



The Regulation and
Quality Improvement
Authority

Corkey House Residential Home
RQIA ID: 1591
1 Forthriver Crescent
Belfast
BT13 3SR

Inspector: Alice McTavish
Inspection ID: IN022794

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Unannounced Care Inspection
of
Corkey House Residential Home
23 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 23 June 2015 from 10.50 to 15.20. On the day of the inspection we found the home to be delivering safe, effective and compassionate care.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the Inspection can be found in the main body of the report.

2. Service details

Registered Organisation/Registered Person: Presbyterian Board of Social Witness	Registered Manager: Ann Anderson
Person in charge of the home at the time of inspection: Ann Anderson	Date manager registered: 2005
Categories of Care: RC-MP(E), RC-DE, RC-I.	Number of Registered Places: 35
Number of residents accommodated on day of inspection: 34	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan from the previous inspection, notifications of accidents and incidents submitted to RQIA.

We met with five residents and two members of staff. No resident's representatives and no visiting professionals were present during the inspection.

We inspected six care records, complaints records, staff training records and accident and incident records. Five completed staff questionnaires were returned to RQIA by post after the inspection.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the Corkey House Residential Home was an unannounced care inspection dated 20 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35.1	<p>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.</p> <p>Reference to this is made in that –</p> <ul style="list-style-type: none"> • In communal bathrooms, all paper products should be stored within enclosed, washable cabinets. • To facilitate cleaning of the sluice area, all items should be stored off the floor. 	Met

	<ul style="list-style-type: none"> • In keeping with regional guidance, all domestic mop heads should be laundered daily. • To minimise the risk of cross infection, laundered towels should not be transported on the domestic trolley. • Refresher training should be provided to all staff on the colour coding system for mop buckets, laundry bags etc. 	
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the premises confirmed that all identified aspects of infection prevention and control had been implemented.</p>	
<p>Recommendation 1 Ref: Standard 9.1</p>	<p>The home has details of each resident's General Practitioner (GP), optometrist and dentist.</p> <p>All care records should be updated to contain details of the residents' optometrist and dentist, as appropriate.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that the records had been updated to contain details of the residents' optometrist and dentist.</p>	<p>Met</p>

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected six residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed. We inspected the care records of a resident who had died recently in the home. The quality of care planning and recording of the care delivered to this resident was to be commended.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure in place relating to dying and death of a resident. The registered manager advised us that staff training had been provided. The registered manager, who is a trained nurse, was also available to staff to provide guidance and support in this area.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed explained that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The registered manager described to us how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff made accommodation available to the family in the guest room and made them comfortable within the home.

The registered manager explained to us that the news of the resident's death had been shared with fellow residents in a sensitive manner. A small religious service was held within the home to celebrate and remember the life of the deceased resident. Residents were given the option to attend the funeral.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards. Relatives of deceased residents had sent these in praise and gratitude for the compassion and kindness shown to the residents during illness and at death.

Areas for improvement

There were no areas of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.4 Theme: Residents receive individual continence management and support**Is care safe? (Quality of life)**

The registered manager advised us that only one resident had complex continence care needs. The resident had the support of a community continence advisor who also provided guidance to staff in catheter management and care. Additional staff training would be provided in future to meet specific continence needs of any resident who may need support in this area. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed six residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had a written policy and procedure relating to continence management and promotion.

We inspected the care records of one resident with complex continence management needs. We noted that these needs were comprehensively documented and that infection control measures had been fully considered. We noted also that a full continence assessment had been completed by the community specialist nurse.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related to us that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with five residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "This is a great place. I have a lovely big room and my own bathroom. It is kept nice and clean. The food is really good and there's plenty of tea and drinks throughout the day. The staff take very good care of me. I'm glad I came to live here."
- "The staff are great. They are always on hand to help me if I need it. They treat me very well."
- "I enjoy it here."
- "It's lovely here, very clean and very comfortable and the food is very good. The girls (staff) look after me well, they are very helpful."
- "I like it well enough, no complaints – they (staff) are kind to me and treat me very well."

5.5.2 Staff views / staff questionnaires

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. The information provided in the five completed staff questionnaires confirmed a high level of satisfaction with these areas.

Some comments included:

- "I love working here. The care staff and the residents are lovely to work with. I enjoy talking to the residents – they are a great group of people. I feel the care staff take great care of the residents. I have never seen anything to make me worried about the care here, and if I did, I would go straight to the manager who would deal with any of my concerns straight away."
- "I really enjoy working here. All of the residents and staff are so friendly and welcoming. The building is very well maintained and comfortable and the care given by the staff is excellent. As staff we are given plenty of training and if I wanted further training in any aspect of care, I would only have to ask. The management here is very good. I think the residents are very well looked after."

5.5.3 Environment

The home was found to be clean and tidy. Décor and furnishings were of a very good standard.

5.5.4 Staffing

At the time of inspection the following staff members were on duty:

- 1 manager
- 2 senior care assistants
- 3 care assistants
- 1 cook
- 2 kitchen assistants
- 2 domestic staff
- 1 laundry assistant

One senior care assistant and three care assistants were scheduled to be on duty later in the day. One senior care assistant and two care assistants were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.6 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.7 Complaints/compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments.

Areas for improvement

There were no areas of improvement identified within the additional areas examined.

Number of Requirements	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Balducci</i>	Date completed	<i>23/7/15.</i>
Registered Person	<i>Kwida Wray</i>	Date approved	<i>28/7/15</i>
RQIA inspector assessing response	<i>Alicia McGrath</i>	Date approved	<i>19 Aug '15.</i>

Please provide any additional comments or observations you may wish to make below:

1

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.