

Unannounced Care Inspection Report 2 March 2017



Corkey House

Type of Service: Residential Care Home
Address: 1 Forthriver Crescent, Belfast BT13 3SR
Tel No: 028 9071 8095
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Corkey House Residential Home took place on 2 March 2017 from 09:55 to 16:00.

A lay assessor, Ms Ann Simpson, was present during the inspection. Comments provided to the lay assessor are included within the report.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Ann Anderson, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 18 April 2016.

2.0 Service details

Registered organisation/registered person: Presbyterian Board of Social Witness/Mrs Linda Wray	Registered manager: Mrs Elizabeth Ann Anderson
Person in charge of the home at the time of inspection: Mrs Ann Anderson	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 35

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The report and QIP from the last care inspection
- Notifications of accidents and incidents

During the inspection the lay assessor met with six residents. The inspector met with three care staff, a member of domestic staff, a regular visitor to the home and the registered manager. No visiting professionals and no residents' representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care records of four residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records; accidents and incidents (including falls, outbreaks) and environment
- Equipment maintenance records
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 September 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 April 2016

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person should ensure the following:</p> <ul style="list-style-type: none"> • Adequate arrangements are put in place to systematically review policies and procedures every three years, or more frequently should changes occur. • The home's adult safeguarding policy is reviewed and implemented in line with the most up to date regional guidance. • The home's infection prevention and control policy is reviewed and implemented in line with the most up to date regional guidance. • A policy on consent is developed. 	Met
	<p>Action taken as confirmed during the inspection</p> <p>Discussion with the registered manager confirmed that there were arrangements in place to systematically review policies. Inspection of the home's adult safeguarding and infection prevention and control policies confirmed that these had been reviewed and implemented. A policy on consent was developed.</p>	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, a regular visitor to the home and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained. The registered manager advised that all mandatory training was completed annually. This exceeded the standards and was to be commended.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of completed staff competency and capability assessments was reviewed and found to be satisfactory. The registered manager advised that competency and capability assessments were completed annually. This practice was to be commended.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that this policy and procedure was unchanged. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager confirmed that she received written confirmation, prior to the commencement of employment, that all documentation, including enhanced Access NI disclosures, was satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that records of staff registration were retained, also that the Presbyterian Board of Social Witness refunded the payments made by staff for annual registration fees. This provided a motivation for staff to avoid lapses in registration.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during the last care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). This policy was unchanged.

The registered manager confirmed that the only restrictive practice employed within the home was a keypad entry system at the front door and at doors to stairwells leading to the lower floor of the home where the laundry and domestic offices were located. Those residents who were assessed as safe to leave the building unaccompanied were provided with the code to the front door. Some residents also chose to lock the door to their bedrooms when they were out of their rooms. Keys were provided to residents for this purpose.

The registered manager confirmed there were risk management policy and procedures in place relating to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Equipment was observed to be well maintained.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been one outbreak of infection within the last year which had been managed in accordance with the home policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be spacious, attractively decorated and personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. It was noted that work was under way to convert a sitting room to a space suited to residents with dementia. This room opened to a remodelled secure garden area. It was anticipated that both the room and garden might be ready for use later in the year when additional work was completed. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 13 April 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed at least twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly

and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

The lay assessor completed questionnaires with six residents. Comments received from residents were as follows:

- “I am happy living here. The food is good and I love my room. I like to sit and watch my own television.”
- “The staff appear to be very busy and maybe there should be more staff. The home is clean and bright. Before coming to Corkey House I visited a lot of other homes and I knew right away that Corkey House was the place for me. I am very happy here.”
- “The staff respond very quickly. I love it here. I feel like a lady, waited on hand and foot! I feel very safe, and I always have someone to help me when I need it.”
- “At particular times in the day, morning and night, there aren’t enough staff as most residents need help and there is more staff needed to wash and dress residents. The building is purpose built and well designed. It is spotlessly clean and the staff are very attentive.”

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as ‘very satisfied’ or ‘satisfied.’

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, accidents and incidents (including falls, outbreaks) and infection

prevention and control measures were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

The lay assessor completed questionnaires with six residents. Comments received from residents were as follows:

- "Staff respond very quickly whenever I use the call bell. I try to be very independent and staff allow me to do a lot of things for myself. I make many decisions for myself."
- "The staff have assessed my walking ability and proper arrangements have been made to keep me safe. I feel involved in my care."
- "The care I've received has been good. I have the freedom to choose what I do and the staff are excellent."

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as 'very satisfied.'

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by care records which included guidance for staff for the management of pain, and the use of prescribed medication.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The registered manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff, along with observation of care practice and social interactions, demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them. Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. There were regular residents' meetings and residents participated in annual reviews of their care in the home. Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, there were regular devotional services to accommodate all religious denominations; on the day of inspection a resident was supported to attend a polling station in order to vote.

The lay assessor completed questionnaires with six residents. Comments received from residents were as follows:

- "I really enjoy the Christian service in the home every morning and the prayer meeting on Mondays. This home is a great place to live. The staff are brilliant, very kind and helpful and they always seem to be happy."
- "The staff are excellent and they make each day enjoyable. I love it when entertainment is brought into the home. I really like the singing and loved the male voice choir who came in last week."
- "The staff are brilliant, very kind, and I have a laugh with them."
- "I feel the care is compassionate and caring. I particularly enjoy the freedom to worship and attend the religious activities."

A regular visitor to the home made the following comment:

- "I come into Corkey House around once a month and I find the staff are great and they treat the residents well. There is always plenty of staff on hand to respond the residents' needs in a supportive way. I always feel welcomed into Corkey House and am very impressed with how the home is run."

Staff spoken with during the inspection made the following comments:

- “I feel that residents are well looked after and that care staff are attentive and treat the residents well. There are good staffing levels and if there is an unexpected staff shortage, the staff team rally around to make sure the residents are taken care of. The manager is very supportive towards the staff team.”
- “This is a great place to work. There is a very good team of staff who help each other out. The residents are a lovely and very happy group of people.”

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as ‘very satisfied.’

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, posters displayed in the home and information present in the bedroom of each resident. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. One complaint had been received since the last care inspection. The registered manager advised that, should complaints become more frequent, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. Accidents/incidents/notifiable events were not reviewed in detail on this occasion. The registered manager confirmed that a regular audit of accidents and incidents was undertaken and that learning from accidents and incidents was disseminated to all relevant parties; action plans were developed to improve practice, where necessary.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, stroke awareness, oral hygiene, swallow awareness and the use of textured diets and fluid thickeners.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager advised that the organisation had supported two senior care assistants to complete QCF Level 5 in Management and Leadership in Residential Care. Other staff had completed the Dementia Care award from the University of Sterling and other staff may avail of this course in future.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer’s liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

The lay assessor completed questionnaires with six residents. Comments received from residents were as follows:

- “I have nothing but praise for the staff and I can’t believe how lucky I am to be here.”
- “I think this is a very good home and the manager is a lovely lady.”
- “Generally the atmosphere is pleasant.”

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of the service as ‘very satisfied.’

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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