The Regulation and Quality Improvement Authority

Inspection Report

20 May 2024

Carrickfergus Manor

Type of service: Residential (RC)
Address: 76 Dunluskin Gardens, Prince Andrew Way, Carrickfergus, BT38 7JA
Telephone number: 028 9336 9780

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

1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd **Responsible Individual** Mrs Tracey Anderson	**Registered Manager:** Ms Ildiko Tokes **Date registered:** 2 February 2024
Person in charge at the time of inspection: Ms Ildiko Tokes	**Number of registered places:** 43
Categories of care: Residential Care (RC) DE – Dementia.	**Number of residents accommodated in the residential care home on the day of this inspection:** 41
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 43 residents. The home is situated on the ground floor of the building and is divided into two units, De Courcy and Dunluskin. Residents' bedrooms all have en-suite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area. There is a separately registered Nursing Home which occupies the first floor of the same building. The registered manager manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 20 May 2024, 9.05 am to 5.20 pm a care inspector.

RQIA received intelligence on 15 May 2024 which raised concerns in relation to the provision of personal care, inappropriate use of personal protective equipment and documentation. RQIA undertook an inspection in response and focused on the concerns raised. RQIA could not substantiate any of the concerns raised.

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 chatting with residents and spending time with them in the garden area.

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

Two new areas for improvement were identified regarding the recording of the daily notes and the bathroom cabinets in the en-suite bathrooms.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team. Addressing the areas for improvement will further enhance the quality of care and services in Carrickfergus Manor.

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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy living in Carrickfergus Manor. Residents' comments included, "I am ok, the staff are very nice," and "It is very clean here, the staff are very good."

Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

Staff spoke positively in terms of the provision of care in the home. One staff member said, "I love my job, there is good support and there is a good staff team." Another staff member said, "this home is very family orientated, there is good care provided here."

One residents' relative told us "The staff are brilliant, my relative always looks well, there is a good community feel here."

A visiting professional said, "The residents always look well, I have no concerns, the staff know the residents well."

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.

5.0 The inspection

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

The last inspection to Carrickfergus Manor was undertaken on 8 January 2024 by a care inspector; no areas for improvement were identified.

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.

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.

There were systems in place to monitor staffs' professional registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), Mental Capacity Act and safeguarding.

Staff told us that the residents' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well.

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, on the day of the inspection staff were observed supporting residents in the garden area enjoying the music from a brass band. Other residents who did not wish to attend were being supported to spend time in their bedrooms or in the communal lounges watching TV.

One residents' relative said "Staff know the residents so well; they are really invested in their jobs."

A visiting professional said, "There is lovely interaction between staff and residents here."

Residents, relatives and staff spoken to expressed no concerns regarding staffing arrangements within the home.

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. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff were observed to be prompt in responding to call bells throughout the day. Staff showed excellent communication skills when communicating with residents; they were understanding and sensitive to residents' needs. For example, when residents became anxious or upset staff adapted their communication to suit the needs and preferences of the individual residents.

The residents in both units were clean and tidy and well presented. It was clear that staff had paid attention to details such as hair and nails.

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.

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 choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu for the day was on display in both units.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records showed onwards referrals when concerns were raised with regards to significant fluctuations in weight.

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.

There was evidence of a person centred approach throughout care records. For example, care plans were detailed and contained specific information on each individual resident's care needs and what or who was important to them. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place to reflect this. At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats; it was established that safe systems were in place to manage this aspect of care.

Records were kept of how each resident spent their days and their evenings and the care and support provided by staff. It was noted that these records were not always detailed or person centred, where care had been provided a daily record was not consistently recorded. This was discussed with the manager who agreed to meet with staff and ensure contemporaneous recording is maintained, an area for improvement was identified.

The outcome of visits from any healthcare professional was recorded. Any concerns raised by staff with regards to residents were recorded and addressed in a timely manner.

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 photographs and other items or memorabilia. Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

The environment was well maintained and a review of records confirmed that the required safety checks and measures were in place and regularly monitored. However, some of the bedroom's bathroom cabinets appeared worn and in need of replacing.

This was discussed with the manager who agreed to place an order for new cabinets to be installed. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 30 August 2023; this assessment resulted in no actions.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, a 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. 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, their relatives and observation of practice confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Staff were observed taking time to stop to chat and joke with the residents throughout the day.

There was a range of activities provided for residents by staff and by visiting musicians to the home. The range of activities included social, community, cultural, religious, spiritual and creative events.

The activity co-ordinator discussed the importance of a person centred approach when it came to activities for the residents. An activities planner was made available to the residents and their relatives.

Residents were observed playing board games in the morning and in the afternoon they were observed in the garden enjoying the music of a brass band.

Residents' relatives confirmed that they always felt welcomed when they visited the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Ildiko Tokes has been the manager in this home since 5 July 2023 and has been the registered manager since 2 February 2024.

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 director of operations 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.

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.

Staff commented positively about the management team describing them as 'very supportive.'

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

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 were 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*	2*

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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)	
Area for improvement 1 **Ref:** Standard 8 **Stated:** First time **To be completed by:** From date of inspection 20 May 2024	The registered person shall ensure that daily records are detailed and person centred and that contemporaneous recording is maintained. Ref: 5.2.2 **Response by registered person detailing the actions taken:** Supervision completed with all staff and a new audit implemented to monitor daily record input with action plan implemented based on findings.
Area for improvement 2 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 1 July 2024	The registered person shall ensure the bathroom cabinets identified in this inspection are replaced. Ref: 5.2.3 **Response by registered person detailing the actions taken:** Bathroom cabinets have been replaced as required

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

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