

# Unannounced Care Inspection Report 5 September 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](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with 35 beds that provides care for older people and people living with dementia or mental ill health.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Linda May Wray	<b>Registered Manager:</b> Elizabeth Ann Anderson
<b>Person in charge at the time of inspection:</b> Elizabeth Ann Anderson	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Number of registered places:</b> 35

### 4.0 Inspection summary

An unannounced care inspection took place on 5 September 2017 from 09:50 to 15:30.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, adult safeguarding, the home's environment, care records, the culture and ethos of the home, listening to and valuing residents, taking account of the views of residents and governance arrangements.

Two areas requiring improvement were identified. These were in relation to staff supervision.

Residents said that they were happy in the home and that they were well cared for.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ann Anderson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection**

No further actions were required to be taken following the most recent inspection on 2 March 2017.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and notifiable events received since the previous care inspection.

During the inspection the inspector met with six residents, three care staff, two kitchen staff, one visiting professional and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. One questionnaire was returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of three residents
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 2 March 2017

The most recent inspection of the home was an unannounced secondary care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 2 March 2017

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

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 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 confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection. The registered manager advised that all mandatory training continued to be provided annually.

In discussion with the registered manager and review of staff records it was identified that formal supervision for a number of staff members had not been recently provided. The registered manager advised that this was due to staffing pressures. Action was required to ensure compliance with the standards in regard to the frequency of staff supervision. It was also evident that the system for ensuring robust managerial oversight of staff supervision had not been maintained. Action was required to ensure compliance with the standards in regard to the planning of staff supervision.

The registered manager and staff advised 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. Samples of completed staff competency and capability assessments were reviewed

and found to be satisfactory. The registered manager advised that such competency and capability assessments were reviewed annually. This represented good practice.

A review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager 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 advised that she received written confirmation, prior to the commencement of employment, that all documentation, including enhanced AccessNI disclosures, was satisfactory. Staff records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that the Presbyterian Board of Social Witness continued to refund the payments made by staff for annual registration fees and that this provided motivation for staff to avoid lapses in registration. Staff were also reminded of the importance of registration during staff meetings.

The adult safeguarding policy 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. Residents were made aware of whom they could contact to discuss any concerns regarding adult safeguarding by way of an information poster displayed in the home.

Discussion with staff confirmed that they were aware of the 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.

The registered manager advised that no issues of adult safeguarding had arisen since the last care inspection. The registered manager remained aware that any suspected, alleged or actual incidents of abuse were to be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were to be 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. A 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 a previous 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 the use of 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. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed and documented.

The registered manager confirmed there were risk management policy and procedures in place in relation 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. Control of Substances Hazardous to Health (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 clean and in good order.

Review of the infection prevention and control (IPC) policy and procedure during the last care inspection 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 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 any outbreaks of infection within the last year 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 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. Residents and staff reported that the completion of the garden had enhanced their life in the home, also that residents and their visitors had greatly enjoyed the outside space during good weather.

The home had an up to date fire risk assessment in place dated 30 May 2017. Any recommendations made were to be addressed by Choice Housing Association.

Discussion with the registered manager and a review of staff training records confirmed that arrangements were in place to ensure that staff completed fire safety training twice annually. Fire drills were completed regularly, most recently on 2 June and 8 July 2017. Records were

retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly and emergency lighting was checked fortnightly. Fire-fighting equipment and means of escape were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. These were reviewed quarterly and staff on night duty signed to confirm that they had read the PEEPs each day and were aware of any changes in residents’ emergency evacuation needs. In addition, a detailed care plan and risk assessment was in place for any resident who smoked.

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of care as dissatisfied in relation to staffing levels, equipment, hold open devices on fire doors and the care call system in the home. The comments contained within the returned questionnaire were discussed with the manager after the inspection.

**Areas of good practice**

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

**Areas for improvement**

Two areas for improvement were identified. These were in relation to staff supervision.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome**

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

Records were stored safely and securely in line with data protection. A review of the care records of three 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, 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. Staff were able to describe in detail how the individual preferences and choices of individual residents were met within the home.

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 accidents and incidents (including falls, outbreaks) 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.

The registered manager advised 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, along with accident and incident reports, 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 and that an advocate from the Alzheimer’s Society attended monthly.

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of care as dissatisfied in relation to staffing levels and to care records. The comments contained within the returned questionnaire were discussed with the manager after the inspection.

**Areas of good practice**

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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

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 were 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, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records which confirmed that care plans were in place for the management of pain.

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 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 able to describe 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 and 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 were encouraged and supported to actively participate 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.

Residents spoken with during the inspection made the following comments:

- "I love it here. My family is so pleased with everything and so am I. I lived in another home before coming here and this is much better."
- "No matter when you would call the staff, be it day or night, they come quickly and they tell me I have nothing to worry about and they help me with anything I need. I always know where my buzzer is."
- "This is a lovely place. I love my room and the staff keep the place lovely and clean and the food is great."

A visiting professional spoken with during the inspection made the following comments:

- "I find that the staff are very tuned in to the needs of the residents. They are vigilant and observant and are able to identify at an early stage when a resident might have an infection. This means that the resident gets early treatment and this often prevents the resident having

to be admitted to hospital. Staff keep very good communication with the GPs and the community nursing services. I feel the residents are very well cared for and happy. It is always a pleasure to come into Corkey House.”

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

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 and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A 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. Few complaints were received. The registered manager advised that if complaints were to be

received more often, 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. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that there was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, staff had been made aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Staff were also provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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. One senior care assistant had recently completed the QCF level 5 qualification in Management and Leadership in Residential Care and another was due to complete the same qualification in the near future. The registered manager and staff also advised that learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

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 through the line management structures within the organisation.

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 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 and that management would 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.

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of care as satisfied.

### Areas of good practice

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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ann Anderson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2017	The registered person shall ensure that supervision is provided to staff no less than every six months.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> all staff will have received supervision by 30 November 2017.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24.3  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2017	The registered person shall ensure that a robust system of managerial oversight for staff supervision is developed and maintained.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> A matrix has been devised to monitor planning & delivery of supervisions & appraisals.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews