

Unannounced Care Inspection Report 17 December 2020



Corkey House

Type of Service: Residential Care Home (RCH)
Address: 1 Forthriver Crescent, Belfast, BT13 3SR
Tel No: 028 9071 8095
Inspector: Mandy Ellis

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 35 residents.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual(s): Lindsay Conway	Registered Manager and date registered: Mae Irvine– acting, no application required
Person in charge at the time of inspection: 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 home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 3 December 2020 from 09.20 to 15.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements.

The findings of this report will provide Corkey House with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mae Irvine, manager and Lorraine Coggles, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with six residents and eight staff. Questionnaires were also left in the home to obtain feedback from residents and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 7 December to 20 December 2020
- the home's registration certificate
- two residents' care records
- the fire risk assessment
- complaints records
- incident and accident records
- a sample of governance audits/records
- a sample of monthly monitoring reports.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 27 January 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained.

On the day of the inspection we observed that staffing levels were satisfactory and residents' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of residents were met. We reviewed the duty rotas for the period 7 December to 20 December 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support the care staff.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work. They also told us that they felt supported by the manager.

Comments made by staff included:

- "Teamwork is good."
- "I love it here."
- "I'm happy enough."
- "Everyone is friendly."
- "Communication is good."

6.2.2 Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors, including the inspector, had a temperature check on arrival at the home.

The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home.

Vinyl gloves were observed in some of the PPE stations along with other types of glove. This was discussed with the manager how the use of vinyl gloves are not recommended for direct resident care and are less effective in the clinical setting than other latex type gloves. The manager agreed to remove the vinyl gloves from use for the personal care of the residents.

6.2.3 Infection Prevention and Control / Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas. We found corridors and fire exits were clear and unobstructed. The home was fresh smelling throughout. The residents' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual residents.

We observed various IPC shortfalls, namely:

- staff were observed wearing nail polish, gel nails and inappropriate items of jewellery
- light pull cords and emergency pull cords in several resident and communal bathrooms did not have a plastic covering or wipe able material
- shower seats in residents bathrooms required a more effective clean
- the underside of soap dispensers throughout the home required a more effective clean
- multiple items were observed stored on top of toilet cisterns, behind toilets and on window sills in residents bathrooms and communal bathrooms; the items observed were gloves, cleansing wipes, personal toiletries and bags
- linen stores were observed with various items stored on the floor therefore reducing the effective cleaning of the store.

The above deficits were discussed with the manager for her appropriate action. We were advised pull cord covers had been identified as a requirement by the manager; the home was awaiting a delivery of these. An area for improvement was identified in regard to the other IPC shortfalls.

We also identified deficits with regards to staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations in two identified areas. A sluice room and a linen store were found unlocked with access to cleaning products. This was discussed with the manager for immediate action and an area for improvement was identified.

A review of the homes designated smoking room identified the absence of a fire blanket. The room is not currently in use as no residents smoke. This was discussed with the manager and a fire blanket was immediately ordered. An area for improvement was made.

Our walk around the home identified two sluice rooms and one identified bathroom not being used as set out in the homes statement of purpose. These rooms were observed cluttered and used to store various items. The importance of the rooms being used for the purpose that they were registered was discussed with the manager, who agreed to review the use of the rooms. This will be reviewed at a future inspection.

6.2.4 Care delivery

Residents in the home looked well cared for; they were observed to be well presented and settled in their surroundings. The atmosphere was relaxed, staff were seen to speak to residents in a kind and friendly manner and to offer them support as required.

Comments from residents included:

- “They are all terrific.”
- “I have no issues.”
- “The girls are very good.”
- “They do all they can.”
- “I’m happy here.”
- “The staff are brilliant.”

We also sought the opinion of residents and their representatives on the quality of care provided in Corkey House via questionnaires. Two questionnaires were returned within the timescale specified; both indicating they were satisfied with the care provided in Corkey House. The content of both questionnaires was shared with the manager. One relative comment included: “The staff are fantastic, I couldn’t praise them enough.”

Other messages of thanks to the staff from a selection of thank you cards reviewed included:

- “Thank you for your dedication during the recent crisis.”
- “Many thanks; we really appreciate the whole team.”
- “Our thanks and gratitude for the kindness and care.”

We observed the serving of the lunch time meal and saw that staff attended to the residents’ needs in a prompt and timely manner. We saw that staff wore the appropriate PPE. The menu was displayed, the tables were set and the food served looked and smelt appetising. Residents’ commented positively about the quality of the food and seemed to enjoy their meal.

We reviewed the care records for two residents and found that these contained relevant risk assessments and care plans to ensure that residents’ daily needs were met. A daily, up to date, record of care provided was maintained. However, the care plans and risk assessments reviewed did not evidence consistent timely review, nor did they evidence resident involvement in the care planning or assessment process. In order to drive improvement, an area for improvement was identified.

6.2.5 Governance and management arrangements

A review of the accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Review of audits carried out evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home; action plans were developed as required. The importance of signing off the action plans to evidence the work involved in addressing the deficits identified was discussed with the manager and will be reviewed at a future inspection.

We also reviewed the monthly monitoring reports completed in respect of the home. The reports were comprehensive, included the views of residents, relatives and staff and contained an action plan.

There was a system in place to monitor the registration status of care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

An up to date fire risk assessment was not available for review on inspection but was forwarded to the inspector following the inspection. The fire risk assessment from 2019 was therefore reviewed, there was no evidence the required actions had been addressed or signed off by the manager. This was discussed with the manager how the actions to address any deficits identified should be documented and dated to evidence completion. Assurance was received post inspection from the manager to advise RQIA the actions from this risk assessment had been addressed. An area for improvement was identified.

Areas of good practice

Areas of good practice were identified in relation to staffing, teamwork, care delivery and staff interaction with residents.

Areas for improvement

Four new areas for improvement were identified in relation to infection prevention and control, the management of COSHH, the management of fire risk and care records.

	Regulations	Standards
Total number of areas for improvement	3	1

6.3 Conclusion

Residents in the home appeared well looked after and were content and settled. Staff were seen to treat residents with kindness and respect.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mae Irvine, manager and Lorraine Coggles, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2021</p>	<p>The registered person shall ensure that the infection prevention and control deficits identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • staff should not be wearing nail polish, gel nails and items of inappropriate jewellery • toilet cisterns, window sills and areas behind toilets are kept free from clutter and are not used to store items such as toiletries, cleansing wipes, gloves or bags • the cleanliness of the underside of soap dispensers • the cleanliness of shower seats • the storage of items on the floor of linen stores. <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: A staff meeting was held on 14/01/21 and staff were reminded that they could not wear gel nails, nail polish and jewellery when on shift. All bathrooms have been de-cluttered and new easy clean storage units provided. Shower seats, soap dispensers and linen stores have all been deep cleaned and weekly cleaning audits have been introduced.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall ensure that all cleaning products are securely stored in accordance with COSHH legislation, to ensure that residents are protected from hazards to their health.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All cleaning stores have been locked and a new safety key box provided at each store to allow staff to have appropriate access.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> the provision of a fire blanket in the designated smoke room the required actions from the fire risk assessment are signed off upon completion. <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: A fire blanket was fitted in the smoke room the same day of the inspection as requested.</p>
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Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 5 and 6</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2020</p>	<p>The registered person shall ensure the following with regard to residents care records:</p> <ul style="list-style-type: none"> resident involvement in the assessment and care planning process should be evidenced resident assessments and care plans are signed by the resident, where appropriate care plans and risk assessments are consistently, regularly reviewed. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All key workers are to sit with residents to discuss care plans and make sure they agree to and understand the content. The resident will sign the care plan, where appropriate. Care plans are updated regularly and an audit system has been implemented to check and evidence this.</p>

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



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