



# Unannounced Care Inspection Report 29 January 2019



## The Cottages

**Type of Service: Residential Care Home**  
**Address: Shepherds Way, Dungiven Road, Derry BT47 5GW**  
**Tel No: 02871344484**  
**Inspector: Marie-Claire Quinn**

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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**

This is a residential care home with seven beds. The home provides respite care for individuals who live with their family in the community. There are no permanent residents in the home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual:</b> Anne Kilgallen	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Janet Doherty	<b>Date manager registered:</b> Janet Doherty - registration pending
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 7

### 4.0 Inspection summary

An unannounced care inspection took place on 29 January 2019 from 10.20 to 13.10.

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 in the home was found in relation to the provision of individualised and person centred care, communication with residents, representatives and other professionals, and staff's commitment to quality improvement.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Janet Doherty, manager, 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 31 July 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the previous inspection report and notifiable events.

During the inspection the inspector met with the manager, one resident and four staff.

A total of seven questionnaires and several 'Have we missed you cards' were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Three residents' care files
- Complaints and compliments records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Minutes of recent representatives' meetings
- feedback from annual quality assurance survey
- Reports of visits by the registered provider
- Programme of activities

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 31 July 2018.

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 31 July 2018

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**

On arrival to the home, staff asked the inspector for photographic identification, to ensure the safety of the residents by checking who had access to the home. A notice board displaying the photographs and names of staff was visible on entry to the home.

Staff were cheerful, pleasant and had a calm approach, contributing to a peaceful atmosphere in the home. There was only one resident in the home who was relaxing in the lounge, watching a DVD and receiving a foot massage. The resident had freshly painted nails, and staff described how she had selected her favourite colour of nail polish that morning. Although unable to verbally express her views, the resident appeared to be relaxed and content in her surroundings. The other two residents currently staying in the home were being driven to day opportunities by other members of staff.

The home was warm, fresh-smelling, clean and tidy. Improvements have recently been made to the home's environment. These include new furniture and equipment including a multi-sensory bath which provides a relaxing and soothing experience for residents; the manager had also recently purchased two recliners, sofas, CD players and curtains for the lounges, and new televisions for the bedrooms. As the home provides respite care, residents' bedrooms were not personalised; however, residents were encouraged to bring items from their home if they wished, such as cuddly toys, blankets, pillows, or DVDs.

Infection Prevention Control (IPC) practices were observed throughout the home. There were notices promoting good hand hygiene were displayed in both written and pictorial formats. IPC compliance audits, such as hand hygiene, were undertaken on a regular basis. The fire alarm was being tested on the day of inspection, and the manager confirmed that fire safety checks are regularly completed.

Staff confirmed they were provided with mandatory training and additional training opportunities including dysphagia, Makaton, incident reporting and risk assessment. Managerial staff were provided with additional training in governance and leadership through Level 3 Diploma in Health and Social Care. Training regarding current best practice was also available, such as the virtual dementia tour to enhance staff's understanding of the needs of residents experiencing dementia. The home also had a designated dementia champion.

The manager stated she was committed to ensuring that all staff were knowledgeable and had a clear understanding of adult safeguarding principles and procedures. Following any adult safeguarding incident, the manager arranges staff debriefing sessions. These sessions are used to support staff and identify any areas for learning. One example of this was the need for staff to receive MAPA training and this was arranged for January 2019. In addition to mandatory adult safeguarding training, the manager had also arranged refresher training for all staff. Learning was further embedded during supervision of staff and staff meetings. The manager also considered the compatibility, needs and personality of residents when scheduling respite. This further enhances safeguarding and protection of the residents.

Staff spoken with during the inspection made the following comments:

- “Adult safeguarding training was interesting...it’s our responsibility to make sure they’re (residents) are okay.”
- “(It’s) completely safe. We always make sure to read the care plan to be aware of any changes. We have a structured handover in the morning, and we risk assess throughout the day.”
- “All the training is useful and relevant and we always get additional training on top of what’s mandatory.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the improvements made to the home’s environment and to staff training, especially around the area of safeguarding.

**Areas for improvement**

No areas for improvement were identified within this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

The manager felt that staff in the home were very familiar with the assessed needs of the residents. It was good to note that staffing in the home was stable. The number of residents accommodated at any one time depended on the complexity of their needs and compatibility with other residents. The manager aims to be flexible regarding this; for example respite can be extended, depending on the needs of the residents.

A review of three care records confirmed that 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 plans are provided by the trust, and then further individualised for the resident for the period they are staying in the home. Staff maintained open communication with families and the trust, including behaviour management teams, which helps to ensure they have the most accurate and up to date information regarding the residents. The manager outlined ongoing efforts to improve and maintain communication with care management and community social work to ensure this information is provided. Staff attend annual care reviews, when required.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, as the home held pre-admission and discharge meetings for each period of respite. Care records reviewed were observed to be signed by the resident and/or their representative.

Catering arrangements were also highly individualised and varied depending on the needs and preferences of the residents. A large menu was maintained in the home, and included both written and pictorial information. During admission, each resident chooses what food they would like to eat while staying in the home. The home also retains comprehensive information on residents’ preferences and essential information such as allergies or SALT guidelines. New equipment, including a nutribullet and an actify, had recently been purchased to further increase meal options for residents.

Staff spoken with during the inspection made the following comments:

- “I’ve worked a lot of places; this is the first place I’d feel comfortable having a family member in...it’s a home from home....This is a holiday for the residents; they are here to be pampered.”
- “Staff are very good and kind; clients get made a fuss of and gets pampered...Every client gets an individual care plan and it’s not just a paper exercise – if clients want something, they get it!”
- “Meal plans are there if residents need soft diets; it was one of the first things I was shown...I’ve been able to go through care files, risk assessments...there’s time to learn so I can be aware of what exactly they (residents) need help with and where we can encourage independence.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

**Areas for improvement**

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Care delivery in the home was observed to be compassionate and this was confirmed in conversations with staff. Staff interacted with the resident in the home in a kind manner, treating the resident with both dignity and respect. Staff demonstrated an awareness of residents’ rights and how these rights underpin their practice. Residents’ independence was promoted where possible; for example getting themselves dressed or eating independently. Service users can request whether they want a male or female carer for their personal care. The home also displayed pictorial and written information on human rights and this is to be commended.

Staff outlined how they would ensure consent from residents using a range of communication abilities, including asking permission before providing support with personal care; reading body language and monitoring facial expressions. Staff would also check written consent records which were signed and retained in care records.

Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents and their families were encouraged and supported to actively participate in the home's pre-admission and discharge meetings. Residents were also encouraged to, where possible, participate in a home meeting with the other residents during their stay. An example of how compassionate care is embedded into practice was contained in a poster displayed in the home which read, "Behaviour of any kind is a form of communication and is often driven by need."

The home has recently established a residents' forum. This is held quarterly with a core group of four residents and facilitated by a team leader. One outcome of this has been a request for Netflix to be provided in the home, which the trust is now funding. An additional fact finding exercise was completed with residents; their feedback was used to apply to Personal and Public Involvement for funding. This is a team which promotes the use of service users in decisions which impact on their lives. The funding was used to purchase an interactive white board, and tablets for the home. Residents had requested this and the tablets are used to play games, listen to music and watch videos.

Activities in the homes provide clear evidence of person centred planning. Residents decide whether they would like to maintain their usual activity routine, for example attending day opportunities. Some residents prefer to do something different, as part of their holiday experience. Care plans specify religious and spiritual needs of service users, and their preference for attending any religious services during their stay.

Residents request a range of activities including shopping; walks; visits to local cafes and restaurants; attending plays at the Waterside theatre; attending the Christmas pantomime; and visiting Culmore Point to see the boats. In the home, residents can access arts and crafts; colouring; painting; jigsaws; yoga; and movie nights. An activities board provides written and pictorial information on available activities for the week ahead. The current week's activities included group discussion; makeup and beauty therapy; listening to music; and DVD evening.

The manager has made further improvements to the activity programme with a particular emphasis on developing residents' inclusion in the local community. This included working with Derry City and Strabane District's Council's Access and Inclusion Officer, to access more community projects. Residents had recently enjoyed attending the monthly disco at the Millennium Forum. This was of particular benefit to residents as they can attend this even when they are not staying in the home. The home had also developed links with the local leisure centre, who now host an event on Friday evening specifically for the residents. Activities are tailored to the interests and skills of the residents staying in the home that week.

Staff spoken with during the inspection made the following comments:

- "Every admission day we have a meeting with the resident to get feedback, so they can pick what they're wanting to do...I'm into the beauty therapy, you want them going out looking their best!"



- “We speak to families, see if there’s any wee changes with them (residents); they tell you a wee bit more when you’re chatting, like their wee routines, what they like at night time, do they need more support.”
- “We had Makaton training the other week, it was even more relevant than we thought, so we are getting more information, getting signs for the kitchen.”
- “There’s good handover, communication, delegation, record keeping...it’s a good place to work, very organised.”

**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 within this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 manager and staff confirmed that management operated an open door policy; staff are easily accessible and responsive to suggestions or concerns.

Relatives meetings were arranged but attendance was poor. Relatives have several other opportunities to provide feedback to the home, including pre-admission meetings, discharge meetings, and telephone contact as required. The manager outlined additional strategies she had implemented to further involve families and generate ideas for improvement. This consultation resulted in some requests for more advanced planning of the dates of respite. Feedback from the consultation included comments such as “All excellent” and “More respite places should be to the same standard”.

Residents and families are made aware of the complaints procedure through the residents’ guide which also includes details for RQIA. No complaints have been raised recently but the procedure for the management of complaints was robust. The home retains compliments received, and the staff said they had been very moved by the thank you letters and cards they had received at Christmas.

Visits by the registered provider were undertaken on 24 October 2018, 20 November 2018, 20 December 2018 and 21 January 2019. Review of these reports confirmed that if any issues were identified, action plans were developed and addressed promptly. Additional quality assurance was provided from the positive feedback following the trust’s ‘Leadership walk around’ when senior management visited the home on 19 November 2018.

Staff spoken with during the inspection made the following comments:

- “I’ve had good support from everybody I’ve met...The manager is very good, she wants my views and feedback as that’s how we can learn.”
- “I love working here, it’s brilliant...The manager is great at explaining things and keeping you updated.”
- “Supervision is brilliant. There’s good communication here, we all act as part of a team, all the staff are supportive.”
- “We do more than just meet the standards – we want to develop the unit. Janet (manager) is proactive and forward thinking. She’s approachable and fair.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, the promotion of quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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