

Inspection Report

14 January 2023



The Cottages

Type of service: Residential

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Mrs Margaret Murphy - acting
Responsible Individual: Mr Neil Guckian	
Person in charge at the time of inspection: Mrs Bernie McFadden, 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 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. Residents in the home receive short-break care during planned admissions. Residents have access to communal areas with a secure outside space.	

2.0 Inspection summary

An unannounced inspection took place on 14 January 2023, from 10.15 am to 2.10 pm by a care Inspector.

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

Residents told us that they felt well looked after and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team 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 areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were discussed with the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

Residents appeared relaxed and comfortable in their environment and in their interactions with staff. The atmosphere was welcoming and friendly. Residents who could verbalise their feelings said they were happy in The Cottages and that staff were looking after them well. There were no questionnaires received from residents or relatives.

All staff spoke positively regarding the support from management and stated that there was great team work and staff morale. Staff comments included: "I love working here", "Great staff morale and team work", "Good induction" and "I really do enjoy working here". There were no responses received from the staff online survey.

Comments received during the inspection were shared with the person in charge.

5.0 The inspection

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

The last inspection to The Cottages was undertaken on 18 and 25 January 2022 by a pharmacy and care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of the training matrix identified that not all staff had completed/updated their mandatory training within the required timeframe. This was discussed with the manager who advised that the matrix had not been updated to fully reflect all of the dates that staff had completed their training and that further dates were being arranged for a number of mandatory training topics. Following the inspection the manager provided written confirmation that relevant action had been taken to address this with ongoing monitoring to ensure full compliance.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

Staff confirmed that staffing levels are regularly reviewed to ensure that the needs of the residents are met. Staff members were observed to be attentive towards residents and displayed a kind and caring nature.

Review of a sample of competency and capability assessments for the person in charge in the absence of the manager evidenced that these had been completed.

Staff confirmed that they had regular supervisions and a yearly appraisal. A matrix system was in place to record the staff name and the date that the meeting was completed.

A number of the above records were not available within the home during the inspection and were required to be forwarded to the inspector by the management team following the inspection. This is discussed further in section 5.2.5.

5.2.2 Care Delivery and Record Keeping

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.

Residents were well presented, and had been supported by staff in maintaining their personal care. A discussion was held with the person in charge regarding the privacy and dignity of residents during personal care within shared bedrooms. Staff advised the action taken to ensure that residents' privacy and dignity is maintained including the use of a portable privacy screen as required. However; this was not available within the home during the inspection and an area for improvement was identified.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in The Cottages. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The atmosphere was calm and relaxed and staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes.

Residents were offered a choice of meals including where and when to have their meals. Staff knew which residents preferred a larger/smaller portion and 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.

Whilst it was positive to note that residents could access food/beverages within the kitchen and pantry as desired, the potential risks for residents with swallowing difficulties were discussed with the manager who agreed to review and action as necessary. This was identified as an area for improvement.

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.

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 fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of special interests. The communal lounge and dining room were welcoming spaces for residents. The person in charge confirmed that refurbishment was ongoing to ensure the home is well maintained.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Review of the most recent fire risk assessment completed on 1 September 2022 evidenced that two actions required follow up. This was discussed with the person in charge and following the inspection written confirmation was received that these actions had been signed off by management as having being completed.

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.

Observation of the environment and staff practices evidenced that they were not consistently adhering to infection prevention and control (IPC) measures, including one staff who was wearing wrist jewellery; toilet roll on top of a communal toilet cistern; patient equipment within a communal bathroom; light/shower pull cords stained and emergency pull cords uncovered. PPE was also identified within a communal shower room with the risk of contamination. Details were discussed with the person in charge who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

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.

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

Other residents were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Residents appeared to be content and settled in their surroundings and in their interactions with 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 change in the management of the home since the last inspection with Mrs Margaret Murphy the acting manager since 1 January 2023, under temporary arrangements until the newly appointed manager commences.

There was evidence that audits had been completed to review the quality of care and other services within the home. Audits contained an action plan, the person responsible, timeframe for completion and follow up where deficits had been identified; however, care record audits did not contain the full audit cycle. Details were discussed with the manager who agreed to review this and to monitor going forward.

The person in charge confirmed that monthly monitoring visits were being completed within the home by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. Whilst the October and November 2022 reports were available within the home, the December 2022 report was not available. Following the inspection the relevant report was forwarded to the inspector.

As mentioned above and in section 5.2.1, a number of records were not available during the inspection and were required to be forwarded to the inspector by the management team following the inspection. Details were discussed with the manager following the inspection and an area for improvement was identified to ensure that going forward relevant records are available and accessible within the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Bernie McFadden, Team Leader, 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: Regulation 13 (8) (a) Stated: First time To be completed by: From the date of inspection	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Actioned. During planning of all admissions a compatibility assessment will be completed. This is to ensure that those individuals who have complex needs and cannot mobilise are prioritised for single rooms where possible. In the event this is unavoidable – privacy screens are now available.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: From the date of inspection	<p>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.</p> <p>With specific reference to food/beverages within the kitchen and pantry.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Actioned.</p> <p>All staff have received dysphagia training.</p> <p>Manager attends monthly eating, drinking and swallowing group chaired by head of service.</p> <p>All up to date Trust information and information from this meeting is cascaded to the team.</p> <p>At handover and safety brief – service user needs and risks regarding -choking are identified and shared with staff.</p> <p>Generic risk assessment updated to include storage of food items and their management.</p> <p>General risk assessment - specific to - eating drinking and swallowing updated and signed by all staff – will be shared at safety brief and handover.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered provider shall ensure that IPC issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: All staff have updated IPC training</p> <p>Removal of internal Dani station from communal Shower room – actioned</p> <p>Pull cords in bathrooms changed and all remain wipeable Daily PPE and Hand hygiene audits completed. Weekly cleaning Audits completed.</p> <p>Grab rail ordered and to be installed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 22.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered provider shall ensure that relevant records are available for inspection in the home at all times.</p> <p>Ref: 5.2.1 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Actioned</p> <p>All staff have access to the Trust sharepoint site and can access all relevant documents pertinent to the operational management of the unit.</p>

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