

Unannounced Care Inspection Report 10 December 2020



The Cottages

Type of Service: Residential Care Home
Address: Shepherds Way, Dungiven Road, Derry
BT47 5GW
Tel no: 028 7134 4484
Inspector: Laura O'Hanlon

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 residential care home registered to provide care for up to seven residents.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Anne Kilgallen	Registered Manager and date registered: Janet Doherty – 29 January 2020
Person in charge at the time of inspection: Janice McGurk, Team leader	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 home on the day of this inspection: None

4.0 Inspection summary

An unannounced inspection took place on 10 December 2020 from 10.30 to 14.00

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

At the time of this inspection there was an active outbreak of Covid 19 within the home; therefore all admissions to the home were suspended. There were no residents present in the home during the inspection.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care records
- environment
- governance and management arrangements.

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Janice McGurk, team leader, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with four staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives who were not present. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the team leader with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Staff duty rotas
- two staff competency and capability assessments
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 December 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the NISCC registration checklist confirmed that the annual registration fee date was included on the template. Discussion with the person in charge confirmed that this is checked by the manager on a monthly basis.	

6.2 Inspection findings

6.2.1 Staffing

Discussion with the person in charge confirmed the planned staffing levels for the home. Staff duty rotas were reviewed and identified that they accurately reflected the staff on duty during the inspection, the full names and grades of staff. The manager's hours were also recorded. However the person in charge in the absence of the manager was not identified on the rota. This was identified as an area for improvement.

Staff confirmed that staffing levels were maintained to ensure the needs of residents could be met and were adjusted as the dependencies of the residents changed. There were no concerns raised by staff regarding staffing levels in the home.

A competency assessment was completed by the manager with any member of staff who is given the responsibility of being in charge of the home in their absence. Two of these competency assessments were inspected and were found to be reviewed annually.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). Review of this information confirmed that all staff were appropriately registered.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Staff spoken with confirmed there was a good sense of team work in the home. Staff spoken with felt supported by their manager. When we discussed the needs of the individual residents; staff were knowledgeable of their assessed needs and any specific requirements.

Comments received from staff included:

- “There is good teamwork here; we all work well together and help each other out.”
- “There is enough staff on duty.”
- “This is a great home to work in.”
- “We are all doing our training next week.”

6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

On arrival we were advised that there was an active outbreak of Covid 19 in the home. The staff on duty were completing a deep clean of the environment. Records of deep cleaning were maintained along with advice and guidance for staff.

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and health symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available at the entrance.

PPE was readily available throughout the home and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

Signage outlining the seven steps to handwashing was displayed throughout the home. We were advised that management completed regular observations of staff handwashing practices. The infection prevention and control audits were all completed. Discussion with staff evidenced that they had completed updated training in regards to IPC they were aware of how to reduce or minimise the risk of infection in the home.

6.2.3 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required. However we identified a care plan which did not fully reflect the needs of the resident. This was identified as an area for improvement to ensure that care plans accurately detail the assessed needs of the residents.

The records were written in a professional manner and used language which was respectful of residents. There was evidence within care records of care plans and associated risk assessments being reviewed prior to a resident’s admission to the home.

Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.4 Environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, the lounge, the dining area and storage areas. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were tastefully decorated and new items of furniture were in place. Corridors and fire exits were clear of obstruction. Equipment was found to be maintained in a clean condition and to be stored appropriately in the home.

6.2.5 Governance and management arrangements

There is a clear management structure within the home. All staff spoken with commented positively about the manager and described her as supportive and approachable. Comments included:

- "Janet is a great manager; she is very efficient and organised."
- "Janet treats us all the same. She tries to push us and encourages us to do all the training we can."
- "Janet is a great manager; she is very approachable."

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC and hand hygiene. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

An inspection of accidents and incident reports was undertaken and confirmed that these incidents were appropriately managed and reported.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits for September, October and November 2020 were reviewed. These reports were noted to have been completed in a largely robust and effective manner. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the environment, team work, the culture and ethos of the home and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified in relation to the duty rota and care records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Throughout the inspection the environment was clean and tidy and staff adhered to the correct guidance in relation to IPC. Good teamwork was evident.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janice McGurk, team leader, 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 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	
Area for improvement 1 Ref: Standard 25.3 Stated: First time To be completed by: 17 December 2020	The registered person shall ensure that the duty rota clearly identifies the person in charge of the home in the absence of the manager. Ref: 6.2.1 Response by registered person detailing the actions taken: This has been actioned. The duty rota identifies the person in charge of the unit in the managers absence.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 24 December 2020	The registered person shall ensure that care plans accurately reflect the assessed needs of the residents. Ref: 6.2.3 Response by registered person detailing the actions taken: This has been actioned. Inconsistencies between care plans and client needs will be managed through regular audit by registered manager. Manger has arranged a date to meet with team leaders to develop knowledge and competence further in this area. Meeting has been arranged for 14.1.2021 at 10.30 am with Team leaders to action same and review and improve systems in this area.

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



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