

Inspection Report

18 and 25 January 2022



The Cottages

Type of Service: Residential Care Home
Address: Shepherds Way, Dungiven Road, Derry,
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www.rqia.org.uk

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

<p>Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Mr Neil Guckian, registration pending</p>	<p>Registered Manager: Mrs Emma O'Donnell – Acting Manager</p>
<p>Person in charge at the time of inspection: 18 and 25 January - Mrs Bernie McFadden, Team Leader</p>	<p>Number of registered places: 7</p>
<p>Categories of care: Residential Care (RC) LD - Learning Disability LD (E) - Learning disability – over 65 years</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 18 January - 0 25 January - 3</p>
<p>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 secure outside spaces.</p>	

2.0 Inspection summary

An unannounced medicines management inspection took place on 18 January 2022 from 10.45am to 12.45pm. The inspection was completed by a pharmacist inspector. An unannounced care inspection took place on 25 January 2022 from 10.15am to 2.30pm 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.

The home was warm, clean and free from malodour. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles with training and resources.

Residents were seen to be well cared for. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in The Cottages.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed.

There were no areas requiring improvement identified during these inspections.

RQIA were assured that the delivery of care and services provided in The Cottages was safe, effective, and compassionate and that the service was well led.

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 registration information, the previous quality improvement plan 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.

The medicines management inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines.

4.0 What people told us about the service

We met with three residents and three staff either individually or in small groups.

Residents were observed to be very relaxed in their environment and in their interactions with staff. We observed residents engaged in activities throughout the day with support and assistance readily provided by staff. The staff explained that they tailored the menu to the needs and preferences of the residents' accommodated and this was verified by the residents.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff said that the manager was very approachable and that they felt well supported in their role. Staff stated that the care provided in the home was very person centred and it was always about ensuring the residents get what they wanted.

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 10 December 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 25.3 Stated: First time	The registered person shall ensure that the duty rota clearly identifies the person in charge of the home in the absence of the manager.	Met
	Action taken as confirmed during the inspection: A review of the staff duty rota confirmed that it clearly identified the person in charge in the absence of the manager.	
Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans accurately reflect the assessed needs of the residents.	Met
	Action taken as confirmed during the inspection: A review of three care records confirmed that it accurately reflected the needs of the residents.	

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.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

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. Staff told us that there was enough staff on duty to meet the needs of the residents. The staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the manager was approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

We observed that staff were always available to support residents and spoke kindly to them.

5.2.2 Care Delivery and Record Keeping

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. This was good practice.

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff.

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 were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs.

Residents' needs were reassessed at the time of each admission to the home. Care plans were in place in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff reported that the care provided to the residents was of a high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 29 September 2021. Any areas for improvement identified within this assessment were addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed 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 seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed residents watching a movie which they had chosen. In the afternoon the residents had decided to go on an outing supported by staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones.

5.2.5 Management and Governance Arrangements

There has been no change in the management arrangements since the last inspection; Mrs Emma O'Donnell is the manager of The Cottages. Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices.

Staff commented positively about the manager and described her as approachable and accessible. The staff spoke about the positive impact of the management arrangements on the home and that they manager is keen to drive improvements in the home.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

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 all areas of 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. These are available for review by residents, their representatives, the Trust and RQIA.

5.2.6 Medicines Management

Residents in the home receive short-break care during planned admissions; medicines were provided by and returned to the resident's family representative/carer for each stay. Current medicine regimes and any changes are discussed prior to admission. Copies of residents' prescriptions were retained in the home so that any entry on the personal medication record could be checked against the prescription. Any acute medicines needed during each admission were prescribed by the GP and dispensed by the community pharmacist.

Records for four recent admissions to the home were reviewed. Arrangements were in place to ensure that staff were provided with a list of prescribed medicines. Medicines had been accurately received into the home. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

Medicine records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records to provide a double check that they were accurate. The records inspected showed that medicines were available for administration when residents required them.

Secure storage areas were in place, including a medicines refrigerator and controlled drugs cupboard. No medicines were being held on the day of inspection.

The disposal arrangements for medicines were reviewed. Medicines in use were transferred back to the resident's family representative/carer at the time of their discharge. Discontinued or expired medicines were returned to the community pharmacy for disposal. Records were maintained.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded appropriately in a controlled drug record book.

Management and staff audited medicine administration on a regular basis within the home and at each discharge. The audits completed during this inspection showed that residents had been administered their medicines as prescribed.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

Medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff use.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments. Policy and procedure documents were in place.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Bernie McFadden, Team leader, as part of the inspection process and can be found in the main body of the report.



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