



The Regulation and
Quality Improvement
Authority

Care Inspection Report 20 September 2016



The Cottages

Type of service: Residential Care Home
Address: Shepherds Way, Dungiven Road, Derry, BT47 5GW
Tel no: 02871344484
Inspector: Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Cottages took place on 20 September 2016 from 10 15 to 13 40.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One requirement was made in regard to competency and capability assessments for any person in charge of a shift in the absence of the manager.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

One recommendation was made in regard to a review of the home's policies and procedures.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jenny Gibson, person in charge, 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.

1.2 Actions/enforcement taken following the most recent estates inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 July 2016.

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust	Registered manager: Alice Boyle
Person in charge of the home at the time of inspection: Jenny Gibson, registered nurse	Date manager registered: Acting Manager
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 7

3.0 Methods/processes

Prior to inspection the following records were analysed: the previous care inspection report and quality improvement plan.

During the inspection the inspector met with two residents, three care staff, one administrative staff and one housekeeper.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment

- Fire drill records
- Programme of activities
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 July 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 23 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (2) (b) Standard 6.6 Stated: First time To be completed by: 23 February 2016	Before each admission the care needs of each resident should be reviewed. This information should be in place before any admission takes place. This must include confirmation (where applicable) when no change to the care plan has occurred since the previous admission.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that care plans are reviewed and updated before all residents are admitted for respite.	

4.3 Is care safe?

The person in charge of the home was Jenny Gibson, registered nurse and senior staff member. Ms Gibson confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. The Cottages provides respite care only and no residents are accommodated on a permanent basis.

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

Senior staff x 1
 Care Staff x 2
 Administrative x1
 Housekeeper x1

Review of completed induction records and discussion with Ms Gibson and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

Ms Gibson confirmed that competency and capability assessments had not been 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. A requirement has been made in the quality improvement plan.

Ms Gibson confirmed 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.

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

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A senior staff member had been established as safeguarding champion.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. 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 Ms Gibson, 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.

There were risk management procedures in place relating to the safety of individual residents. Discussion with Ms Gibson identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this 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).

Ms Gibson confirmed that at times there were restrictive practices employed within the home. This depended on the assessed needs of the residents accommodated at the time. Discussion with the staff regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Ms Gibson confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe

and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Ms Gibson reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust and 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 personalised to a degree with personal items brought from home for their stay in the home. 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.

The home had an up to date fire risk assessment in place dated June 2016. There were no recommendations made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Areas for improvement

One area for improvement was identified in relation to competency and capability assessments for any person who takes charge of a shift in the absence of the manager.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

Discussion with Ms Gibson and observation of practice established that staff in the home responded appropriately to and met the assessed needs of the residents. As has been stated the home provides planned respite periods for adults who live at home with their families. The service is an important and effective part of the care provision and ensures that carers have a break and residents enjoy a degree of independence from families.

A review of three care records 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/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated before each admission to reflect the changing needs of the resident. Discussion with staff confirmed that a person centred approach underpinned practice. On the day of the inspection a consultant visited the home to undertake a review of one resident's needs. The resident was present and participated throughout the meeting. The care files examined contained a template which recorded all referrals to other healthcare professionals.

Staff meetings take place on a monthly basis and minutes were available for inspection.

Areas for improvement

There were no areas for improvement identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Ms Gibson confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care.

Ms Gibson confirmed that consent was sought in relation to care and treatment. A written record of consent was in place in the care files examined. These had been signed by residents and/or their relatives. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity.

Ms Gibson and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. The resident population changes every week end and there is a residents' meeting each Monday evening to discuss the preferences of the residents for that week. Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. A written report is provided after each period of respite and a copy provided for residents and their families.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. Written information is also provided in pictorial form.

Two residents were in the home during the inspection. One resident told the inspector "I like it here, it's a wee holiday." One resident had no verbal communication but a good rapport was noted between the resident and staff on duty.

Areas for improvement

There were no areas for improvement identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Ms Gibson outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care 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 were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Ms Gibson confirmed that not all policies had been reviewed within the last three years. A recommendation has been made.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, posters and leaflets.

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. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, in regard to specialist medication administration.

A monthly monitoring visit 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, trust representatives and RQIA to read.

Ms Gibson confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration certificate was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with Ms Gibson and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

One area for improvement was identified during the inspection. This was in relation to a review of the home's policies and procedures.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Gibson as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1	The registered manager shall carry out a competency and capability assessment for any person taking charge of a shift in her absence.
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Ref: Regulation 20 (3)

Stated: First time

To be completed by:
15 October 2016

Response by registered provider detailing the actions taken:
There is a competency and capability assessment in place for every staff member however the registered manager is developing and updating it.

Recommendations

Recommendation 1	The registered provider should ensure that policies are subject to a systematic three yearly review.
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Ref: Standard 21 .5

Stated: First time

To be completed by:
30 October 2016

Response by registered provider detailing the actions taken:
A review was undertaken of all polices that were available at the Adult Cottage. It was identified that 3 polices required review.
They are listed below :

The Grievance Policy 2007, Catheter Care 2008, Redeployment and reduncancy policy 2008. These are currently under review by the Western Trust.

The Adult Cottage has copies of all other relevant policies and procedures.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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