



**The Regulation and  
Quality Improvement  
Authority**

## **Secondary Unannounced Care Inspection**

**Name of Service and ID: Corkey House**

**Date of Inspection: 20 March 2015**

**Inspector's Name: Alice McTavish and Linda Thompson**

**Inspection ID: IN016892**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

## 1.0 General information

<b>Name of Service:</b>	Corkey House
<b>Address:</b>	1 Forthriver Crescent Belfast BT13 3SR
<b>Telephone number:</b>	0289071 8095
<b>E mail address:</b>	aanderson@pcibsw.org
<b>Registered Organisation/ Registered Provider:</b>	Linda May Wray
<b>Registered Manager:</b>	Elizabeth Ann Anderson
<b>Person in charge of the home at the time of inspection:</b>	Rosemary Gilbey
<b>Categories of care:</b>	RC-I, RC- DE, RC-MP(E)
<b>Number of registered places:</b>	35
<b>Number of residents accommodated on Day of Inspection:</b>	28
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 17 June 2014
<b>Date and time of inspection:</b>	Secondary Unannounced Inspection 20 March 2015 9.15am – 12.30pm
<b>Name of Inspector:</b>	Alice McTavish Linda Thompson

## 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 is required.

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

## 3.0 Purpose of the inspection

The purpose of this unannounced 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 (2011)

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

## 4.0 Methods/Process

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

- Discussion with the person in charge
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and a visiting professional
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 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 Standard:

### **Standard 9 – Health and Social Care**

**The health and social care needs of residents are fully addressed.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially Compliant</b>	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.
<b>5 - Compliant</b>	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.

## 6.0 Profile of service

Corkey House residential care home is situated in north Belfast. The residential home is owned and operated by the Presbyterian Board of Social Witness. Mrs Ann Anderson is manager of the home and has been registered manager since 1996.

Accommodation for residents is provided large single en-suite rooms on the ground floor of the building. There are several communal lounges on the ground floor along with a spacious dining room and a catering kitchen. The home also provides for laundry services on the lower ground floor. A number of communal sanitary facilities are available throughout the home.

There is good access to the main entrance area and ample car parking to the front and rear of the building.

The home is registered to provide care for a maximum of 35 persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years

### Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of two residents.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Corkey House was undertaken by Alice McTavish and Linda Thompson on 20 March 2015 between the hours of 9.15am and 12.30pm. Rosemary Gilbey, senior care assistant, was the person in charge and was available during the inspection and for verbal feedback at the conclusion of the inspection. The manager, Mrs Ann Anderson, was provided with verbal feedback by telephone after the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by Mrs Anderson can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9, Health and Social Care. Corkey House was found to be compliant in this standard. Inspectors found the quality of the written care plans to be high. This is commended. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff and a visiting professional, 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, examined a selection of records and carried out a general inspection of the residential care home environment.

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.

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.

Comments received from residents, staff and the visiting professional are included in section 10.0 of the main body of the report.

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 of a high standard. One recommendation was made relating to infection prevention and control.

Staffing levels were also examined. Further details can be found in section 10.0 of the main body of the report.

No requirements and two recommendations were made as a result of the secondary unannounced inspection, details of which 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, the visiting professional, the person in charge and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 17 June 2014**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 13 (1) (a)& 18(2) (m)	<p><b><u>Loop system</u></b></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>	Inspection of the environment confirmed that the loop system and the microphone have been installed.	Complaint



NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.7	<p><b><u>Statement of Purpose</u></b></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>	Examination of the Statement of Purpose confirmed that the secure external doors used in the home are described.	Complaint
2	13.5	<p><b><u>Activities</u></b></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>	Examination of the activities policy and the Statement of Purpose confirmed that a statement regarding how activities are financed is now included.	Compliant
3	13.9	<p><b><u>Consent</u></b></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>	Examination of documentation confirmed that appropriate consents are in place in regard to the use of photography and other forms of media.	Compliant
4	19.1	<p><b><u>Staff recruitment policy and procedure</u></b></p> <p>The registered person must ensure a recruitment policy is devised in keeping with legislative requirements and DHSSPS guidance.</p>	Examination of documentation confirmed a recruitment policy has been devised in keeping with legislative requirements and DHSSPS guidance.	Compliant

**9.0 Inspection Findings**

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	
<p><b>Inspection Findings:</b></p> <p>The care records of three residents were reviewed. In all cases the name and contact details of each resident's General Practitioner were present, however, the details of the optometrist and dentist were not noted.</p> <p>Discussion with the person in charge confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p> <p>A recommendation was made that all care records contain details of the residents' optometrist and dentist, as appropriate.</p>	<p>Substantially compliant</p>

<p><b>Criterion Assessed:</b>                      9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                      Discussions with staff members in relation to specific residents' needs indicated that staff were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training in first aid.</p> <p>The staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect details of resultant changes in care provided to residents.</p>	<p>Compliant</p>

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The three care records examined contained evidence that comprehensive care assessment had been undertaken which informed care plans and risk assessments. All areas of care were considered in detail, including the management of continence care. The high quality of written care plans is commended. There was free access by staff to laundered bed linen, towels and continence products.  There was evidence of liaison with primary health and social care services. All contacts were clearly recorded in each resident's records. Records were maintained of planned appointments.  Staff members on duty were able to describe the referral systems should a resident require the services of health care professionals.	Compliant
<b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> A review of the care records and discussion with the person in charge and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. Resident representatives are also kept informed of any follow up care during annual care reviews.	Compliant

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
An examination of three care records confirmed there are sufficient arrangements in place to monitor the frequency of residents' health screening and appointments and that referrals are made to the appropriate services.	Compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The person in charge confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff.	Compliant

## 10.0 ADDITIONAL AREAS EXAMINED

### 10.1 Resident's consultation

The inspector met with two residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "It's great here. The staff are great, they help me with everything I need, even at night."
- "The girls (staff) are very good and the food is good too. I am very happy here."

### 10.2 Relatives/representative consultation

No relatives visited during the inspection.

### 10.3 Staff consultation

The inspector spoke with four staff members, a domestic, a laundry assistant, a cook and a senior care assistant. 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 and knowledge of the needs of residents.

Comments received included:

- "I really like working here. I have worked in a few different homes and this one is the best. Relatives say that they like it too."

### 10.4 Visiting professionals' consultation

One professional visited during the inspection.

Comments received included:

- "I believe the care given to the people who live here is of a very high standard. The staff are very good at letting us know if there are any dental problems and with arranging treatment. If I had to get a place for any of my relatives, this is the one I would choose."

### 10.5 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

Whilst cleanliness was found to be of a high standard, one recommendation is made that several issues are addressed in order to assist with infection prevention and control.

## 10.6 Staffing levels

On the day of inspection the following staff members were on duty:

- 2 senior care assistants (including the person in charge)
- 3 care assistants
- 3 domestics
- 1 cook
- 2 kitchen assistants
- 1 laundry assistant

The person in charge confirmed that the evening staff comprises one senior care assistant and three care assistants. Overnight duty comprises one senior care assistant and two care assistants on waking duty. The staffing levels were within RQIA guidance.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Rosemary Gilbey and later with Ann Anderson 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:

**Alice McTavish**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

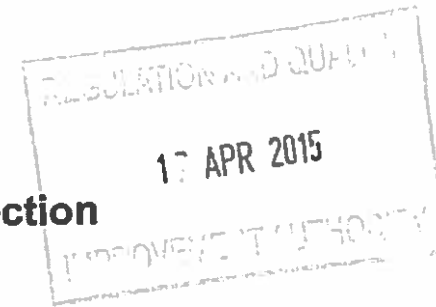






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**Corkey House**  
**20 March 2015**



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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 with Rosemary Gilbey during the inspection and with Ann Anderson by telephone after 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.

<b>Recommendations</b>					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), 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	35.1	Responsibility for infection prevention and control is clearly defined, there are clear lines of accountability throughout the home and key members of staff have responsibility for the implementation of infection prevention and control policies and procedures. These policies and procedures must reflect DHSSPS policy in this area.  Reference to this is made in that – <ul style="list-style-type: none"> <li>1 • In communal bathrooms, all paper products should be stored within enclosed, washable cabinets.</li> <li>2 • To facilitate cleaning of the sluice area, all items should be stored off the floor.</li> <li>3 • In keeping with regional guidance, all domestic mop heads should be laundered daily.</li> <li>4 • To minimise the risk of cross infection, laundered towels should not be transported on the domestic trolley.</li> <li>5 • Refresher training should be provided to all staff on the colour coding system for mop buckets, laundry bags etc.</li> </ul> Ref section 10.5 of the report	One		29 May 2015
				① ALL PRODUCTS ARE NOW STORED IN WASHABLE CABINETS LOCATED IN COMMUNAL BATHROOMS / TOILETS.	IMPLEMENTED 21/3/15 <i>ty</i>
				② SHELVES ARE IN PROCESS PRE-INSPECTION TO BE ELECTED FOR STORAGE OF ITEMS.	TO BE COMPLETED 16/4/15 <i>ty</i>
				③ ADJUSTMENTS MADE TO WASHING MACHINES TO ALLOW NEW HIGH TEMP PROGRAMME FOR LAUNDRING OF MOP HEADS. NEW PROCEDURE PUT IN PLACE FOR THIS, ALL DOMESTIC / KITCHEN STAFF HAVE BEEN INFORMED OF NEW PROCEDURE.	IMPLEMENTED 30/3/15 <i>ty</i>
				④ TOWELS ARE NOW DISTRIBUTED AROUND RESIDENTS ROOMS PACE TO CLEANING COMMENCING.	IMPLEMENTED 21/3/15 <i>ty</i>
		⑤ ALL DOMESTIC / LAUNDRY / KITCHEN STAFF HAVE RECEIVED UPDATE TRAINING ON COLOUR CODING.	IMPLEMENTED 21/3/15 <i>ty</i>		

2	9.1	<p>The home has details of each resident's General Practitioner (GP), optometrist and dentist.</p> <ul style="list-style-type: none"> <li>All care records should be updated to contain details of the residents' optometrist and dentist, as appropriate.</li> </ul> <p>Ref section 9, standard 9.1 of the report</p>	One	<p>ALL CLIENTS CARE RECORDS HAVE BEEN AMENDED WHERE APPLICABLE TO CONTAIN DETAILS AS PER 9.1.</p>	<p>29 May 2015                  IMPLEMENTED                  30/3/15 <i>eg</i></p>
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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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	ANN ANDERSON
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Linda Wray

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	YES	Alice McGowan	15-6-15
Further information requested from provider			