

Inspection Report

15 November 2023



Corkey House

Type of Service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Presbyterian Council of Social Witness	Registered Manager: Mrs Mae Irvine
Responsible Individual Mr Dermot Parsons	Date registered: 16/10/2021
Person in charge at the time of inspection: Mrs Mae Irvine	Number of registered places: 35 The home is approved to provide care on a day basis only to 2 persons. Maximum of 10 existing residents in RC-DE category of care and a maximum of 2 existing residents in RC-MP (E) category of care.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 31
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 35 residents. The home is divided in three corridors, Glenview, Cavehill and Cairn. Residents' bedrooms all have ensuite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 15 November 2023, from 10.00 am to 5.00 pm by a care inspector.

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

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents confirmed that they would have no issue raising any concerns or complaints to staff. Specific comments received from residents and staff are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care. Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

Three new areas for improvement were identified with regards to the use of Personal Protective Equipment (PPE), the fire risk assessment and the completing of incident and accident records within the home.

The findings of this report will provide the manager with the necessary information to continue 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents said they were happy living in Corkey House. Residents' comments included, "I like it here, it runs very smoothly, we are very lucky," "I have made this place my home, I love it here," and "we are well looked after here, it is important to highlight the care that is given."

Staff said, "when I first started working here the girls were lovely, they were so welcoming," and "the residents are well looked after, it is important for all staff to get to know them and their likes and dislikes."

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment referred to the, "care and love given" by the staff in the home.

No additional feedback was provided by residents, relatives or staff following the inspection.

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 20 June 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time	The registered person shall ensure that all parts of the residential care home to which residents have access, are free from hazards to their safety. This is specifically in relation to the hair salon.	Met
	Action taken as confirmed during the inspection: This area for improvement has been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 and 24.5 Stated: First time	The registered person shall ensure that all staff have formal recorded supervision no less than every six months and a formal recorded appraisal annually.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a second time. Please refer to section 5.2.1 for details.	

Area for improvement 2 Ref: Standard 32 Stated: First time	The registered person shall ensure that medicines that require cold storage are stored within the required temperature range of 2°C and 8°C and action is taken if the temperature of the medicines refrigerator deviates from this range.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

There were systems in place to monitor staffs' registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management.

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 such as IPC, Mental Capacity Act and safeguarding. One staff member said, "my induction was very good, I was very well supported."

Staff said that the residents' needs and wishes were very important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day. For example, some staff facilitated a morning activity while other staff were observed spending time chatting with residents.

A matrix was in place to ensure that all staff had received their supervision as required. However, a number of staff had still not received their annual appraisal within this calendar year. This was discussed with the manager after the inspection who informed us that she had a plan in place to complete staff appraisals by the end of 2023. An area for improvement was stated for a second time.

One resident said “the staff really know what they are doing, they know us well.” Another resident said, “a few times I have had to pull my bell and staff come quickly.”

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents’ needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff showed excellent communication skills when communicating with residents; they were understanding and sensitive to residents’ needs. For example, when one resident required support at lunchtime, staff supported them respectfully and adapted their communication to suit the needs and preferences of this individual resident.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu for the day was on display in the dining room. Residents spoke positively in relation to the quality of the meals provided and the choice available. One resident said “the food is lovely and there is so much of it.”

There was evidence that residents’ weights were checked at least monthly to monitor weight loss or gain.

Residents’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

There was evidence of a person centred approach throughout care records. For example, care plans were detailed and contained specific information on each individual resident's care needs and what or who was important to them. Care records were in the process of being updated by the manager and one care plan lacked the required detail, this was discussed with the manager who provided assurances that a plan was in place to address this; therefore, an area for improvement was not required at this time and this will be reviewed at the next inspection.

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

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. Any concerns raised by staff with regards to residents were recorded and addressed in a timely manner.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review included the resident, the home staff and the resident's next of kin, where appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents comments included, "my room is kept very clean," and "I like this room, it is very clean."

There was evidence that the environment was well maintained and a review of records confirmed that the required safety checks and measures were in place and regularly monitored. Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Actions from the most recent fire risk assessment had not been evidenced as being fully completed.

This was discussed with the manager who provided assurances that she would escalate this to the appropriate professionals. An area for improvement was identified

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. There were laminated posters displayed throughout the home to remind staff of good hand washing procedures.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Staff members were observed to carry out hand hygiene at appropriate times. However, during the inspection, inappropriate use of PPE was observed, for example, the inappropriate use of gloves and aprons during the lunchtime meal. This was discussed with the management team, an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents and staff confirmed that they were able to choose how they spent their day. For example, residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day.

It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as arts and craft sessions, quizzes, bingo and church services. Residents commented positively on the activities program in the home. One resident said, "there is so much to do, the activities co-ordinator is lovely."

A review of the minutes of residents' meetings evidenced that residents were encouraged to comment on aspects of the running of the home. For example, planning activities and menu choices.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Mae Irvine has been the registered manager in this home since 16 October 2021.

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.

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 commented positively about the manager and the deputy manager and described them as supportive and approachable. Staff told us that there was good communication from management and everyone knew what was expected of them.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents said that they knew how to report any concerns or complaints and said they were confident that the manager would address these concerns.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA, however, accident and incident records were not always fully and accurately completed. This was discussed with the manager during feedback for immediate action. An area for improvement was identified

The home was visited each month by a representative of the registered provider 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.

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' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	5*

* the total number of areas for improvement includes one standard that has been stated for a second time and one standard which has been carried forward for the next review.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 24.2 and 24.5 Stated: Second time To be completed by: From date of inspection (16 February 2023)	<p>The registered person shall ensure that all staff have formal recorded supervision no less than every six months and a formal recorded appraisal annually.</p> <p>Ref 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: Service Manager and Deputy Manager have created a schedule to address the remaining supervisions and appraisals. A supervision and appraisal schedule for 2024 will be implemented in January 2024.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection (20 June 2023)</p>	<p>The registered person shall ensure that medicines that require cold storage are stored within the required temperature range of 2°C and 8°C and action is taken if the temperature of the medicines refrigerator deviates from this range.</p> <p>Ref 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection (15 November 2023)</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • the appropriate use of personal protective equipment <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A staff meeting was held on 13/12/2023 and the importance of wearing appropriate PPE was addressed. The process of changing PPE when leaving and re-entering the dining room was focused upon. Appropriate use is discussed regularly at staff huddles and handovers.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection (15 November 2023)</p>	<p>The registered person shall ensure that the fire risk assessment is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: All recommendations in the Fire Risk Assessment that can be directly resolved by the service manager was completed within the set timeframe. Discussions with the Housing Association are ongoing and a formal letter of concern has been sent requesting the expediting of all outstanding recommendations are actioned by the Housing Association.</p>

Area for improvement 5 Ref: Standard 22.4 Stated: First time	The registered person shall ensure that the information held on record is accurate and up to date. This area for improvement relates to the recording of incidents and accidents in the home. Ref: 5.2.5
To be completed by: From date of inspection (15 November 2023)	Response by registered person detailing the actions taken: The Service Manager has undertaken one to one training with the senior care assistant team within the service to ensure they are aware of the importance of accurate paperwork and their responsibility to ensure the same.

Please ensure this document is completed in full and returned via Web Portal



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