

Inspection Report

16 May 2024



Karuna Home

Type of Service: Residential Care Home
Address: 3-5 Minorca Drive, Ellis Street,
Carrickfergus,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: The Cedar Foundation Responsible Individual: Mrs Mary Elaine Armstrong	Registered Manager: Mrs Heather Denise Wright Date registered: 14 June 2018
Person in charge at the time of inspection: Mrs Heather Denise Wright - manager	Number of registered places: 10 RC-LD, RC-LD(E) with associated physical disabilities.
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides residential care for up to 10 residents. The home is situated on one floor and includes individual bedrooms, a dining room, communal lounges and bathrooms, a multisensory room and an activities room.	

2.0 Inspection summary

An unannounced inspection took place on 16 May 2024 from 9.30 am to 2.30 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.

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.

Areas requiring improvement were identified and are included in the main body of the report and in the Quality Improvement Plan (QIP) in section 6.0.

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 Mrs Heather Denise Wright at the conclusion of the inspection.

4.0 What people told us about the service

Residents and staff were spoken with individually and in small groups about living and working in Karuna Home. Comments were generally positive.

Residents told us they enjoyed the activities provided and were excited about going out on trips. Residents also said the food was good and observation showed lovely interactions between staff and residents. One resident wanted to move to a home closer to their family and on discussion with the manager action had been taken to address this.

Staff comments were positive about the training and induction provided, staffing levels and the activities provision for residents. On discussion staff also had a good knowledge of residents' individual needs and preferences.

Completed questionnaires were received and residents and relatives confirmed that they were very happy with the care provided in Karuna Home. Comments included, "staff thoughtful and caring", "staff go above and beyond", "I feel safe here" and "no concerns".

There were completed responses received from the online staff survey. All were satisfied or very satisfied that care in the home was safe, compassionate and effective. Three respondents were satisfied or very satisfied that the home was well led and two were neither satisfied nor not satisfied. Comments received were shared with the manager for her action as required.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 10 th October 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The responsible individual shall ensure the infection prevention and control (IPC) 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 2 Ref: Regulation 29 Stated: First time	The responsible individual shall ensure the actions resulting from the monthly monitoring reports are followed up in a timely manner and this is documented.	Met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. It was noted that the checklist used did not include exploration of gaps in employment nor reasons for leaving employment, however, the manager was able to provide verbal assurances on the day. This was discussed with the manager who agreed to add this to the checklist.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training showed good compliance and included moving and handling practice, fire safety and adult safeguarding training.

Staff said there was good teamwork and that they were satisfied with the staffing levels. The staff duty rota accurately reflected the staff working in the home on a daily basis. 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 in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, residents were supported while spending time in communal areas of the home or in their own bedrooms.

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 met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising early signs of distress with those residents who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to residents' needs. Staff were observed speaking calmly with residents displaying challenging behaviours.

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 accurately reflected the residents' needs.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, with the use of walking aids or staff assistance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff told us how they were made aware of residents' nutritional needs.

The dining experience was an opportunity of residents to socialise, music was playing, 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. Residents said the food was lovely and they had a choice of what they would like to eat each day.

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.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs should be assessed at the time of their admission to the home. Review of care records and discussion with the manager did not evidence how residents' potential needs regarding swallowing, challenging behaviours, moving and handling, and falls had been considered or risk assessed at the point of admission. An area for improvement was identified.

Following initial assessment, care plans should be developed to direct staff on how to meet residents' needs. However; care plans regarding the management of swallowing, challenging behaviours, moving and handling and falls were not in place for one identified resident. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each resident's care needs and 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

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, 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 in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

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).

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 personal protective equipment (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, however, not all staff were compliant with the bare below the elbow recommendations. An area for improvement was identified.

5.2.4 Quality of Life for Patients

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 and friends in their room. They could go out to church, local shops or other activities in the community.

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.

Residents' needs were met through a range of individual and group activities such as day trips, arts and crafts, music and nail painting. A number of residents were going to the Balmoral show on the day of the inspection.

Staff recognised the importance of maintaining good communication with families. Staff assisted residents to make phone or video calls. 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 Heather Denise Wright has been the manager in this home since 14 June 2018.

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

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 patients, 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. Residents said that they knew who to approach if they had a complaint.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of 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 where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Heather Denise Wright, 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 Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2024</p>	<p>The responsible individual shall ensure appropriate risk assessments are in place for one identified resident for swallowing, challenging behaviours, moving and handling and falls.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All relevant risk assessments completed for each individual as per individual need and risk. Additional auditing process in place for the new information system iplanit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2024</p>	<p>The responsible individual shall ensure appropriate care plans are in place for one identified resident for swallowing, challenging behaviours, moving and handling and falls.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Care plan for behaviours that challenge has been created on new information system iplanit. Audit has been carried out to ensure all relevant care plan needs are in place for each individual resident which will continue on a monthly basis or as residents needs change.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (16 May 2024)</p>	<p>The responsible individual shall ensure the IPC issues identified are addressed. This is in relation to staff adherence to being bare below the elbow.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Hand Hygiene audits continue to be carried out and staff are reminded of the importance to adhere to IPC procedure and not wear nail varnish/false nails, jewellery on hands or wrists when job role involves providing care to residents. Spot checks will be carried out by team leaders/managers at staff handovers and during care tasks.</p>

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