



Unannounced Care Inspection Report 9 December 2019



The Cottages

Type of Service: Residential Care Home
Address: Shepherds Way, Dungiven Road, Derry BT47 5GW
Tel no: 02871344484
Inspector: Priscilla Clayton

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 registered residential care home which provides care for up to seven residents within learning disability categories of care. This home currently admits residents for periods of respite care.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Anne Kilgallen	Registered Manager and date registered: Janet Doherty (registration pending)
Person in charge at the time of inspection: Janet Doherty	Number of registered places: 7
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 7

4.0 Inspection summary

An unannounced inspection took place on 9 December 2019 from 11.15 to 15.55 hours

This inspection was undertaken by the care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account their views. Other areas of good practice included; staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One area identified for improvement related to the monitoring of staff NISCC registrations and annual retention on the register.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Janet Doherty, manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 29 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 29 January 2019. No further actions were required to be taken following the most recent inspection on 29 January 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 2 December to 9 December 2019
- staff training schedule and training records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records

- reports of visits by the registered provider/monthly monitoring reports dated September and October 2019
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 29 January 2019

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

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that are intended to help them.

On arrival at the home we were welcomed by the manager who remained on duty throughout the inspection.

The manager explained that home provides respite care for residents who would otherwise live at home. The aim of the service is to allow carers to have a short break, while offering residents a holiday / break also.

Five residents had left the home, accompanied by a staff member, to attend day care following which they return home to their relatives having completed their respite period within The Cottages. Two residents remaining in the home were involved in various planned activities organised by staff.

Staff were reviewing the pre-admission care records to ensure they were fully informed of the needs of seven new residents planned admissions for respite later in the day. A new large electronic whiteboard screen positioned within the dining area was being updated by staff to provide information for residents which included for example; makaton signage, activities planned, named staff on duty, meals and meal times and weather forecast. This innovative form of sharing information is to be commended.

Staffing discussed with the manager included staffing levels, recruitments and selection. The manager explained that staff recruitment and selection records were retained at the trust human resource department and that all new staff were appointed in accordance with employment legislation, department of health (DOH) standards and the trust policy and procedures.

The manager confirmed that the recruitment processes included the vetting of applicants to ensure they were suitable to work in the home; training /experience, Access NI and Northern Ireland Social Care Council (NISCC), at the point of employment. Staff who were not registered with NISCC was required to do so following appointment. The manager advised that most staff held a level 3 National Vocational Qualification Certificate (NVQ). One staff was currently undertaking Level 5 Qualification Credit Framework (QCF).

Duty rotas reviewed accurately reflected the staffing levels as discussed with the manager.

We spoke with residents about the staffing; they said the staff were always there to help them if needed. We also spoke with family members who said that there was always staff available if they wanted to speak with them and they were always made to feel welcome when they visited. Discussion with the manager and staff on duty confirmed that staffing levels were safe, kept under review to ensure that residents needs were always met.

The monitoring of NISCC registrations of staff was discussed with the manager who explained a record of registration dates were recorded and monitored. The manager agreed to add detail of the annual retention dates into the template.

We observed that the home was comfortably heated, nicely decorated, clean, organised and fresh smelling throughout. There was evidence of adequate infection, prevention and control resources available to staff to minimise the risk of infection. Resources included disposable aprons, gloves, liquid hand soap, hand sanitising gel, appropriate disposal methods and seven steps safe hand washing displayed. Staff training was provided. No outbreaks of infection had occurred since the previous inspection.

A review of staff training was undertaken and discussed with the manager. Mandatory training had been completed alongside additional professional development to support staff in their roles and responsibilities, for example, management of actual and potential aggression (MAPPA), risk assessments, dysphasia awareness, complaints, and handling of residents' cash and equity / diversity. Staff told us that the training enabled them to keep up to date and to ensure residents received good care in accordance with their person centred care plans. The manager advised that staff training in Mental Health Capacity Act – Deprivation of Liberty (DoLS) was provided with staff using the Department of Health, e-learning programme.

Discussion with staff and the manager provided assurance that staff were effectively supported through formal discussions and a process of regular individual supervision and annual appraisal. Staff expressed a high level of satisfaction with the support they received.

The manager and staff explained that the only form of restraint used was the key pad entrance / exit doors. This restriction was in place for the safety of residents who were vulnerable and at risk of leaving the home unaccompanied. This arrangement was agreed with the care management team and residents representatives.

The home had a policy on adult safeguarding which was readily available to staff. Staff demonstrated good knowledge and understanding of the principals of adult safeguarding and knew what action to take if an allegation or actual abuse was witnessed. Review of training records evidenced training in adult safeguarding had been provided. Staff were also aware of their obligations in relation to whistle blowing.

Inspection of the premises evidenced that all areas were well maintained and appropriately furnished. Bedrooms were appropriately furnished and decorated. All fire doors were closed and unobstructed.

The home's fire safety risk assessment was dated 7 July 2019. Two recommendations made had been recorded as actioned, dated and signed. Staff training in fire safety / fire drill had been provided during July 2018 and October 2019.

Comments made by residents and staff during the inspection included:

- "This is a very good home, the staff see to everything and make us most welcome." (relative)
- "We have good resources; training and support, to make sure the residents get safe, effective care." (staff)
- "I like coming here, meet up with friends, I call the staff my friends." (resident)

Areas of good practice

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

Areas for improvement

One area identified for improvement related to the recording and monitoring of staff NISCC registrations and annual relation.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Three residents care records provided for review contained satisfactory referral and needs assessment information on the residents and their functioning ability. Needs assessments were complemented with risk assessments. Individual person centred care plans, showing actual and potential needs were in place alongside interventions and the measures in place to minimise identified risks. Daily progress notes were recorded. The manager explained that a summary report is compiled for each resident's relative on their discharge day. This provides information on the care provided over the respite period. Photographic evidence of each resident was within care records reviewed.

Risk management was discussed with the manager and associated records reviewed. Risks included, for example, falls, moving and handling, nutritional and behavioural. Risk assessments were in place with care planned showing interventions to minimise the identified risks.

Discussion with the manager and records reviewed evidenced interventions made by the trust multi-professional staff when necessary. Visits included for example; social work key workers, general practitioners, community nurse and behavioural support team member.

Records of accidents / incidents and notifications submitted to RQIA were cross referenced with records retained in the home and discussed with the manager. The submission of accidents / events to RQIA was clarified. The datix system of recording accidents / incidents within the home evidenced that these were recorded satisfactorily with action taken to minimise recurrence and where necessary lessons learned.

Staff advised us that care provided was reviewed at each respite admission and if necessary clarification or referral would be made to the appropriate key professional staff member. Residents' representatives were kept fully informed regarding the provision of care by way of discussions with representatives when they visit the home or by telephone contact.

The range of services provided were set out within the home's statement of purpose and resident guide which is issued to each new resident admitted for respite.

Information from staff and observation of practice evidenced effective modes of communication to ensure staff, residents and / or representatives were kept fully informed of the service provided, for example, daily staff- hand - over reports from night staff, regular staff meetings, daily staff briefings, residents' forums and small residents group "catch up" meetings on admission. Notes on meetings held were retained. The manager explained that following the residents' forum meeting feedback resulted in the instillation of a new sensory bath with light and sound features, Wi-Fi and Netflix. The instillation of a new interactive white board has been installed to help improve communication with residents. This is to be commended.

Notice boards contained information for residents in written and pictorial format to enhance residents understanding.

Staff explained that on admission day's residents take part in meetings which allows them to give input into their stay. Families are also welcome to give feedback during admission and discharge and many give verbal feedback on this day which to date has been positive.

The manager explained the range of methods used to monitor, audit and review the effectiveness of care delivered to residents. Audits undertaken included: regular spot checks on care records, accidents / incidents, medications, fire safety, food, and moving and handling. When shortfall was identified action plans were developed to address issues.

Staff advised that a resident / representative satisfaction survey were distributed to all residents who avail of the respite service. Questions related to staff attitudes, welcoming, friendliness, meals, activities and environment. Positive responses (100 per cent) were received in regards to the quality of care provided. This is to be commended.

The manager explained that complaints are not audited as there was only one complaint received during the year and this had been satisfactorily resolved locally.

When we spoke with staff they demonstrated good understanding of residents abilities and level of decision making; staff knew how and when to provide comfort and to residents because they knew their needs including their likes and dislikes.

Comments made during the inspection by residents, representatives and staff included:

- “We have a very good team here and communication is excellent which is essential to keep everyone aware of the care to be provided and any issues arising.” (staff)
- “Staff here are great they keep us fully informed.” (relative)
- “I like it here and going to the day centre and letting the staff know all the good things we do.” (resident)

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The manager explained that staff work hard to promote inclusion, human rights, and equality of service provision while maintaining high standards of care. Residents are supported to be as independent as possible and reasonable adjustments are made to ensure equity.

Staff demonstrated awareness that residents and their representatives experience quality care and support when they are fully informed and involved in all decisions affecting them.

Pictorial information displayed within the home included human rights and how to make a complaint.

We observed that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents speaking openly, joking and easily interacting with staff. Residents were relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to. The staff explained that they promoted a culture and ethos that supported the values of dignity and respect and ensuring their human rights were met.

Staff demonstrated awareness of residents’ right to full involvement in the care planning process and their right to make decisions in as far as was possible, about their care and support. We could see that residents’ wishes, interests and preferences were reflected within care records, for example, there was information about what residents preferred activities were and daily routines.

Discussion with residents and three representatives confirmed that staff listened to them and encouraged residents to participate in their choice of planned programmes of therapeutic activity.

Discussion with residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt respectful manner by staff; residents were listened to, valued and communicated in an appropriate manner with their views and opinions taken into account in all manners affecting them.

There were many complementary cards and letters retained and shared with staff from residents / representatives. Some comments included:

- "Thank you for all the support and kindness."
- "Thank you for everything you have done for me over the last three years."
- "You all do a special job; see you all in 2020, God willing."
- "Great staff, great care."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager, who is a registered nurse and qualified learning disability nurse explained that since her appointment she has reviewed and revised many of the systems and processes for effective management to support and promote the delivery of safe, effective, compassionate service.

The manager was informed that her application for registration as manager of the home was being processed by the registration team at RQIA.

The home's current RQIA registration certificate was displayed in a prominent position within the home.

The manager explained that she is supported in her role at operational level by a mixed skill team of care staff consisting of three team leaders and social care workers. A personal

secretary and two house keepers are also employed. Support at higher management level is provided by the community service manager with monthly governance meetings held and regular visits to the home undertaken.

Discussions with the manager and staff evidenced there was a clear organisational structure within the home and that the manager operated an “open door” to everyone.

Discussions with the manager and staff alongside review of a range of records, including for example, minutes of staff meetings, staff supervision and annual appraisal schedules, staff training, accidents / incidents, audits and monthly monitoring reports evidence that effective leadership and management arrangements were in place within the home.

Staff commented that the manager’s leadership style was supportive and that all staff were expected to take appropriate responsibility for the provision of a quality service. Staff explained that if any issues or concerns arose they would not hesitate to report these to the manager. Staff indicated they valued supervision and appraisal as part of their accountability and professional development.

Monthly monitoring visits reports for October 2019 and November 2019 were reviewed. These were found to be comprehensive with detailed reference made in regard to staffing, accidents/ incidents, complaints, interviews with staff and residents, care records, environment alongside conclusion and action plans which were reviewed and commented on at subsequent visits.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents / incidents, quality improvements and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janet Doherty, manager, 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 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.

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 provider 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 20.3</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that the annual registration retention is added to the NISCC registration template. Regular monitoring to be conducted to ensure all care staff are retained on the register.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Manager has added a column to the NISCC database to reflect retention payment date for NISCC. Manager will monitor this regularly to ensure this is kept up to date.</p>

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



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