



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Corkey House
Establishment ID No:	1591
Date of Inspection:	17 June 2014
Inspector's Name:	Maire Marley
Inspection No:	16854

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Corkey House
Address:	Corkey House 1 Forthriver Crescent Belfast BT13 3SR
Telephone Number:	(028) 9071 8095
E mail Address:	aanderson@pcibsw.org
Registered Organisation/ Registered Provider:	Mrs Linda May Wray Presbyterian Board of Social Witness
Registered Manager:	Mrs Elizabeth Ann Anderson
Person in Charge of the home at the time of Inspection:	Mrs Elizabeth Ann Anderson
Categories of Care:	RC-I, RC-MP (E), RC-DE
Number of Registered Places:	35
Number of Residents Accommodated on Day of Inspection:	34
Scale of Charges (per week):	As per trust contract
Date and type of previous inspection:	9 October 2013 Primary Unannounced Inspection
Date and time of inspection:	17 June 2014 10.00am – 4.00pm
Name of Inspector:	Maire Marley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators, and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	17
Staff	5
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and theme:

- STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.
- STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Corkey House was opened in June 2004 replacing an older home based in the same district. As a purpose built home it provides an excellent residential facility for residents and excellent working environment for staff.

The entrance area and corridors have generous dimensions and the bedrooms are all individual "en suite" rooms with again generous sizes. Bedrooms have also a small kitchenette facility.

There are a number of lounges, one situated on the north side of the house which is very bright and has views over the main road and Belfast Lough, another which is further from the centre of the home is less used and provides a quieter sitting area.

The most popular lounge however, is the contemplation room where religious services and other activities take place.

The dining room is spacious and has homely furnishings; however, the adjoining kitchen is small by comparison with limited storage space.

There is good access to the main entrance area and ample car parking to the front and rear of the building. There is a separate "service goods entrance".

The environment is well maintained and provides an excellent facility with a homely ambience.

In September 2012 the Presbyterian Board of Social Witness were approved to provide the following:

- Six places for category DE in respect of those residents accommodated in the home
- Two places for persons with a mental disorder excluding learning disability or dementia over 65 years (Category MP(E))
- Two places for persons availing of a day care service

8.0 Summary of Inspection

Detail of inspection process

This announced primary care inspection of Corkey House was undertaken by Maire Marley on 17 June 2014 between the hours of 10.00am and 4.00pm. Mrs Ann Anderson was available during the inspection and was joined by Ms May Gordon for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were examined. Observations and discussion demonstrated that the home had responded positively and details of the actions taken by Mrs Anderson registered manager can be viewed in the section following this summary. One requirement and one recommendation is work in progress and are therefore restated in this report.

Prior to the inspection, Mrs Anderson the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents ,staff, two visitors and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Standards inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

Inspection findings

Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint is not used within the home. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. The registered manager is aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Corkey House is fully compliant with this standard.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Designated care staff provide activities however the inspector was informed that the organisation are in the process of recruiting an activity co-ordinator. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home have the necessary knowledge

and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Corkey House is compliant with this standard.

Residents and staff consultation

During the course of the inspection the inspector met with residents and staff. Questionnaires were also distributed to staff.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A discussion with staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory.

A number of additional areas were also examined these include the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the main body of the report.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a high standard. There were processes in place to ensure the effective management of the standards inspected.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

One requirement and one recommendation is restated from the previous inspection and three recommendations are made as a result of this primary announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, visitors, registered manager, responsible person and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 9 October 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 16.1	<p><u>Care Plans</u></p> <p>The registered person/manager should ensure all care plans include the support and assistance provided to individual residents.</p> <p>(This requirement has been made following previous recommendation made twice.</p> <p>Time scale extended as work had commenced. An urgent action letter was issued on the day of inspection.)</p>	<p><u>Care Plans</u></p> <p>The registered person/manager reported that the home had revised the care plans as requested. Ten care plans were selected and included the support and assistance provided to individual residents.</p>	Compliant
2	Regulation 13 (1) (a)& 18(2) (m)	<p><u>Loop system</u></p> <p>The instillation of a “loop system” within required areas is required to enhance the needs of residents with hearing difficulties.</p> <p>A provision of a microphone is also recommended for the morning fellowship meetings</p>	<p><u>Loop system</u></p> <p>The registered manager reported that the installation of a loop system is work in process and the organisation anticipated that this would be completed within three months. It was agreed this requirement would be restated.</p> <p>The provision of a microphone is connected to the loop system and will be installed at the same time.</p>	Moving towards compliance

3	Regulation 20 (3)	<p><u>Competency and capability assessments</u></p> <p>The competency and capability assessment of staff left in charge of the home during any periods of time when the manager is not in the home requires to be undertaken and recorded.</p>	<p><u>Competency and capability assessments</u></p> <p>The registered manager provided evidence that competency and capability assessments had been completed for staff left in charge of the home.</p>	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 11.3 & 11.4	<p><u>Care Management</u></p> <p>It is recommended that a trigger system is developed to show when reviews are held/ due so that monitoring can effectively take place. The manager should liaise with the care manager when a review date runs overdue.</p> <p>It is recommended that the template for pre care management review reports is amended to include a section for signing by resident/ representative. When a resident or representative refuse to sign or are unable to do so this should be recorded.</p> <p>The views of residents/representative on the care provided should be included in pre care management report.</p>	<p><u>Care Management</u></p> <p>The registered manager discussed and provided evidence of the system introduced to alert the residential team when reviews are held. The registered manager reported that an overall improvement had been achieved in residents' reviews and there were no outstanding reviews.</p> <p>Evidence was provided that the template had been altered to include a section for resident/representative signatures.</p> <p>The reports examined on the day included a section on the views of residents/representative on the care provided in Corkey House.</p>	Compliant

2	Standard 16.1	<p><u>Policy/procedure development</u></p> <p>The home's policy and procedure on Protection of Vulnerable Adults was dated 2007. As discussed, this document requires to be reviewed and where necessary revised to ensure information is in keeping with DHSSPS guidelines.</p>	<p><u>Policy/procedure development</u></p> <p>The registered manager presented the home's policy and procedure on Protection of Vulnerable Adults dated December 2012.</p>	Compliant
3	Standard 19.1	<p><u>Policy/procedure – Staff recruitment/ selection</u></p> <p>It is recommended that this document is reviewed and where necessary revised to ensure all necessary information is included in keeping with RQIA regulations and DHSSPS guidelines.</p>	<p><u>Policy/procedure – Staff recruitment/ selection</u></p> <p>A checklist on the information obtained in regard to the pre-employment process was presented for inspection. It was recommended that this document is reviewed and revised to ensure the recruitment process is included in keeping with legislative requirements and DHSSPS guidelines.</p>	Moving towards compliance
4	Additional Matters Standard 1.6	<p><u>Resident views</u></p> <p>Comments from residents were in the main positive; however one resident raised an issue about staff being under pressure at times to get things done. Another issue raised related to the provision of more "bus runs" and lack of activities at times.</p>	<p><u>Resident views</u></p> <p>On the day of this inspection there were no issues raised in regard to activities. The organisation was in the process of recruiting an activity co-ordinator. Additional activities had been added to the programme.</p>	Compliant

		It was recommended that the “acting” manager further discusses these issues with staff and residents and take appropriate action as necessary	A review of the residents meeting found that activities had been discussed at their meetings.	
5	Standard 25.1	<p><u>Staffing Levels</u></p> <p>The manager is to undertake a review of the current staffing levels and ensure that the provision of care staff including senior care is in keeping with RQIA Guidelines. Consideration must be given to the number and dependency levels of residents, geographical layout of the home and fire safety regulations for a home of this size.</p> <p>(An urgent action letter was issued on the day of inspection.)</p>	<p><u>Staffing Levels</u></p> <p>The registered manager reported that an additional senior care assistant had been appointed and had taken up post. A further senior care assistant had been appointed and was currently awaiting pre-employment clearance.</p>	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff are knowledgeable on each Residents individual behaviours detailed within the Care plan, which includes possible triggers and interventions to manage specific behaviours.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure on activities dated 16 May 2013 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>During the course of the inspection staff were discreetly observed in the dining room, lounge and other communal areas in the home. Observation of staff interactions with residents identified that informed values were demonstrated. Staff when required assisted residents with their meals in an unhurried manner and it was evident that the residents were comfortable and at ease with staff and had established a good rapport with them.</p> <p>Throughout the day residents were observed going about their daily routines and it was noted that everyone was content in their surroundings.</p> <p>A review of staff training records identified that all care staff had attended a training course titled Challenging Behaviour on 06 February 2014.</p> <p>A review of ten residents' care records identified that individual resident's usual routines, behaviours and means</p>	Compliant

<p>of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with was knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff were in receipt of supervision and felt supported in their role.</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If staff observe uncharacteristic behaviours they are aware of reporting procedures and document these within the daily logs and or Incident Forms where applicable. -Senior staff then liase with other professionals and Next of Kin to determine new care planning and applicable management required through Review Procedures.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The organisation had a policy and procedure on challenging behaviour dated 2011 that had a review date for November 2014. The policy referred to the need for staff to;</p> <ul style="list-style-type: none"> • Identify uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and/or the person in charge.</p>	Compliant

<p>Ten care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records confirmed that relatives had been informed appropriately.</p>	
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Care plans clearly illustrate approaches and management of behaviours- these are reviewed regularly with Consent of the Resident, Next of Kin and other professionals- Senior staff monitor consistency through reporting procedures</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of ten care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant

<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Behaviour management programmes are implemented in consultation with Psychogeriatrician and G.P who advise Senior staff on Medication, review of care and general management approaches of difficult behaviours.</p>	Substantially compliant
Inspection Findings:	
<p>A review of a behaviour management programme identified that they had been approved by an appropriately trained professional. In this case the consultant geriatrician. The review also identified that the behaviour management programme forms part of the resident's care plan and there was evidence that it was kept under review.</p>	Compliant
<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Staff receive annual mandatory training on Challenging Behaviour, where a care plan indicates a specific programme staff will read and share their understanding with Senior staff . If Staff have difficulties with understanding aspects of a specific programme this is addressed in Supervision.</p>	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in areas relevant to the needs of the residents accommodated in the home;</p> <ul style="list-style-type: none"> • Behaviours which challenge on the 6 February 2014. • Training in regard to dementia was provided on 17 December 20213 • Person centred training was provided 4 October 2013 	Compliant

<p>Records examined confirmed staff are in receipt of mandatory training.</p> <p>Staff confirmed during discussion that they felt supported. They reported that the support ranged from the training provided, supervision, and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to residents assessed needs.</p>	
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If any incident occurs which requires change to a Residents programme of care, Next of Kin and Care Manangement are informed and a Multidisiplinary review is arranged to determine appropriate management of same. Difficult or unusual behaviours are often recorded within the daily logs,assessment of need, reviews, care plans and incident reports.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from 3 April 2014 to 16 June 2014 and discussion with staff identified that no incidents had occurred outside of the scope of a resident's care plan.</p> <p>The registered manager and staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services.</p>	Compliant
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff are not trained in the appropriate use of restraint and would be a last measure- if concerns regarding this aspect of care is raised staff should consult with Senior staff who will liase with G.P,Psychogeriatrician and all other professionals involved..</p>	Substantially compliant

Inspection Findings:	
<p>Discussion with staff, visitors, professionals and a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is not used in Corkey House</p> <p>Residents confirmed during discussion that they were aware of decisions that affect their care. A review of records, discussion with residents and staff and observation of care practices identified that the secure external doors used in the home need to be described in the home's Statement of Purpose.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
Activities are based on Residents preference, interests and hobbies where possible, these are recorded for staff in care plans, assessment of need and personal histories. - Daily activity logs and residents minuted meetings highlight whether residents find activities positive.	Compliant
Inspection Findings:	
The home had a policy dated 16 May 2013 on the provision of activities. A review of ten care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment Staff aim to ensure activities organised are aimed to provide appropriate stimulation by taking into account age, abilities and personal beliefs this is recorded in each residents activity care plan. The home maintains its links with the local community providing Social and Spiritual activities outside of the Home. If a Residents abilities to participate change this is recorded and their activity careplan amended</p>	<p>Compliant</p>
<p>Inspection Findings: Examination of the programme of activities identified that social activities are organised on a daily basis. The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis. The inspector was informed and provided with evidence of the life story project undertaken by two residents in conjunction with Trinity College in Dublin. On the day of inspection a musical group entertained the residents, and those that attended joined in the singing and dancing. The members of the group informed the inspector they regularly played in the home and were always welcomed and assisted by staff. The inspector spoke with members of the Friends of Corkey House who visit the home regularly to entertain residents. They also provide a mobile shop that is very popular with residents. Some residents attend the local church services and pastors visit the home on a regular basis. Corkey House recently celebrated a 25th anniversary of providing care with a special service held in a local church and some residents attended and participated in the service.</p>	<p>Compliant</p>

<p>The registered manager shared the design proposed for the new dementia garden, this will add to the quality of life for the residents in Corkey House.</p>	
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Residents meetings aim to develop an understanding of residents preferences for activities. Head of Home carries out quality audit to gain individual Residents views and will implement suggestions where possible.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussion with residents, including two residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home. A review of residents meetings, one to one discussions with staff and residents found that residents including those who stay in their bedroom are provided with ample opportunities to contribute suggestions and to be involved in the development of activities.</p>	Compliant
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Weekly user friendly programme of activities are displayed on Residents notice board, main hallway, any special events are also displayed and would be included on Agenda for Residents meetingst.</p>	Compliant

<p>Inspection Findings:</p>	
<p>On the day of the inspection the programme of activities was on display in the main hallway. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an pictorial format to meet the residents' needs.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>All residents within the home are given suitable options to participate in arranged activities. We aim to offer alternatives within our resources where a residents physical abilities cannot allow them to participate</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The responsible person provided information on the arrangements commenced to employ an activity co-ordinator for Corkey House. Activities are provided daily by designated care staff and they are assisted by the Friends of Corkey who help with the provision of a range of activities. Records viewed indicated activities included flower arranging, musical events, board games, arm chair exercises, reminiscence, garden walks, bowls.</p> <p>In addition the home has morning devotions and regular visits from musicians and local church choirs. Caine therapy is also provided in the home and residents and staff reported that the residents respond well to the dogs and enjoyed their visits.</p> <p>Staff and residents confirmed that there was an acceptable supply of activity equipment available.</p> <p>It is recommended that a statement regarding how activities are financed is included in the activities policy and statement of purpose.</p>	<p>Substantially Compliant</p>

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The homes activity care plan takes into account each residents individual abilities and determines which activities are appropriate. These are reviewed regularly.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager, care staff, and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. The review of care plans found that residents past interests and spiritual needs and preferences were recorded.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>A daily record and photographs of activities will illustrate the type of activity carried out and where possible the residents enjoyment of same. Senior staff will observe and monitor activities contracted in and The feedback through Residents</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that there were monitoring processes in place to ensure that when an activity is provided by volunteers they had the necessary knowledge and skills to deliver the activity.</p>	<p>Compliant</p>

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The Home is respectful of Confidentiality but will alert any person contracted in to any changes within the Home- The home aims to have staff attendance during activities to assist with the activity and meet any Residents needs.</p>	Compliant
Inspection Findings:	
<p>The registered manager confirmed that where an activity is provided by a person contracted-in to do so by the home, staff monitor and seek feedback in regard to the activity.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Daily Activity record holds all the above information and a written and visual record is available</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p> <p>Pictorial records are maintained. It is recommended that appropriate consents are in place in regard to the use of photography and other forms of media.</p>	Substantially compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Review of activities is carried out through Residents meetings, quality audits and complaints procedures</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the programme of activities identified that it had last been reviewed on May 2014. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Provider to complete</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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11.0 ADDITIONAL AREAS EXAMINED

11.1 Residents' views.

During the morning the majority of residents accommodated attended a morning fellowship meeting when prayers were said and hymns sung. Residents stated they really looked forward to the daily fellowship which was led by staff on this occasion.

In the afternoon a number of residents attended the musical event and were observed singing, tapping their feet to the music or dancing. Other residents were observed in the hallways and told the inspector they enjoyed sitting listening to the music. Residents were observed to be relaxed and nicely dressed with time and attention afforded to personal care needs.

The inspector was afforded opportunity to speak with most residents, several in a small group format in the lounge, others in the dining room and with twelve in private. Comments were very positive and there were no issues raised on this occasion.

11.2 Visits by the Registered Provider (*Regulation 29*)

A review of the unannounced monthly monitoring visit undertaken by the responsible person for the months of April, May and June 2014 was completed. The reports confirmed that the quality of services is monitored in accordance with the home's procedures. The reports incorporated the views of residents and action plans were in place to address any deficits highlighted. In addition a member from the committee accompanies the responsible person on the unannounced visits to the home.

11.3 Complaints

A review of the complaints information submitted to the RQIA was undertaken and no issues identified. During the course of the inspection complaint records were examined and indicated that staff recorded the complaint, action taken and the outcome of the action taken. The last recorded complaint was dated 16 April 2014 and indicated that the complainants were satisfied with the outcome. Staff consulted during the inspection demonstrated knowledge in regard to the receiving and management of complaints.

11.4 Current Statement of Purpose_ (*Regulation 3 (1) (c) Sch1 / Standard page 77*)

The registered manager provided a copy of the statement of purpose. It is recommended that the document is updated to include information in regard to the key pad doors that restrict residents leaving the home. In addition information should be included in regard to how activities are financed.

11.5 Resident/Dependency Information

Prior to the inspection an analysis of the information in regard to the resident dependency levels submitted to the RQIA was completed. On the day of inspection a review of the staffing levels was also undertaken and indicated that the minimum staffing levels were maintained and were sufficient to meet the assessed needs of the residents. The record indicated that the following staff were on duty;

One Registered Manager
One Senior Care Assistant
Three Care Assistants
Two Catering staff
Two Cleaning staff

The registered manager and staff consulted were content with the staffing levels and indicated that the staffing levels were in keeping with the minimum standards.

11.6 Staff Questionnaires/staff views

On the day of inspection twenty five questionnaires were issued by the inspector to the registered manager to distribute to staff employed in the home. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place.

11.7 Staff recruitment/selection policy/procedure

A checklist on the information obtained in regard to the pre-employment process was presented for inspection. It was recommended that this document is reviewed and revised to ensure the recruitment process is included in keeping with legislative requirements and DHSSPS guidelines.

11.8 Environment

The atmosphere in the home was friendly and welcoming. The inspector undertook a tour of the building and randomly selected a number of residents' bedrooms to view, communal areas were also viewed. The areas viewed by the inspector presented as clean, tidy, warm and fresh smelling.

11.9 Fire Safety (Regulation 19 (2) 14.15 - Regulation 27 (4) (a) (b))

During the tour of the building it was observed that relevant fire equipment was provided and there were adequate means of escape from the premises. There were suitable arrangements in place for the testing of fire equipment and appropriate records maintained. There was a procedure for the safe evacuation of residents and staff in the event of fire and staff members on duty was knowledgeable in this regard.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Ann Anderson registered manager as part of the inspection process.

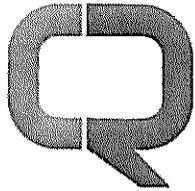
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Corkey House

17 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed Mrs Anderson registered manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.7	<p><u>Statement of Purpose</u></p> <p>The registered manager must ensure that the secure external doors used in the home are described in the home's Statement of Purpose.</p>	One	STATEMENT OF PURPOSE HAS BEEN AMENDED TO ADVISE OF UNK EXTERNAL DOORS SECURITY SYSTEM.	<p>No later than 31 July 2014</p> <p>IMPLEMENTED 22/7/14 <i>Yes</i></p>
2	13.5	<p><u>Activities</u></p> <p>The registered person/manager must ensure that a statement regarding how activities are financed is included in the activities policy and statement of purpose.</p>	One	ACTIVITY POLICY AND STATEMENT OF PURPOSE NOW INCLUDE STATEMENT OF HOW ACTIVITIES ARE FUNDED AND RELEVANT RECORDS REQUIRED.	<p>No later than 31 July 2014</p> <p>IMPLEMENTED 22/7/14 <i>Yes</i></p>
3	13.9	<p><u>Consent</u></p> <p>The registered person/manager must ensure that appropriate consents are in place in regard to the use of photography and other forms of media.</p>	One	CORPORATE DOCUMENTATION - ADMISSION FORM AMENDED TO INCLUDE PERMISSION FOR PHOTOGRAPHY. ALL CURRENT RESIDENTS CONSENTS HAVE BEEN OBTAINED AND ARE RECORDED IN THEIR CARE PLANS.	<p>No later than 31 July 2014</p> <p>IMPLEMENTED 1/7/14 <i>Yes</i></p>
4	19.1	<p><u>Staff recruitment policy and procedure</u></p> <p>The registered person must ensure a recruitment policy is devised in keeping with legislative requirements and DHSSPS guidance.</p>	Two	RECRUITMENT POLICY REVISED BY HEAD OF PERSONNEL, P.C.I. MEETING LEGISLATIVE REQUIREMENTS / DHSSPS GUIDANCE.	<p>31 July 2014</p> <p>IMPLEMENTED 30/7/14 <i>Yes</i></p>

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 13 (1) (a)& 18(2) (m)	<p><u>Loop system</u></p> <p>The registered manager should confirm that the installation of a loop system has been completed.</p> <p>The registered manager should confirm that a microphone connected to the loop system has been installed.</p>	Two	<p>Work has commenced on LOOP SYSTEM. INSTALLATION WILL BE COMPLETED BY TIMESCALE DATE GIVEN. ^{by}</p>	No later than 01 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	ELIZABETH ANN ANDERSON
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Linda Wray

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	M. Mackey	15/8/14
Further information requested from provider			