

# Inspection Report

30 September and 7 October 2021



## Copelands

Type of service: Residential  
Address: 95-97 Donaghadee Road, Millisle, BT22 2BZ  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast Central Mission  <b>Responsible Individual</b> Ms Lynne Kavanagh	<b>Registered Manager:</b> Miss Andrea Selby  <b>Date registered:</b> 14 June 2021
<b>Person in charge at the time of inspection:</b> Ms Aimee Dennison, Team leader on 30 September 2021 Ms Sharon McIlroy, Acting Manager on 7 October 2021	<b>Number of registered places:</b> 40  A maximum of 20 residents in category RC-DE across units: Windmill Lane and Lighthouse Mews. Remaining residents in RC-I, RC-PH and RC-PH(E) in units: Bayside and Sandgrove.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 21 on 30 September 2021 20 on 7 October 2021
<b>Brief description of the accommodation/how the service operates:</b> This is a purpose built care home which provides social care for up to 40 persons.  The home is divided into four households each with ten bedrooms. All rooms have en-suite facilities and a countryside or sea view.  Windmill Lane and Lighthouse Mews, both on the ground floor, provide residential care for people with dementia. Bayside on the ground floor and Sandgrove on the first floor, provide general residential care. Residents have access to communal lounges, dining rooms, a common room with cinema, an activity room, the café, a hairdressing salon, a roof-top garden and the outdoor garden.  Copelands provides a dedicated worship space for services conducted by visiting clergy or speakers, which can also be used by residents for a time of quiet reflection or private prayer.	

## 2.0 Inspection summary

An unannounced inspection took place on 30 September 2021 from 11.10am to 2.45pm by a pharmacist inspector and 7 October 2021 from 10.55 am to 6.10 pm by a care inspector.

The inspection assessed progress since the last 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 care delivery and maintaining good working relationships.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, relatives and staff are included in the main body of this report.

Good systems were in place for the management of medicines. Records had been fully completed and medicines were stored safely and securely. However, the auditing arrangements for medicines management must be reviewed to ensure that they are robust.

Six areas for improvement have been identified in relation to the availability of records, auditing systems, submission of notifications to RQIA, monthly monitoring reports and display of the daily menu.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection was discussed with Ms Aimee Dennison, Team leader and Ms Sharon McIlroy, Acting Manager, on 30 September 2021 and Miss Andrea Selby, Manager and Ms Sharon McIlroy, Acting Manager on 7 October 2021 at the conclusion of the inspection.

#### **4.0 What people told us about the service**

During the inspection we spoke with four residents individually, small groups of residents in the dining room and lounges, one resident's relative and seven staff. Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received eight completed questionnaires. Two returned questionnaires were from relatives and six questionnaires did not indicate if they had been completed by a resident or their representative. All returned questionnaires indicated that they were satisfied or very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

The following comments were recorded:

"Very happy. No complaints."

"It would be helpful if meal choices were written down rather than just given verbally as it can be difficult for residents to remember when given verbally. Meals could be a little more filling."

A relative indicated that communication between staff and staffing levels could be better. Comments were shared with the manager post inspection.

A relative spoken with commented:

"It's a beautiful place and we as a family are more than happy with the care provided. We have no concerns at all."

Four staff members spoken with commented:

"I love it here. The manager is very supportive. I had good induction and training for my role. I've no concerns at all."

"I've been employed here since April 2021 and it's the best move I've ever made. The manager is approachable and supportive. I had good training and induction and have been encouraged to consider further training to work towards promotion."

"I come in here skipping every day. It's my ideal job and a joy to work here."

Another staff member said that she enjoyed working in the home. She said that the support provided by the management team was excellent and there was a good team in place.

Cards and letters of compliment and thanks were received by the home. The following comments were recorded:

"Many thanks for all your care and attention to ... We are very grateful for the happy times she spent in Copelands care."

"You are very special people doing a wonderful job."

The pharmacist inspector spoke to two residents who were enjoying their lunch. They complimented the chef and said that everyone had a choice of sandwiches which were made to order. They said that they were very happy living in the home.

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

An announced pre-registration inspection took place on 2 June 2021 from 1.00 pm to 3.15 pm by the care inspector and the estates inspector. No areas for improvement were identified during the inspection.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of employment. It was noted that the induction programme had not been signed on completion by the manager. Correspondence from the manager on 26 November 2021 confirmed that the completed induction record has been

reviewed and signed. Appropriate references were noted to be in place. However, records requested regarding the staff member's employment history and a pre-employment health check were unavailable to view. The availability of records on inspection was discussed with the manager, who advised she had no access to the records as the staff recruitment and selection process is undertaken by Belfast Central Mission human resource department. An area for improvement was identified.

Correspondence from the human resource department on 29 November 2021 confirmed that employment history, gaps in employment and reasons for leaving employment have been explored, both at the application process and during interview for all staff and that a pre-employment health check was submitted by the staff member prior to commencing post.

Records of how the service monitors the registration status of care staff with the Northern Ireland Social Care Council (NISCC) were unavailable to view. The manager advised that the human resource department monitors this. The availability of records requested during inspection was previously discussed with the manager and identified as an area for improvement.

Correspondence from the manager on 26 November 2021 confirmed that a process was in place and assurance was provided that all staff in a caring role had been registered with NISCC.

Staff said there was good team work and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. It was noted the current manager's hours, and the capacity in which these were worked, were not recorded. The manager advised she had recently commenced post and would amend the duty rota.

Correspondence from the manager on 26 November 2021 confirmed that the hours she works and the capacity in which these were worked, are now recorded on the duty rota.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. For example, staff received regular training in a range of subjects including dementia, adult safeguarding, moving and handling, first aid, control of substances hazardous to health (COSHH), infection prevention and control, basic food hygiene and fire safety.

Deprivation of liberty safeguards (DoLS) and restrictive practices were discussed. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff told us they were confident that they could report concerns about resident's safety and poor practice.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A resident spoken with said: "I have no concerns. The staff are nice and there's always enough staff on duty."

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their duties in a professional and caring manner. However, availability of records requested on inspection will be further improved, through compliance with the areas for improvement highlighted.

### 5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Review of care records regarding mobility and risk of falls evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

The manager advised that staff meetings were held on a regular basis. Minutes were available.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the dining experience for residents in the dining room in Windmill Lane and noted that this meal time provided residents with an opportunity to socialise together. Staff had made an effort to ensure residents were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to residents who needed varying degrees of assistance with eating and drinking. Staff assisted residents in an unhurried manner. Residents said that they enjoyed



lunch. It was noted that a daily menu was not on display so that residents know what is available at each mealtime. This was discussed with the manager, who advised the menu was under review. An area of improvement was identified.

A resident spoken with said: "The staff are friendly and nice. We get good food, just like you would make at home. The atmosphere is nice and settled and the other residents are nice too. The laundry service is very good as my clothes come back quickly. They are ironed well with no wrinkles."

In summary, no concerns were identified regarding care delivery and record keeping.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

We observed the internal environment of the home and noted that the home was comfortably warm, well decorated, fresh smelling and clean throughout.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

The manager advised that a Care Partner meeting had been held in September 2021 and that minutes were available.



### 5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of their time in their room and staff were observed supporting residents to make these choices.

There was a range of activities provided for residents by the activity therapist. Discussion with staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities, such as creative art and crafts. The manager provided an electronic record of activities that residents had participated in from 1 September 2021 to 30 September 2021. The activity therapist advised that she could only access information regarding activities provided on the day. This was discussed with the manager who advised the system would be reviewed in order that staff could access information on all activities that take place, the person leading the activity and the names of the residents who participate.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

A resident spoken with said: "It couldn't be better. I'm settled and happy here. The food's excellent and we get a good choice. The staff are attentive and there are always plenty of activities to do and there's always something going on."

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

### 5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change in management arrangements due to secondment of the manager, Miss Andrea Selby, who has been the manager of this home since 14 June 2021. Miss Selby was not in the home during the inspection but was available at the conclusion of the inspection to discuss the inspection findings. Ms Sharon McIlroy, Acting Manager will manage the home until the manager returns and was in charge of the home on the day of inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Ms Lynne Kavanagh, Responsible Individual, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken. However, it was noted on review, that not all accidents/incidents had been reported to RQIA. This was discussed with the manager and an area of improvement was identified.

Environmental audits regarding Infection Prevention and Control (IPC) practices including hand hygiene, to assure the quality of care and services were unavailable to view. This was discussed with the manager who advised these audits were not in place. An area for improvement was identified.

It is required that the home is visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports should be made available for review by residents, their representatives, the Trust and RQIA. Reports were unavailable to view on the day of inspection. The availability of monthly quality monitoring reports for inspection was discussed with the manager and an area of improvement was identified.

The auditing system for the management of medicines must be reviewed. An electronic recording system to show the administration of medicines and manage stock control is in use. Staff in the home rely on accurate stock balances of medicines on these records to demonstrate that medicines have been administered as prescribed. During the inspection, discrepancies were identified between the stock balance on the electronic records and the physical stock in the medicines trolley. Therefore, it could not be shown that residents had been administered their medicines correctly. The date of opening was not always recorded for each medicine to facilitate the audit process. The registered manager advised that a regular programme of auditing for medicines management had not yet been implemented. An area for improvement was identified.

Residents, their relatives and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive and approachable. However, a more robust governance system to help drive improvement within the home, will be further improved, through compliance with the areas for improvement highlighted.

### **5.2.6 Medicines Management**

The audits completed at the inspection indicated that the residents had received their medicines as prescribed, however as detail in section 5.2.5, the audit process must be reviewed.

Electronic personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example at medication reviews or hospital appointments. The residents' personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked the personal medication records when they were created or updated to provide a double check that they were accurate.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. The home completes these records electronically and a sample of these records was reviewed. The records were found to have been completed to the required standard.

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. The records inspected showed that medicines were available for administration when residents required them.

Medicines must be stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error. The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Records were maintained of the disposal of medicines.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another. The management of medicines was reviewed for one resident who had been admitted to this home. Hospital discharge letters had been received and a copy had been forwarded to the resident's GP. The medicine records had been accurately maintained and medicines had been administered in accordance with the most recent directions.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. The audit system in place in this home helps staff to identify medicine related incidents.

## 6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness and were observed to be attentive to residents who were unable to verbally express their needs. The home was clean, tidy, comfortably warm with no malodour.

Residents were seen to express their right to make choices throughout the day and staff were observed to ensure residents' dignity and privacy were maintained.

As a result of this inspection six new areas for improvement have been identified in relation to the availability of records, robust auditing systems, submission of notifications to RQIA, monthly

monitoring reports and display of the daily menu. Details can be found in the Quality Improvement Plan included.

This service will be further enhanced with compliance in the areas of improvement identified.

Based on the inspection findings and discussions held we are satisfied that this service is providing care in a caring and compassionate manner.

Thank you to the residents, relatives and staff for their assistance and input during the inspection.

## **7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011).

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	4	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Andrea Selby, Manager and Ms Sharon McIlroy, Acting Manager at the conclusion of the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19  <b>Stated:</b> First time  <b>To be completed:</b> With immediate effect	The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the RQIA and that the person in charge of the home is able to access these records.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> A shared folder has been created to store records that is accessible to the Manager and the People Department.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed:</b> With immediate effect	The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of any notifiable event regarding accidents/incidents within the home and that a robust system is in place to monitor this.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Procedure is in place to ensure all applicable accidents/incidents are reported to RQIA. This is monitored by the manager.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed:</b> With immediate effect	The registered person shall ensure that a copy of monthly quality monitoring reports are held within the home and are made available for the inspector to view on request.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> A shared folder accessible by the Manager and Responsible Person has been developed and all reports are available at this location and will be stored here going forward.
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2021	The registered person shall ensure that a regular and robust system for auditing medicines management is implemented.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> A medication auditing tool has been developed and audits are undertaken regularly

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed:</b> With immediate effect	The registered person shall ensure that the daily menu is displayed in a suitable format, in an appropriate location so that residents and their representatives know what is available each mealtime.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> A weekly menu is displayed on entrance to each lounge/dining room. A matching pictorial menu is displayed on each table.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time  <b>To be completed:</b> With immediate effect	The registered person shall ensure that robust management systems and audit arrangements are in place regarding infection prevention and control measures that support and promote the delivery of safe, quality care services.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Regular PPE, hand hygiene and environmental audits are now in place.

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



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