

Unannounced Care Inspection Report

3 December 2020



Corkhill Care Centre

Type of Service: Residential Care Home
Address: 27 Coolmaghery Road, Donaghmore,
Dungannon, BT70 3HJ
Tel No: 028 8776 7362
Inspector: John McAuley

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide for up to 10 residents. The home shares the same site with a registered nursing home. There is also a registered residential resident in this nursing home, on a named basis as part of its variation of category of care.

3.0 Service details

Organisation/Registered Provider: Gary George Watt Responsible Individual(s): Gary George Watt	Registered Manager and date registered: Shona McKeown 16/07/2018
Person in charge at the time of inspection: Audrey Beattie, senior care assistant then joined by Shona McKeown	Number of registered places: 11 (10 RC-DE and 1 RC-I) Two places for day service
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 11

4.0 Inspection summary

An unannounced inspection took place on 4 December 2020 from 09.20 to 14.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- Safeguarding
- The environment
- Infection Prevention and Control (IPC)
- Care delivery
- Care records
- Fire safety
- Governance and management

Feedback from residents throughout this inspection in accordance with their capabilities was all positive and complimentary.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Shona McKeown, manager, and Gary Watt, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 11 residents and three staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. 'Tell Us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. There were no responses to these questionnaires in time for inclusion to this report.

The following records were examined during the inspection:

- staff duty rota
- professional registration records
- IPC documentation and audits
- residents' care records
- fire safety risk assessment
- fire safety records
- Regulation 29 reports
- quality assurance audits
- accident and incident reports
- staff training records.

The findings of the inspection were provided to the Shona McKeown, manager and Gary Watt, responsible individual, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The manager reported that any member of staff in charge of the home in her absence was assessed as competent and capable to do so. However the assessments of competency and capability were not readily available for inspection which has been identified as an area of improvement to put in place. Three staff members' induction records were inspected and these were comprehensive in their detail and in line with the staff members' roles and duties.

Staffing levels were found to be in keeping with residents' dependencies and the size and layout of the home.

Inspection of the professional registration register for staff confirmed that all staff employed in the home had up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager was registered with the Nursing & Midwifery Council (NMC).

Staff spoke positively about their roles and duties, teamwork, training and managerial support. Staff stated that residents received a good standard of care and were treated with respect and dignity.

6.2.2 Safeguarding residents from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

Staff training records confirmed that training in safeguarding was in place for all staff on an up-to-date basis.

6.2.3 Environment

The home was homely in appearance and style and was clean and tidy throughout with a good standard of décor and furnishings. Residents' bedrooms were comfortable, personalised and tastefully furnished. Bathrooms and toilets were clean and hygienic.

There were good time and date memoirs in place to assist with residents' orientation.

The grounds of the home were well maintained.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. A well-appointed visiting pod had been installed to accommodate visitors to the home in accordance with current guidance. There was also good documentation in place pertaining to the management of the COVID-19 pandemic, which was regularly up-dated and disseminated to staff.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance relating to hand hygiene and the use of Personal Protective Equipment (PPE). Staff were observed to wash their hands and use alcohol gels at appropriate times.

Signage was on display which provided advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

6.2.5 Care delivery

Residents were comfortable and content in their environment and interactions with staff. Staff attended to residents' needs in a kind, caring manner and their interactions with residents was warm and supportive. Residents were engaged with one another and their environment.

Staff sought consent with assisting with mobility or dietary needs through statements such as "Would you like to..."

In accordance with their capabilities, residents spoke with praise and gratitude about the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments made included statements such as;

- "All is well. No complaints."
- "I am very happy here."
- "This is a good place. Very peaceful."
- "That staff member is very good."
- "This place is fantastic and the food is superb. No problems at all."

The dinner time meal appeared appetising and nicely presented. The dining room was well facilitated and there was a nice atmosphere in place for residents to enjoy their meal.

6.2.6 Care records

An inspection of three residents' care records was undertaken on this occasion. These records were maintained in a secure computerised system.

A holistic assessment of needs was in place, supported with assessment tools pertaining to dietary care and falls. Care plans were written in a comprehensive detailed manner and were based on these assessments. Care reviews were up-to-date and informative.

Evidence was in place to confirm that the resident or their representative was included in the care planning process.

Progress records were well recorded and included evidence of multi-disciplinary healthcare input and advice.

6.2.7 Fire safety

The home's fire safety risk assessment was in need of being reviewed; the responsible individual acknowledged this as an oversight on his part. This was identified as an area of improvement. In attending to this the responsible individual needs to inform the aligned estates inspector of the outcome of the assessment and inform of the action plan with timescales in response to any recommendations.

Inspection of fire safety records confirmed that fire safety checks were maintained on a regular and up-to-date basis. Fire safety training and safety drills were also maintained on a regular and up-to-date basis.

6.2.8 Governance and management

The home has a defined management structure in place. The manager and responsible individual were available throughout this inspection, including feedback of inspection findings at the conclusion. The senior care assistant who was in charge of the home in the initial part of the inspection acted with competence in her role and had good knowledge and understanding of residents' needs.

Quality assurance audits pertaining to Northern Ireland Social Care (NISCC) registrations, the environment, IPC, staff training, and accidents and incidents were inspected and found to be appropriately in place.

Accident and incident reports were found to be recorded in good detail with evidence that these were duly reported to the relevant stakeholders.

Inspection of staff training records confirmed that staff mandatory training was in large being maintained but there were deficits in staff being compliant in receiving this training in an up-to-date basis. This has been identified as an area of improvement to address.

Areas of good practice

Areas of good practice were found in relation to the staff teamwork, upkeep of the environment, care records and the nice atmosphere and ambience in the home.

Areas for improvement

Three areas for improvement were identified during the inspection. These were in relation to ensuring the availability of competency and capability assessments, putting in place an up-to-date fire safety risk assessment and addressing the areas of staff mandatory training that need updating.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Residents were seen to be well cared for in a nicely clean, homely environment. Staff were kind and attentive and treated residents with respect and courtesy.

The three areas of improvement identified during this inspection received good assurances from management that these would be duly acted on.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shona McKeown, manager, and Gary Watt, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential 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 providers 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	
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First time To be completed by: 3 January 2021	<p>The registered person shall put in place a fire safety risk assessment by an appropriate accredited professional. On receipt of this assessment the aligned estates inspector needs to be informed of any recommendations made and subsequent proposed actions in response. Ref: 6.2.7</p> <p>Response by registered person detailing the actions taken: A Fire Risk Assessment was completed on 10/12/20. We contacted Raymond Sayers on 03/01/21 to explain outcome. The Fire Risk Assessment was forwarded to Raymond Sayers on 13/01/21 to provide an update. Raymond has verbally confirmed he is satisfied with the actions taken.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.3 Stated: Firsttime To be completed by: 3 January 2021	<p>The registered person shall ensure that the competency and capability assessment for any member of staff in charge of the home in the absence of the manager is available for inspection. Ref:6.2.1</p> <p>Response by registered person detailing the actions taken: A competency and capability assessment profile has been formatted. It is being worked on with each senior carer taking charge of the Residential Unit in the absence of the Manager and will be available for inspection.</p>
Area for improvement 2 Ref: Standard 23.3 Stated: Firsttime To be completed by: 3 January 2021	<p>The registered person shall seek to address the areas of mandatory training in the staff training matrix that are due for renewal and revision. Ref: 6.2.8</p> <p>Response by registered person detailing the actions taken: The registered person has scrutinised the Training Matrix. In an effort to ensure staff mandatory training is kept up to date the following disciplinary process will be activated to reinforce the importance to staff.</p> <ol style="list-style-type: none"> 1. Staff will have visible access to view when their training is due. 2. If their training expires the staff members will receive a formal verbal warning . 3. If not complete at week 4 they will receive a formal written warning explaining if not updated immediately they will not be scheduled to work further shifts until training is complete.

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



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