

Unannounced Care Inspection Report 28 January 2018



The Cottages

Type of Service: Residential Care Home
Address: Shepherds Way, Dungiven Road, Derry, BT47 5GW
Tel No: 028 7134 4484
Inspector: Ruth Greer

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.

1.0 What we look for



2.0 Profile of service

The Cottages is a residential care home registered to provide accommodation for 7 persons whose assessed needs are within the categories cited on the registration certificate. The home provides a short break, respite facility only. There are no residents permanently living in the home.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Ms Janet Doherty
Person in charge at the time of inspection: Bernie McFadden - Senior Support Worker, Team Leader	Date manager registered: Janet Doherty
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 7

4.0 Inspection summary

An unannounced care inspection took place on Sunday 28 January 2018 from 9.45 to 13.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to quality assurance systems and governance, communication with residents, staff training and the ethos of the home. This inspection took place on a Sunday morning and there was a homely relaxed atmosphere in the home. Residents were familiar and at ease with staff and their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 29 August 2017.

5.0 How we inspect

During the inspection the inspector met with six residents and five staff. There were no visiting professionals and no residents' visitors/representatives.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views electronically. One questionnaire from a relative was returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Programme of activities
- Policies and procedures manual

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 most recent inspection dated 29 August 2017

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 29 August 2017

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

6.3 Inspection findings

6.4 Is care safe?

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

The team leader confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the team leader and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. This showed that supervision is provided on a quarterly basis. The home closes to admissions for one week, usually in May, each year to accommodate mandatory training for all staff.

The team leader confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to satisfactory. The competency and capability assessments were used as a staff development tool and reviewed/updated at supervision sessions.

Discussion with the team leader confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager is the named adult safeguarding champion.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the team leader, review of accident and incidents notifications, care records and complaints records confirmed that there had been no suspected, alleged or actual incidents of abuse since the last inspection. The team leader advised that any allegations would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The team leader confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the team leader identified that the home did not accommodate any individuals whose assessed needs could not be met. Part of the assessment includes the other residents who are to be accommodated for the same period and whether or not the group of residents are compatible with each other. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The team leader confirmed there were restrictive practices employed within the home, notably keypad entry systems, bed rails/bumpers for identified residents. Discussion with the team leader regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose and residents guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The team leader confirmed there were risk management policy and procedures in place. Discussion with the team leader and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

Review of the Infection Prevention and Control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. The team leader has been identified as the "link person" in regard to infection control. The team leader undertakes additional training and has access to infection control nurses in the hospital for guidance and advice.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The team leader reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust and home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be well decorated, bright and inviting. Rooms are not personalised to a high degree as residents are only in the home on a temporary basis. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the team leader confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 25 April 2017 and no recommendations were noted to have been made as a result.

Review of staff training records confirmed that staff completed fire safety training twice annually most recently on 28 September 2017. Fire drills were completed most recently in November and December 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

One completed questionnaire was returned to RQIA from a resident's representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents and staff included:

- “I do like it here and I would come back.” (resident)
- “After dinner, I’m going to the shops I’m getting a new watch.” (resident)
- “I’m here about a year and I had a full induction when I started.” (staff)

Areas of good practice

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

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 effective?

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

Discussion with the team leader established that staff in the home responded appropriately to and met the assessed needs of the residents. The service provided by this home is part of an overall package of care provision for a core group of clients of the Trust. Respite periods are provided on a planned basis and the home also strives to accommodate residents in emergency situations.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments for example, manual handling, bedrails, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. In conversation with staff and by observation of practice it was evident that they are aware of the preference as well as needs of each resident.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The team leader confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The team leader confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and their representatives.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The team leader confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

One completed questionnaire was returned to RQIA from a resident’s representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Comments received from staff and on the returned questionnaire included:

- “We provide a really good service here it’s important for residents to give them some independence and also a break for families. It’s effective in helping to keep residents living in their own homes.” (Staff)
- “The unit is excellent for people with complex and challenging behaviours.” (relative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, 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

6.6 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 team leader confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. Easy read information on Human Rights had been laminated and was on display in the hallway of the home. This is commendable.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records which included care plans for management of pain, trigger factors, prescribed medication, care of chronic pain etc.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. For example leaflets on the meaning and implications of “consent” were available for residents in easy read and pictorial form.

The team leader confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

The team leader and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example, feedback and evaluation sheets are completed after each period of respite. Satisfaction questionnaires were forwarded to families in April 2017. The returned questionnaires were reviewed and all comments made by respondents were positive.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified. Improvements made as direct result of the resident consultation included the provision of television in each of the bedrooms. These were provided by staff who undertook fund raising events.

This inspection took place on a Sunday morning. Residents who chose had a lie in and then were engaged in activities of their choice. A traditional Sunday dinner was prepared which looked appetising and substantial. Residents were planning a drive out in the afternoon and there was a relaxed and homely atmosphere.

One completed questionnaire was returned to RQIA from a resident's representative. The respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents and staff included:

- "I love my dinner, it's great" (resident)
- "The residents here get the very best care and food, they are honestly well looked after"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents 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

6.7 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 team leader outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. A copy of the Statement of Purpose, Residents' Guide and Operation Policy were accessible for residents/families to read.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and leaflets. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. There had been no recorded complaints since the last inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents

was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. A “manager’s audits” file was available for examination.

Discussion with the team leader confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The most recent report of 15 January 2018 was inspected and found to include all elements of quality assurance.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide.

The team leader confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and was displayed.

Review of records and discussion with the team leader and staff confirmed that if any there were any adult safeguarding issues these would be managed appropriately and that reflective learning would take place. The team leader confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The team leader and staff interviewed confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

One completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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