

Inspection Report

16 February 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 Responsible Individual Mr Dermot Parsons	Registered Manager: Mrs Mae Irvine Date registered: 16/10/2021
Person in charge at the time of inspection: Mrs Lorraine Coggles, Deputy Manager	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: 32
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 16 February 2023, from 9.45 am to 5.30 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 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 and their relatives confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents and their relatives are included in the main body of this report.

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).

Two new areas for improvement were identified in relation to staff supervision and access to areas that may cause harm.

RQIA were assured that the delivery of care and service provided in Corkey House was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Corkey House.

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 the previous areas for improvement issued, registration information, 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 findings of the inspection were discussed with Lorraine Coggles, deputy manager at the conclusion of the inspection. Additional feedback was provided to Mrs Mae Irvine, manager on 20 February via telephone.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "this is a great place, the staff are lovely", "this place is A1, the staff are great fun" and "I love it here, I have no complaints."

We spoke with three residents' relatives who told us they had no concerns about the home, commenting; "this place is very good, my relative is well looked after", "the staff are very attentive" and "the staff are very good we are kept up to date with everything." All relatives spoken to confirmed that the communication from the home was excellent.

Staff commented that the home was "good place to work." All staff spoken to said that they felt well supported in their roles within the home and were all encouraged to complete any training relevant to their roles and responsibilities.

Visiting professionals commented "the staff are very caring here", and "I have no concerns, the care is excellent."

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

A record of compliments received about the home was kept and shared with the staff team; this is good practice. One compliment received from a visiting professional referred to the "professional, caring and compassionate" attitude of the staff.

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 1 February 2022		
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: First time	<p>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.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time.</p>	Not met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 8.2 and 8.5 Stated: First time	<p>All care records regarding falls management must contain sufficient, accurate and up-to-date detail on the circumstances of the fall, and any action taken by staff.</p> <p>Ref: 5.2.2</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 2 Ref: Standard 20.10 Stated: First time	<p>The manager shall review the falls audit system to ensure this process is robust, and provides adequate assurances that working practices are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

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

The manager had a system in place to monitor staff's professional registration 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.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated excellent knowledge of their roles and responsibilities regarding Adult Safeguarding, Dysphagia and Deprivation of Liberty Safeguards (DoLS). A review of the homes training matrix confirmed that all mandatory training is up to date.

Resident's spoke positively about the staffing in the home, comments included, "staff come quickly when I call them", "the staff are great here" and "I love it here the girls are so good."

Relatives told us "the staff are very good; I have no concerns."

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that there was enough staff on duty to meet the needs of the 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.

A number of staff had not received any supervision or appraisal within this calendar year. This was discussed with the manager after the inspection who agreed to begin a planned programme of supervision and appraisal with all staff. An area for improvement was identified.

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, staff were observed responding to call bells promptly, staff were also observed spending time with residents chatting with them both in the lounge and in the dining room.

Visiting professionals said "the staff are excellent, they go over and above what is needed."

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 were observed to be prompt in responding to call bells throughout the day. Staff were skilled in communicating with residents; they were understanding and sensitive to residents' needs.

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.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records and discussion with the deputy manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

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.

There was evidence that residents' needs in relation to nutrition were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records are reviewed to ensure residents received the correct consistency of diet.

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 and both residents and staff confirmed that choices for meals were always offered. One resident told us "if you don't like the food, you are given a choice", after lunch residents told us "lunch was lovely, very nice, we are going to have a cup of tea and something sweet now."

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. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Residents were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and individual residents' care plans reflected this.

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

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. A record of the meeting, including any actions required, was filed in the residents' individual file.

Residents' relatives said that "staff are very good, any incidents are reported and dealt with very quickly." All relatives spoken to spoke highly of the good communication between the home and the family.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia. Corridors were clean and free from clutter or hazards.

Areas containing items with potential to cause harm, such as the treatment room and cupboard containing electrical boxes were open and accessible to residents. This was brought to the attention of the deputy manager who immediately secured these areas. An area for improvement was identified.

The hair salon was unlocked and accessible to residents. The salon was cluttered and contained items that are hazardous and had the potential to cause harm. This was brought to the attention of the deputy manager for action and an area for improvement was identified for a second time.

Residents said "my room is kept spotless" and "my room and the whole place is kept clean and tidy."

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. The latest fire risk assessment was completed on 1 February 2023; actions from this risk assessment are in the process of being completed.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, a 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 Personal Protective Equipment (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.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear and 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. Activities in the unit included, arts and crafts, church services, quizzes and exercises. One resident told us "we had a party on Monday night for St. Valentine's day, it was very good." On the day of the inspection armchair exercises were taking place in the lounge area and staff and residents were observed taking part in these exercises.

Residents' said that "there is always a lot to do here", and "the staff are good fun, we are always having a laugh." One resident said that they would like to have more outings organised, this was discussed with the manager after the inspection for review and action.

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 manager in this home since 27 June 2019 and has been registered with RQIA 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. A representative of the registered provider 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 and their relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these concerns. One resident told us "I would go to Mae or Lorraine if I was not happy, I know they would help me."

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.

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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	1	2

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Lorraine Coggles, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Additional feedback was provided to Mrs Mae Irvine, manager on 20 February via telephone.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: From date of inspection	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: A lock has been fitted to the cupboard in the hairdressing salon to ensure access to hairdressing materials is not feasible. The salon will also be fitted with a manual keypad to ensure no unauthorised access is possible by 24/03/23. The Home Manager completes a daily walk around and checks all parts of the residential care home. Residents' access to areas of the home is inspected during monthly monitoring visits.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 24.2 and 24.5 Stated: First time To be completed by: From date of inspection	The registered person shall ensure that all staff have formal recorded supervision no less than every six months and a formal recorded appraisal annually. Ref: e.g. 5.2.1
	Response by registered person detailing the actions taken: A new supervision schedule is currently underway. Supervisions of Care Assistants will be conducted by Senior Care Assistants/ Deputy Manager. The Home Manager will conduct all supervisions with Senior Care Assistants and the Deputy Manager. The supervision schedule will be reviewed at all monthly monitoring visits and during the Home Manager's monthly supervision.

<p>Area for improvement 2</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection</p>	<p>The registered person shall ensure that the home is maintained in a safe manner. This is specifically in relation to the treatment room and the electrical cupboard doors.</p> <p>Ref: 5.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All Senior staff/ staff have been reminded that the treatment room and electrical cupboard doors are never to be left unlocked. . Laminated posters about the need for these doors to be locked have been put on the doors. The security of these doors will be checked daily during the manager's walk around, and any further failings will be addressed with staff on duty</p> <p>Keys for doors to electrical stores and the treatment room are now kept in adjacent key safes to ensure no unauthorised entry is possible</p>

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