

Inspection Report

Name of Service: The Cottages

Provider: WHSCT

Date of Inspection: 27 November 2024

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)
Responsible Individual:	Mr Neil Guckian
Registered Manager:	Sean O'Baoill – not registered
Service Profile – This home is a registered residential care home which provides social care for up to seven residents with a learning disability. The home offers short stay respite care. The home is a single storey dwelling and residents have access to communal living and dining spaces.	

2.0 Inspection summary

An unannounced inspection took place on 27 November 2024 from 11.00 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last inspection on 9 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that systems were in place to ensure that the care in The Cottages could be delivered in a safe, effective and compassionate manner. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider and one area for improvement was stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

There were no residents accommodated on the day of inspection.

Staff spoke positively in terms of the provision of the care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance. Staff spoke compassionately about residents needs and demonstrated a good understanding of the importance of supporting residents with their individual wishes and preferences.

There were no questionnaire responses received from residents and/or their visitors or any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The previous inspection had identified an area for improvement pertaining to manager oversight of the staff recruitment process. A review of records evidenced that a checklist was available, however it lacked sufficient detail to demonstrate robust oversight; the area for improvement was stated for a second time.

There was evidence of systems in place to manage staffing to ensure that the number and skill of staff on duty each day meets the needs of residents. Discussion with the manager and a review of records evidenced that staff were provided with an induction and regular staff training.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Staff told us they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff demonstrated a good understanding of the importance of supporting residents with their individual wishes and preferences.

Discussion with staff confirmed that they were aware of the falls protocol and the actions to take in the event a resident sustained a fall.

There were no residents present at lunchtime in the home. Discussion with staff confirmed that staff understood residents individual assessed needs in relation to Speech and Language Therapy (SALT) recommendations and the processes in place to ensure residents received the correct diet.

3.3.3 Management of Care Records

Discussion with the manager, staff and a review of previous admission records confirmed that 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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

3.3.4 Quality and Management of Residents' Environment

The home was fresh smelling, neat and tidy and residents bedrooms were found to be suitably furnished. The communal lounge and dining room were welcoming spaces for residents.

Fire safety measures were in place to ensure corridors and fire exits were maintained free of clutter and obstruction. A fire risk assessment had been completed on 15 November 2023, however limited evidence was available to confirm that the action plan had been fully addressed. This was discussed with the manager for immediate review and action as appropriate; an area for improvement was identified.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Sean O' Baoill has been the Manager in this home since 29 August 2023.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Standard 19.2 Stated: Second time	The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks. Ref: 3.3.1
To be completed by: From the date of inspection (27 November 2024)	Response by registered person detailing the actions taken: Community services manager has ascertained on 06.01.2025 that the manager of the facility will receive an email from HR to confirm that all pre-employment checks have been completed - this will be held in each staff members individual file, located in a locked cupboard in the managers office.

Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time	The Registered Person shall ensure appropriate records are retained to evidence completion of actions identified in the fire risk assessment. Ref: 3.3.4
To be completed by: From the date of inspection (27 November 2024)	Response by registered person detailing the actions taken: Community services manager has followed up on 06.01.2025 and actions have been taken to follow up on outstanding requested work - this is evidenced in the fire file, section 5 title "HTM84 Risk assessment". Added to risk assessment and staff diary to follow up if requests is still unactioned monthly.

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



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