

# Unannounced Care Inspection Report 22 June 2018



## Corkey House

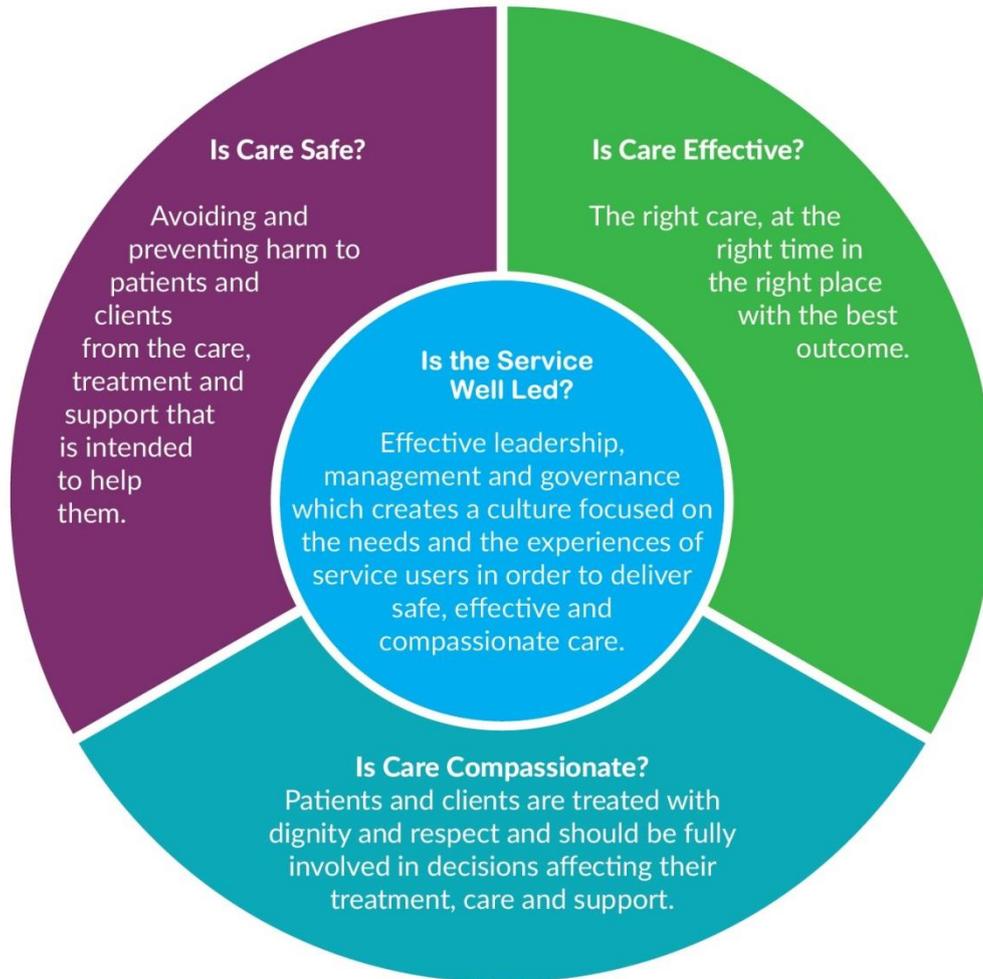
**Type of Service: Residential Care Home**  
**Address: 1 Forthriver Crescent, Belfast, BT13, 3SR**  
**Tel No: 028 9071 8095**  
**Inspector: Alice McTavish**

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

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with thirty five beds that provides care for older people, people with dementia and people who experience mental ill health.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Linda Wray	<b>Registered Manager:</b> Rosemary Gilbey
<b>Person in charge at the time of inspection:</b> Chris Comiskey, senior care assistant	<b>Date manager registered:</b> 23 January 2018
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP (E) – Mental disorder excluding learning disability or dementia – over 65 years	<b>Number of registered places:</b> 35 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 22 June 2018 from 10.15 to 18.15.

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 supervision and appraisal, adult safeguarding, infection prevention and control, care records, communication, the culture and ethos of the home and listening to and valuing residents. Good practice was also found in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Two areas requiring improvement were identified against the regulations. These related to staff induction and the availability of records. Three areas requiring improvement were identified against the standards. These related to the staff duty rota, mandatory training and associated training records and to policies and procedures.

Residents and their representatives said that the staff worked hard to ensure that residents were well cared for and happy.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Chris Comiskey, person in charge and Rosemary Gilbey, registered manager, by telephone on 25 June 2018. 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 18 January 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 written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, nine residents, three care staff and three residents' representatives.

A total of ten questionnaires were 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. Three questionnaires were returned by one resident and two residents' representatives. 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 supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Care files of four residents
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks)
- Equipment maintenance records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings and representatives' meetings

- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- 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 18 January 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 18 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall ensure that toilet rolls in the assisted bathrooms and toilets are housed in enclosed, wipeable dispensers.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and inspection of the premises confirmed that toilet rolls in the assisted bathrooms and toilets were housed in enclosed, wipeable dispensers.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.5 <b>Stated:</b> First time	The registered person shall ensure that arrangements are put in place for the car park and pathways to both entrances to be salted or gritted during icy conditions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge confirmed that arrangements have been put in place for the car park and pathways to both entrances to be salted or gritted during icy conditions.	

**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 person in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The person in charge described how the use of agency staff was now reduced and every effort was made to ensure that the same member of agency staff was used to provide continuity of care. Any turnover of staff was also 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, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the numbers and designations of staff working within the home. It was noted, however, that when two senior care staff were on duty in the absence of the registered manager, the duty rotas did not specify which staff member was in charge of the home and was therefore accountable. Action was required to ensure compliance with the standards in relation to the duty rota. In addition, the rota used a mixture of the 12 and 24 hour clocks to indicate shifts worked and this had the potential to cause confusion to staff. Advice was provided to the person in charge in relation to the use of a single method to record the hours of staff shifts on the duty rota.

The person in charge advised that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A review of induction records for permanent staff identified that, of five new staff who had commenced employment since March 2018, four had not completed the full induction with written records to evidence this. A review of induction records for agency staff identified that records of induction were not present in some instances; it was unclear whether this was because no induction was provided or it was not recorded. Action is required to ensure compliance with the regulations in relation to staff inductions.

The registered manager later advised that she was familiar with the induction programme developed by the Northern Ireland Social Care Council (NISCC). The programmes were available in the home since they had replaced NISCC Induction Standards in May 2018 and the programme would be used for all new and agency care staff.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection. It was noted in the staff training records that fire training had not been provided twice annually for all staff. Action was required to ensure compliance with the regulations in relation to mandatory training requirements and the associated records of training.

Discussion with the person in charge confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. 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 person in charge advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The person in charge advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment; the registered manager received written confirmation that all pre-employment checks, including AccessNI enhanced disclosures, were received by the organisation and were satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy in place was 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. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the person in charge, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate action plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The person in charge stated 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.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The person in charge advised that a small number of restrictive practices were used within the home. There were locked doors with keypad entry systems at the doorways to stairwells. The front door was locked as a security measure. Those residents who were assessed as being safe to leave the premises unaccompanied were provided with the key code to the outer door. Some residents used wheelchair lap belts, bed rails or pressure alarm mats and, for one resident who smoked, the smoking materials were managed by staff. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

There was an Infection Prevention and Control (IPC) policy and procedure in place 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 person in charge 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 person in charge advised that some of the communal areas of the home had been repainted and new soft furnishings provided. There were plans in place to redecorate corridors as woodwork had been damaged by mobility aids.

The person in charge advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The home had an up to date Legionella risk assessment in place dated March 2018 and all recommendations had been actioned or were being addressed.

The person in charge advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts on a monthly basis and action as necessary.

The person in charge and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The latest fire risk assessment available in the home was dated May 2017. The person in charge advised that Choice Housing Association, who owns the building, had been contacted to provide a copy of the most recent fire risk assessment. Further enquiries made by the inspector on 10 July 2018 established that copy had not been provided. The registered manager later advised via email that a fire risk assessment was completed on 11 April 2018. As it is the responsibility of the organisation to ensure that records are available for inspection, this was identified as an area for improvement. Action was required to ensure compliance with the regulations in regard to the availability of records.

Fire drills were completed on a regular basis and records reviewed established a fire drill had been carried out in November 2017. The records also 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 systems and equipment were regularly maintained.

It was established that one resident smoked. A review of the care records of the resident identified that risk assessment and corresponding care plan had been completed in relation to smoking.

Residents spoken with during the inspection made the following comments:

- "There is always staff around and they come to you immediately if you press your alarm."
- "The staff do everything to keep us all safe and comfortable. They would come to me quickly if I needed anything or if I rang my alarm."
- "This is a great place and I don't have to worry about anything."

A member of care staff spoken with during the inspection made the following comments:

- "We get good training and all of our mandatory training is up to date. We get regular supervision and annual appraisals. We make good use of staff team meetings. The only problem is when staff call in sick, but there is relief staff who step in or the other staff will pick up additional shifts."

Three completed questionnaires were returned to RQIA from one resident and two residents' representatives. Respondents 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 supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

## Areas for improvement

Four areas for improvement were identified during the inspection. These related to the staff duty rota, staff inductions, mandatory training with associated training records and to the availability of records for inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

### 6.5 Is care effective?

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

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

Care records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, 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. Residents who spoke with the inspector advised that they liked the food and there was a good variety and choices provided to them.

Discussion with the person in charge advised that no residents had pressure areas to their skin but that some had been provided with pressure relieving equipment (mattresses or cushions) as a preventative measure. Any wound care would be managed by community nursing services and staff were able to recognise and respond to pressure area damage. Referrals would be made to the multi-professional team to address any identified areas any concerns in a timely manner.

The person in charge advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered.

The person in charge 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. Separate representative meetings were also held.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the person in charge 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 latest RQIA inspection reports were on display in the reception area of the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The person in charge reported that arrangements were in place, in line with the legislation, to support and advocate for residents and information regarding advocacy services were displayed on the notice board in the reception area of the home.

Residents spoken with during the inspection made the following comments:

- "They (staff) know what I need and how to help me."
- "The girls (staff) help me with anything I need."

A member of care staff spoken with during the inspection made the following comments:

- "Where residents need a bit more care we can give to them, although sometimes that means that we have to work in twos and it is a bit heavier, but everyone gets what they need."

Three completed questionnaires were returned to RQIA from one resident and two residents' representatives. Respondents described their level of satisfaction with this aspect of care as satisfied or 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
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care.

The person in charge 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.

The person in charge and staff advised that consent was sought in relation to care and treatment. Discussion 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 and 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. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

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. Menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; the 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, for example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included residents' meetings and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents, and/or their representatives, 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 and their representatives advised the inspector that all visitors were made to feel welcome in the home and that a local schoolchildren had come to the home to enjoy activities in the recently opened garden.

Residents spoken with during the inspection made the following comments:

- “I couldn’t say a word against this place, it’s great!”
- “This place is kept spotlessly clean and the staff are great. I enjoy the food and there’s plenty of company. I love it here.”
- “The staff make me feel comfortable when they are helping me...they make sure they keep my dignity when they are showering me. There is lots of activities and we know what is planned every day as it is on the notice board.”
- “We get lots of choices about what we eat and the food is good. I really like it here.”
- “The staff are all lovely. We get a great chat with them and a bit of a laugh. They are very good to us, very kind. They make sure that we all get a birthday cake and make a fuss of us.”
- “We have a great time here. Everyone treats us well.”

Residents’ representatives spoken with during the inspection made the following comments:

- “I think Corkey House is brilliant. The staff take really good care of my (relative). I visit twice weekly and my (siblings) also visit regularly; we all feel happy with the care here. (My relative) was in hospital a while ago and was very poorly when she was discharged back here. I was so upset about her, she couldn’t even walk, but the staff told me not to worry, they would work with her and get her back on her feet, and they did! And now she can walk well. When (my relative) first came here she was only six stone in weight. Now she is eight stone and she eats and drinks well. When she came here, she was on a lot of medications – I really thought she was on too many tablets. When I told Rosemary (the home manager) she immediately arranged for my (relative) to be seen by a doctor and she was taken off a lot of tablets. She hasn’t looked back since. I know I can go to Rosemary if I am worried about anything. Whenever anything happens the staff contact me immediately. I know that when I leave here after a visit my (relative) is safe and in good hands. That is a great relief to me.”
- “I have found the staff in here to be very good. They have looked after my (relative) very well and have kept me informed of everything. The food seems to be good and there’s always plenty of people (staff) around.”
- “I’m very happy with the care here. The staff always let me know of any changes or concerns. I feel my (relative) is well looked after and she is happy here. She would be well able to tell us if she was not happy!”

A member of care staff spoken with during the inspection made the following comments:

- “The residents are a very happy bunch. There is activities and all the staff get to know the residents well.”

Three completed questionnaires were returned to RQIA from one resident and two residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

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

The person in charge outlined the management arrangements and governance systems in place within the home and advised that 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. Inspection of the policies and procedures manual identified that some had not been systematically reviewed every three years or more frequently as changes occurred. Action was required to ensure compliance with the standards in relation to policies and procedures.

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 reception area of the home and in residents' bedrooms. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. 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 and compliments with staff and staff advised that this was done during staff meetings.

The home retained compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A monthly audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The person in charge advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership, for example, the senior care assistant was supported by the organisation to complete the Qualifications and Credit Framework (QCF) level 5 award. The person in charge 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.

Discussion with the person in charge confirmed that staff were provided with mandatory training on an annual basis and additional training opportunities relevant to any specific needs of the residents, for example, oral hygiene.

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 and Residents Guide. The person in charge stated 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 person in charge 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 and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The person in charge 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 have no complaints. If there was anything I wasn't happy with, I would go to Rosemary (the manager) and I know she would listen to me and help me."
- "The manager is lovely and we can go to her any time. But I have no complaints about anything."
- "The manger would help me if I needed it."

A member of care staff spoken with during the inspection made the following comments:

- “I have full confidence that if I raised any issue, it would be listened to and dealt with. That has been my experience of the manager and of the organisation. There is excellent team working here. We all pull together and keep good morale.”

Three completed questionnaires were returned to RQIA from one resident and two residents’ representatives. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified during the inspection. This related to policies and procedures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Chris Comiskey, person in charge and Rosemary Gilbey, registered manager, by telephone on 25 June 2018. 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20.- (1) (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 June 2018</p>	<p>The registered person shall ensure that all staff, including agency staff, complete a full induction and that comprehensive written records of induction are maintained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All new staff members including Agency staff will complete an induction programme tailored to their individual roles &amp; responsibilities. All records including the induction programme from our Head Office have been updated and placed on file in the home.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19.- (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 August 2018</p>	<p>The registered person shall ensure that all records are available for inspection.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> We have a Joint Management Agreement with Choice Housing and suffer from a delay in having records/reports being sent to us they have been contacted to forward reports immediately to be available for inspection. All outstanding reports have been forwarded to us.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20.- (1) (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 August 2018</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>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A full schedule of training for the coming year has been arranged and fire training is arranged for 15/8/18 and 22/8/18. Notices for staff have been displayed and details sent to staff mobiles. Details of training attended is also recorded in individual staff/supervision files.</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time <b>To be completed by:</b> 22 June 2018	<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>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The rota now highlights the staff member in charge of the shift and is also in 24hour clock.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time <b>To be completed by:</b> 28 September 2018	<p>The registered person shall ensure that all policies and procedures are systematically reviewed every three years.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            All policies/procedures have been reviewed &amp; updated. New Policies sent from Head office have been placed in the file.</p>

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



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