

# Inspection Report

**Name of Service:** The Cara  
**Provider:** Cara Care Home Ltd  
**Date of Inspection:** 11 March 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Cara Care Home Ltd
<b>Responsible Individual:</b>	Mrs Elizabeth Kathleen Mary Lisk
<b>Registered Manager:</b>	Mrs Linda Jamieson
<b>Service Profile</b> – This home is a registered Residential Care Home which provides health and social care for up to 9 residents. The home operates over two floors. Residents have access to communal lounges, bathrooms and a dining room.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 March 2025, from 9.30 am to 3.30 pm by a care inspector.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that they were happy in the home and the staff helped them when they needed help. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents and staff are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care.

As a result of this inspection all areas requiring improvement identified at the previous inspection were assessed as met.

RQIA were assured that the delivery of care and service provided in The Cara was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the management with the necessary information to improve staff practice and the residents' experience.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 What people told us about the service**

Residents told us that they were happy in The Cara and described the staff as "very good" and 'excellent". Residents' comments included, "They look after me very well".

Staff spoken to said that they enjoyed working in The Cara and felt well supported in their role within the home and were all encouraged to complete any training relevant to their roles and responsibilities. Staff spoke in positive terms about the provision of training

No additional feedback was provided by residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments received included, "Happy that mum is here, she is very content." and "Doing a great job, residents' are happy and well cared for."

## **3.3 Inspection findings**

### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. A recruitment checklist was in place, however some of the references received were not dated and in one file gaps in the employee's previous employment history had not been explored. An area for improvement was identified.

The manager had a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC.

Staff demonstrated good knowledge of their roles and responsibilities.

Staff told us that the residents' needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the support they received from the manager.

One resident told us, "the staff are very good to me"

Various competency assessments were in place for staff such as care assistant competencies and medicine administration competencies. However, no competency assessment for those staff members who take charge of the home in absence of the manager was completed. An area for improvement was identified

### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity of residents to socialise, 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 choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunchtime meal was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

### 3.3.3 Management of Care Records

Residents' needs were assessed at the time of their admission to the home. However, for one recently admitted resident there was limited evidence following this initial assessment that care plans and risk assessments had been developed, in accordance with the homes policy, to direct staff on how to meet residents' needs, for example mobility, falls, skin care and diabetes. An area for improvement was identified.

A further review of care records indicated that some risk assessments and care plans were not fully reflective of the resident's needs, for example, use of restraint and continence needs. An area for improvement was identified.

It was also evident that care plans and other documents received from the referring Trust, pertaining to residents were not dated and signed when reviewed. The manager agreed to address this.

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.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean and tidy, corridors were free from clutter. It was evident a number of bedrooms' and communal areas had been painted.

Residents' bedrooms were personalised with photographs and other items of memorabilia.

It was observed that a door leading to the dining area was wedged open on two occasions, the wedges were removed and addressed by the manager. An area for improvement was identified.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, open access to an unlocked store which contained cleaning chemicals. In addition, access to the kitchen by residents was discussed with the manager whereby a number of risks were identified such as hot surfaces, sharp implements and staff belongings which were easily accessible. 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, there was ample supply of personal protective equipment (PPE) within the home.

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

One resident told us, "this place is clean and comfortable."

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Mrs Linda Jamieson has been the registered manager of this home since 12 June 2017.

There was evidence that a 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 enhancement of the current auditing system was discussed with the manager and will be reviewed at a future inspection.

Deficits were identified in respect of governance and oversight arrangements in the home. Discussion with the manager evidenced that she was undertaking other duties such as cleaning in the home therefore reducing time to attend to her managerial duties.

It is necessary that the manager is afforded time to ensure the home delivers services effectively in accordance with legislative requirements and minimum standards. An area for improvement was identified.

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

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. A review of records evidenced that a number of events were not notified to RQIA appropriately. An area for improvement was identified.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Linda Jamieson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2025</p>	<p>The registered person shall ensure individualised risk assessments and care plans are drawn up in a timely manner and in accordance with the homes own policy when a resident is admitted to the home.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Risk assessment's will be completed on admission, an individual comprehensive care plan will be completed within 72 hrs of admission New check list has been put in place that covers all new admissions coming into the home in accordance with the homes policy and procedures.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 March 2025</p>	<p>The registered person shall ensure the practice of wedging open of fire doors ceases with immediate effect</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Door guards that will release when the fire alarm goes off have been ordered to prevent doors being wedged open. No doors are wedged open at present.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 March 2025</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home to which residents have access are free from hazards to their safety, and unnecessary risks to health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage of cleaning chemicals, access to sharp implements and hot surfaces.</p> <p>Ref:3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Kitchen door is now locked each time staff leave the kitchen. Cleaning store is locked after each use and three more wet floor signs have been purchased for the home. Kitchen cupboard below sink is now locked also.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 March 2025</p>	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <p>Ref:3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> All notifiable events will be submitted to RQIA without delay. The manager will monitor the Accidents and Incidents daily and report on what it applicable.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure all necessary pre-employment checks are in place prior to the commencement of employment.</p> <p>Ref: 3.3.1</p>

<p><b>To be completed by:</b> 1 June 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> A check list has been put in place for employment checks that a person has no gaps in employment on application forms. Also NISCC will be applied for if the person is successful before employment. And two references obtained before start date.</p>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.1  <b>Stated:</b> First time</p>	<p>The registered person shall ensure a competency assessment is in place for all staff who are responsible to take charge of the home in absence of the manager  Ref: 3.3.1</p>
<p><b>To be completed by:</b> 11 March 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> New senior competency assessments have now been put in place. This covers the smooth running of the home in absence of the manager, it also has been updated with more health and safety training on emergencies.</p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time</p>	<p>The registered person shall ensure residents care plans are kept up to date with sufficient detail to direct the care required. This is stated with specific reference to mobility, use of restraint and continence needs.  Ref: 3.3.2</p>
<p><b>To be completed by:</b> 30 April 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> All care plans are being reviewed and changes made to the above at present. Also a new diabetic care plan has been added.</p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2025</p>	<p>The registered person shall review the managers working pattern so as to ensure that the manager has meaningful managerial oversight of the home on a consistent basis, the managers working pattern shall afford the manager sufficient time on a weekly to effectively quality assure care provision and service delivery within the home.  Ref:3.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The manager has now give up other duties to spend more time in the office on paperwork. The manager would still do laundry duties and will review the three hours she does if more time is needed on office duties.</p>

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Quality Improvement  
Authority

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