



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	The Cottages
Establishment ID No:	1224
Date of Inspection	28 April 2014
Inspector's Name:	Ruth Greer
Inspection No:	17743

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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GENERAL INFORMATION

Name of Home:	The Cottages
Address:	c/o Melvin Lodge Lakeview Hospital, Gransha, Clooney Road Londonderry BT47 6WJ
Telephone Number:	02871344484
E mail Address:	marie.mullan@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western HSC Trust Elaine Way
Registered Manager:	Miss Marie Mullan
Person in Charge of the home at the time of Inspection:	Miss Marie Mullan
Categories of Care:	RC-LD ,RC-LD(E)
Number of Registered Places:	8
Number of Residents Accommodated on Day of Inspection:	8
Scale of Charges (per week):	Trust rates
Date and type of previous inspection:	26 November 2013 Primary announced inspection
Date and time of inspection:	29 April 2014
Name of Inspector:	Ruth Greer

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 9 – Health and Social Care

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

The Cottages is registered as a residential care home to provide planned short-term respite care for adults with learning disability needs. No residents live permanently in this home.

The home is situated close to local shops, schools, churches and community facilities and within walking distance from the city centre.

The Cottages consists of five bedrooms, a kitchen, sitting room, laundry room, one shared bathroom / toilet and office accommodation.

There is a small garden to the front and side of the building and a small patio area which is appropriately secured.

SUMMARY

An inspection was undertaken of The Cottages Residential Care Home on 29 April 2014 by an officer of the Regulation and Quality Improvement Authority (RQIA). The inspection was unannounced.

The Cottages (registered address, Shepherd's Way, Dungiven Road, Londonderry), is currently undergoing some building work and, in the interim, respite care is continuing to be provided in a suite of Lakeview Hospital, Melvin Lodge. The inspection was undertaken to ensure that the minimum standards were being maintained in the temporary premises.

There were two residents in the home when the inspection commenced. Both looked well and obvious care had been taken with personal hygiene and presentation.

There were sufficient staff on duty to provide care for the numbers and needs of the residents accommodated.

The environment was bright and well decorated. One requirement has been made in relation to fire safety.

The inspection focus was on Standard 9 - The health and social care needs of residents are fully addressed. There was evidence that the home is compliant with the requirements of this standard.

The inspector acknowledges the full co-operation of the manager and staff.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 14 (2) (c) and Regulation 27 (2) (a)	Confirmation should be sent to the RQIA that the numbers of residents accommodated at any one time will be restricted (where indicated by an assessment of need) to ensure their individual safety and welfare.	The quality improvement plan will be reviewed at the next inspection of the home.	
2	Regulation 15 (1) (a)	Confirmation should be sent to the RQIA that individual risk assessments are undertaken before residents are admitted. The risk assessment should reflect the limitations of the premises and the compatibility of the resident with others accommodated at the same time.		
3	Regulation 19 (2) (b) and Schedule 4 .6 (g)	Records specified by legislation must be held in the home and available for inspection at all times.		

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 11.3	A pre review progress report should be prepared for all reviews and a copy held in the residents' files.	The quality improvement plan will be reviewed at the next inspection of the home.	
2	Standard 16.6	A copy of the outcome of any investigation under the abuse of vulnerable adult procedures should be held in the home.		

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
Records have been moved from Shepherds Way and are held securely in locked cabinets. The care files of residents contained the details listed in this criterion.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
The Cottages is registered to provide care for persons diagnosed with learning disability. Several of the senior staff are specialty nurses in this field. Training is provided for unqualified staff in the areas of challenging behaviour and ongoing support is available via staff meetings and individual staff supervision.	Compliant
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
Residents are accommodated in The Cottages for short period of planned respite. Residents do not tend to require referrals to outside community professional while they are living in the home. Residents are known to staff as a result of regular respite in the home. A care plan is up dated on each admission should any changes have occurred since the previous stay in the home.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
The residents who avail of care in The Cottages all live in the community with their families. Families are in regular contact with the home in the planned respite of their loved ones. At the end of each stay verbal feedback is provided as is a written report on the resident's progress during their stay.	Compliant
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
Residents are in the home for a few days at a time. There are not usually any health care appointments made for the duration of their stay. There are details in the care files of contact numbers of GPs etc. The registered manager stated that if an emergency situation occurs the first contact is usually the family of the residents.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
On admission an inventory is made of all belongings of each resident. This is then checked on discharge and signed by the family member who collects the residents.	Compliant

ADDITIONAL AREAS EXAMINED

STAFF

On the day of the inspection the following staff were on duty:

- Manager x 1
- Senior staff x1
- Care staff x 2

The inspection took place on a Monday morning when residents were returning to their own homes via their day care placements. A new group of residents were due to be admitted in the late afternoon. A review of staff rotas provided evidence that sufficient staff were on duty to provide care for the needs of the persons accommodated.

In conversation with the inspector staff stated that residents have managed well with the temporary move in premises and that several enjoy the wide corridors and spaciousness. Staff also reported that some residents do not like the food which is prepared in the hospital kitchen and taken to Melvin Lodge. Staff stated that when in the original location that fresh food is bought and prepared in the home's kitchen.

Environment

The inspector examined the environment which was found to be warm, well decorated and bright. Despite Melvin Lodge being an integral part of the hospital the accommodation is separated by doors and the accommodation is not used by any other service. Each resident has an individual bedroom and there is ample bathroom and lounge facilities. It was noted that several doors were wedged open. This is in breach of fire regulations and a requirement has been made in the quality improvement plan appended to this report.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Miss Mullan as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



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Quality Improvement Plan

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Miss Marie Mullan (registered manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 27 (4)(b) The Residential Care Homes Regulations 2005 (NI)	Fire doors should not be wedged open at any time.	First	All staff had an update on fire training and were reminded that all fire doors were to be kept closed at all times.	Immediate and on going

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Marie Mullan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Marie Mullan</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>Ruth Sheel</i>	<i>7/7/14</i>
Further information requested from provider			