



Unannounced Care Inspection Report

13 December 2018



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

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, people with dementia and older people who experience mental ill health.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Linda Wray	Registered Manager: Rosemary Gilbey
Person in charge at the time of inspection: Rosemary Gilbey	Date manager registered: 23 January 2018
Categories of care: 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	Number of registered places: 35 The home is approved to provide care on a day basis only to two persons. Maximum of 10 existing residents in RC-DE category of care and a maximum of two residents in RC-MP(E) category of care.

4.0 Inspection summary

An unannounced care inspection took place on 13 December 2018 from 10.10 to 15.35.

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 during and 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 induction, infection prevention and control, risk management, the home's environment, care records, the culture and ethos of the home and to maintaining good working relationships.

One area requiring improvement, relating to mandatory staff training, was stated for the second time. One area for improvement, which related to the reporting of accidents, incidents and notifiable events, was identified during this inspection.

Residents and their representatives spoke highly of the care and attention given to residents.

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
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Rosemary Gilbey, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 June 2018.

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, the returned QIP, notifiable events and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, four residents, two care staff, one visiting professional, a hairdresser who attends residents weekly and one resident's representative.

A total of ten questionnaires was provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned by a resident's representative. No questionnaires were returned by staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- staff duty rota
- induction programme for new staff
- staff competency and capability assessments
- staff training schedule and training records
- three residents' care files
- minutes of staff meetings
- complaints and compliments records
- infection control records
- equipment maintenance records
- accident, incident, notifiable event records
- minutes of recent residents' meetings
- reports of visits by the registered provider
- 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

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 22 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 22 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20.- (1) (c) (i) Stated: First time	The registered person shall ensure that all staff, including agency staff, complete a full induction and that comprehensive written records of induction are maintained.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that all staff, including agency staff, had completed a full induction and that comprehensive written records of induction were maintained.	
Area for improvement 2 Ref: Regulation 19.- (2) (b) Stated: First time	The registered person shall ensure that all records are available for inspection.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of records confirmed that all records were available for inspection.	

<p>Area for improvement 3</p> <p>Ref: Regulation 20.- (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all mandatory training requirements, including fire training, are met for all staff and that a record is kept in the home of all training.</p> <p>Discussion with the registered manager and inspection of staff training records established that and that a record was kept in the home of all training. It was also established, however, that all mandatory training requirements, including fire training, were not met for all staff.</p> <p>This element of the area for improvement is therefore stated for the second time.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the senior care assistant duty rota specifies which staff member is in charge of the home in the absence of the registered manager.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the senior care assistant duty rota confirmed that this specified which staff member was in charge of the home in the absence of the registered manager.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all policies and procedures are systematically reviewed every three years.</p> <p>Action taken as confirmed during the inspection: The registered manager described the arrangements in place to ensure that all policies and procedures are systematically reviewed every three years.</p>	<p>Met</p>

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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Some agency staff were used in the home. The registered manager described how systems were in place to ensure that the use of agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, a resident's representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A 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 of staff was regularly provided.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. This area was examined during the last care inspection and was not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC); staff advised that the organisation reimbursed staff for the costs of annual registration fees and that this was appreciated by staff.

The home's adult safeguarding policy was reviewed during a previous care inspection and found to be consistent with the current regional policy and procedures. This 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.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection and all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

There was an infection prevention and control (IPC) policy and procedure in place, reviewed during a previous care inspection, which was in line with regional guidelines. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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 no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised 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. No malodours were detected in the home.

The home had an up to date fire risk assessment in place dated 26 November 2018 and all recommendations were being addressed.

A review of staff training records established that not all staff had completed fire safety training twice annually. This was identified as an area for improvement in the last inspection and is stated for the second time (see section 6.2). Fire drills were completed on a regular basis. The records of fire drills included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly and emergency lighting was checked fortnightly. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- “There’s always staff around and they are very helpful. The home is always clean, comfortable and warm.”
- “The staff are attentive and they come to me quickly if I ring for help, even at night.”

A resident’s representative spoken with during the inspection made the following comments:

- “The care given to my (relative) has been very good here. There is plenty of staff around and it is the same staff, so there is good continuity which is important to my (relative) as she had developed hearing and sight difficulties, so she feels comfortable with staff who are familiar to her.”

Staff spoken with during the inspection made the following comments:

- “We have three domestic staff on each day and we all work hard to make sure the home is kept clean and tidy. We get good training to be able to do our jobs well. There is also evening domestic staff on duty to make sure that the high standards are kept up.”
- “It is true that some staff have been off due to sickness or maternity leave and that we have had to rely on some agency help, but this will improve soon as some staff are due to return. I feel that the care is very good and that the team has worked well to make sure that any staffing issues have not had a bad effect on the residents.”

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

- “I feel the care is very good here. The staff are very helpful and make sure that the treatment room is made available for our visits. The staff know the residents’ needs and how they are to be met. The staff keep us well informed of anything that they are worried about. I have no concerns about the care in Corkey House.”

One completed questionnaire was returned to RQIA from a resident’s representative. 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 staff induction, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 General Data Protection Regulation (GDPR). 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. moving and 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 needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required.

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. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the Visits by Registered Provider reports and the latest RQIA inspection reports were on display or available on request for residents, their representatives any other interested parties to read.

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 reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents spoken with during the inspection made the following comments:

- “I get everything I need here.”
- “The staff know me well and they know how best to help me.”

A resident’s representative spoken with during the inspection made the following comments:

- “The staff always let me know if they are concerned about my (relative) or if she has fallen.”

Staff spoken with during the inspection made the following comments:

- “All staff know the residents very well and work hard to maintain a high standard of care.”

One completed questionnaire was returned to RQIA from a resident’s representative. 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 care records and communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 advised 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 residents and staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and how confidentiality was protected.

Discussion with staff, residents and their representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 menu and the activity programme, for example, were displayed in pictorial and large print formats. There was also information on display about how to make a complaint, how to raise safeguarding concerns and how to access advocacy services.

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; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, and a representative, 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:

- “The girls (staff) are good to me. I get plenty to eat and drink and I like going to the church services.”
- “The staff are great. They treat me very well and they are very kind. I thought I would be able to have lots of company here, but the others (residents) seem only to want to doze after their meals, so I prefer to spend time here in my room reading, watching television or knitting and that suits me better, but I still join in with some things....the staff come into my room and chat with me.”
- “A group of us and staff went to (a local hotel) yesterday for a tea dance....we had a great time.”
- “The food here is very nice. I like living here.”

A resident's representative spoken with during the inspection made the following comments:

- “When my (relative) was able, she took part in lots of activities and enjoyed a wide range of things to do. The staff are very respectful of residents' individual choices and they support these at all times. I have always been made to feel welcome when visiting the home.”

The hairdresser spoken with during the inspection made the following comments:

- “I go to other homes as well as Corkey House and I think the care here is great. The staff are so friendly and helpful to the residents and they take great care of them. I see the effort the staff go to to make sure residents are happy and the staff are never off their feet! The residents sometimes have small gripes about the food, but they never say anything bad about the staff or about the care they get. The staff are very good at trying to get the residents involved in activities, but the residents often tell staff off for interrupting the television!”

One completed questionnaire was returned to RQIA from a resident's representative. 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
Total number of areas for improvement	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 and described how 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. The registered manager advised that policies and procedures had recently been reviewed.

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 Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

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 with staff.

The home retained compliments received, for example, thank you letters and cards and there were systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented. It was established, however, that one event which was reported to other relevant organisations was not reported to RQIA in accordance with the legislation and procedures. Action was required to ensure compliance with the regulations in this regard. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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. The registered manager advised that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents spoken with during the inspection made the following comments:

- "I know I can speak to the manager if I am worried about anything."

Staff spoken with during the inspection made the following comments:

- "We have a great staff team here....everyone is very supportive of each other and we all work well together. Our manager is very approachable and helpful."

One completed questionnaire was returned to RQIA from a resident's representative. 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 governance arrangements and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection. This related to reporting of accidents, incidents and notifiable events.

	Regulations	Standards
Total number of areas for improvement	1	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 Rosemary Gilbey, 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: Second time</p> <p>To be completed by: 29 March 2019</p>	<p>The registered person shall ensure that all mandatory training requirements, including fire training, are met for all staff.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A Training Programme is in place for all staff. Failure by members of staff to attend will be actioned by Home Manager and reported to Head Office.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2018</p>	<p>The registered person shall ensure that all accidents, incidents and notifiable events are reported RQIA in accordance with current guidance.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Incident was documented and has now been forwarded.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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