appropriately and safely.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 30 September 2024	The responsible individual shall ensure an up to date care plan is in place for repositioning where this is required Ref: 5.2.2
	Response by registered person detailing the actions taken: Up to date care plans are now in place for all residents.

Area for improvement 2 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 30 September 2024	The responsible individual shall ensure care plans are kept up to date and reflective of resident current needs, for example; choking and falls. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care plans have been updated to reflect the current needs of residents.
Area for improvement 3 **Ref:** Standard E10 **Stated:** First time **To be completed by:** 31 October 2024	The responsible individual shall ensure windows are fitted with a suitable restrictor to ensure residents safety. Ref: 5.2.3:
	Response by registered person detailing the actions taken: Window restrictors have been fitted upstairs and we are awaiting delivery of remaining restrictors for immediate installation.

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

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