

Inspection Report

9 January 2024



The Cottages

Type of service: Residential Care Home
Address: Shepherds Way, Dungiven Road, Derry, BT47 5GW
Telephone number: 028 7134 4484

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Mr Sean O'Baoill – not registered
Responsible Individual: Mr Neil Guckian	
Person in charge at the time of inspection: Mr Sean O'Baoill, manager	Number of registered places: 7
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 5
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to seven residents on a short term basis. The home is a single storied dwelling and residents have access to communal sitting and dining areas and secure outside spaces.	

2.0 Inspection summary

An unannounced inspection took place on 9 January 2024 from 10.20am to 2pm by a care inspector.

The inspection assessed progress in the home with all areas for improvement 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.

The home was found to be welcoming, clean and free from odours. Staff were observed to be friendly and approachable. Staff were noted to be knowledgeable of the needs of the residents and compassionate in their approach.

Residents were comfortable in their surroundings and at ease with their interactions with staff. The residents were involved in activities of their choice throughout the day.

Two areas requiring improvement were identified during this inspection. This is discussed in the main body of the report and detailed in the quality improvement plan.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 previous quality improvement plan, 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 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.

4.0 What people told us about the service

Residents commented positively on their experience of coming to the home. One resident stated "I love coming here." Residents praised the food provision and choices of food were offered during the day. Residents advised that they can decide what activities they would like to complete and this was evidenced during the inspection. Reassuring interactions were observed between the residents and the staff.

Staff reported that there was a good staff team in The Cottages and they all worked well together to help each other out. Staff commented that there was enough staff on duty to meet the needs of the residents and that this was adjusted depending on the needs of the residents coming in to the home. Staff spoken with stated that the care provided to residents was important to them and was of a good standard.

Positive comments were made by staff in regards to the manager in terms of the level of support provided to them and that they were approachable and proactive.

5.0 The inspection

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

Areas for improvement from the last inspection on 14 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (8) (a) Stated: First time	The registered provider shall ensure that a privacy screen is available at all times within the home to maintain residents' privacy and dignity within shared bedrooms.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered provider shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.	Met
	With specific reference to food/beverages within the kitchen and pantry. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 35 Stated: First time	The registered provider shall ensure that IPC issues identified during the inspection are addressed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 22.3 Stated: First time	The registered provider shall ensure that relevant records are available for inspection in the home at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. While there was evidence that some form of a checklist was provided to the manager prior to staff commencement in the home; this was not consistently provided and lacked the required detail. This was identified as an area for improvement.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on each shift and the manager's hours were recorded. Staff said there was enough staff on duty to meet the needs of the residents and this was adjusted accordingly. Staff reported that there was good team work and that they felt well supported in their role.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager. Arrangements were in place to ensure that staff appraisals and supervision were completed.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with, reported that staff were caring and kind to them.

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents.

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.

Residents were offered a choice of food and drink, including where and when to have their meals. Staff demonstrated their knowledge of individual resident's likes and dislikes. Residents said they very much enjoyed the food provided in the home.

Staff told us how they were made aware of residents' nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records reviewed were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals. These records were also reviewed and updated prior to any admission to the home.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm, clean and maintained to a good standard. The communal lounge and dining room were welcoming spaces for residents.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was completed on 15 November 2023. Any recommendations made as a result of this assessment had been actioned.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

It was noted that there was no call bell system in the home; should a resident require assistance from their own room. This was discussed during the inspection and identified as an area for improvement.

5.2.4 Quality of Life for Residents

The atmosphere was welcoming and friendly with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Staff were seen to offer residents options regarding, for example, where to eat their meals and if they wanted to take part in activities. Staff were observed sitting with residents in small groups and engaging in discussion.

A programme of activities was in place which included arts and crafts, listening to relaxing music, hand massage and bus outings. During the inspection residents were supported to visit the local shops, accompanied by staff.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There had been a recent change in the management of the home since the last inspection. Mr Sean O'Baoill is the manager of this home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed to ensure the necessary improvements were made.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

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' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Sean O'Baoill, Manager 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 Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2024</p>	<p>The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The manager accesses a recruitment system AMIQUUS which is in use Trust wide. This system allows myself (Manager) to access relevant information and monitor different stages within the recruitment process, oversight of a candidate's previous sick record and access references documentation and all relevant recruitment process documentation.</p> <p>There is also continued liaison with Business Services Organisation and WHSCT Human Resources Department as appropriate.</p>
<p>Area for improvement 2</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: 9 February 2024</p>	<p>The registered person shall ensure that resident call points are accessible to residents in all areas of the home, used by residents, and are linked to a system which alerts staff that assistance is required.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An interim call point system which is accessible to all residents (at all seven beds within the unit) was put into place on 22/1/24.</p> <p>A request has been made for minor capitol works via WHSCT Estate Services in relation to a permanent call system.</p>

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