

Unannounced Care Inspection Report 18 January 2018



Corkey House

Type of Service: Residential Care Home
Address: 1 Forthriver Crescent, Belfast, BT13 3SR
Tel No: 028 9071 8095
Inspector: Alice McTavish

www.rqia.org.uk

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 35 beds that provides care for older people and people living with dementia or mental ill health.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Linda Wray	Registered Manager: Rosemary Gilbey
Person in charge at the time of inspection: Rosemary Gilbey	Date manager registered: Rosemary Gilbey – application received - “registration pending”.
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 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.

4.0 Inspection summary

An unannounced care inspection took place on 18 January 2018 from 09:55 to 16:15.

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 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.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management, care records, monitoring and review of information, communication between residents, staff and other key stakeholders, listening to and valuing residents, governance arrangements, quality improvement and maintaining good working relationships.

Two areas requiring improvement were identified, both in relation to the environment of the home.

Residents and their representatives said that the care provided by staff was excellent and that residents were very well treated.

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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Rosemary Gilbey, 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.

4.2 Action/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 November 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events received since the previous care inspection.

During the inspection the inspector met with three residents, one resident's representative, one senior care assistant, two care assistants, one member of domestic staff, one visiting professional, the responsible individual and the manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives. The manager was provided with details of how staff could complete and return questionnaires to RQIA electronically. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment checklist
- Care files of four residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Infection control records
- Equipment maintenance records
- Minutes of recent residents' meetings

- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 22 November 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 Stated: First time	The registered person shall ensure that supervision is provided to staff no less than every six months.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of supervision schedules and associated documentation confirmed that supervision is now provided to staff no less than every six months.	

Area for improvement 2 Ref: Standard 24.3 Stated: First time	The registered person shall ensure that a robust system of managerial oversight for staff supervision is developed and maintained.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of supervision schedules confirmed that a robust system of managerial oversight for staff supervision was developed and was being maintained.	

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.

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

In discussion with staff they advised that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The manager advised that she received written confirmation that all pre-employment documentation, including enhanced AccessNI disclosures, was viewed by the organisation for all staff prior to the commencement of employment. The personnel record of one member of staff reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the current procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager and a review of care records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The home's policy and procedure on restrictive practice/behaviours which challenge was reviewed during a previous care inspection and confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager advised that the only restrictive practices employed within the home was the use of keypad entry systems at the front door and at doors to stairwells leading to the lower floor of the building where the laundry and offices were located. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed and documented. Those residents who were assessed as being safe to leave the premises unaccompanied were provided with the key code to the outer door. A review of the statement of purpose and residents guide identified that restrictions were adequately described.

The manager advised there were risk management policy and procedures in place in relation to safety in the home. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc. The manager also advised that all risks relating to safety in the home were assessed and were in the process of being reviewed.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure during a previous care inspection confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with both care and domestic staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. It was noted, however, that toilet rolls in the assisted bathrooms and toilets were not housed in enclosed, wipeable dispensers. Action was required to ensure compliance with the standards in order to support effective infection prevention and control measures. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that any outbreaks of infection within the last year had been managed in accordance with the home policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal environment identified that the home was kept tidy, safe and suitable for residents, staff and visitors. It was noted, however, that access to both the main and back entrances to the home was unsafe due to icy conditions. Action was required to ensure compliance with the standards in relation arrangements for the car park and pathways to both entrances to be salted or gritted during icy conditions. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 30 May 2017 and all recommendations were noted to be appropriately addressed.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly, most recently on 21 November 2017. Records were retained of staff who participated and any learning outcomes. A review of fire safety records identified that the fire alarm systems were tested weekly and emergency lighting was checked fortnightly. All systems and equipment were regularly maintained.

Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. There was a system in place to identify prospective residents who may smoke during the prior to admission; a care plan was devised at an early stage for those residents. This represented good practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to infection prevention and control measures and to arrangements for the car park and pathways to both entrances to be salted or gritted during icy conditions.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection. A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail the care needs of residents and how these were met within the home.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Evidence of such monitoring and review of accidents and incidents and of complaints was contained within the monthly monitoring visits reports.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of residents' meetings were reviewed during the inspection. The manager advised that there were separate representative meetings and a resident committee.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The manager advised that arrangements were in place, in line with the legislation, to support and advocate for residents and that the monthly visits by the advocate from the Alzheimer's Society was due to take place in early February.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, monitoring and review of information and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records which established that care plans were in place for the management of pain, anxiety or distressed reactions.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment, for example, There were posters displayed about making complaints, advocacy arrangements and identifying the safeguarding champion for the organisation.

The manager, staff and residents advised that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff, along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and they were able to describe how residents' confidentiality was protected.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. There were systems in place to ensure that their views and opinions, and those of their representatives, were sought and taken into account in all matters affecting them. There were residents' meetings and residents were encouraged and supported by staff to actively participate in the annual reviews of their care. There was also a resident committee; residents confirmed that they had been consulted regarding issues such as the new colour schemes and soft furnishings for the communal areas.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I feel very safe living here. The staff encourage us to use our call bells and they come to me very quickly if I need anything. I find the staff are lovely, very helpful and they make me feel comfortable with asking for and getting help. I have lots of choices. I choose what I want to wear every day, what I have to eat and what I want to do with my time. The girls (staff) are absolutely lovely. I have no complaints but I know who to go to if I did – I know that they would sort things out for me. I am very happy here."
- "There is always plenty of staff around and they come to me quickly if I need anything. I came here from another home and I didn't like it there. When I came here the staff asked all sorts of questions about how I liked to be cared for. That told me that they took a real interest in me. Anything I want, I get. The girls are very good to us all. They treat us very well and I couldn't fault it. We get to choose what we want to do each day and If we don't want to do anything, that's all right too. We have lots of activities and there is good support from the church. The manager is an easy person to speak with."
- "I think it is much safer for me to live here than in my own home where I had some falls. The en-suite bathroom is very convenient and I have no stairs to climb now. I came here with my care manager to look around before I decided to come here to live. I feel safe now that I know there are people around all of the time. The staff make sure that I get my medications at the right time, which is important for me. I have enjoyed the food so far and I know there are always good choices at mealtimes. I suppose it will take a while for me to get used to being here and for the staff to get to know me. They seem to be very helpful and obliging and the manager seems to be very kind."

A resident's representative spoken with during the inspection made the following comments:

- My first impressions of Corkey House have been very positive. The home is well maintained, clean and warm. The room is en-suite so is very convenient. My (relative) was shown how to use the call bell if she needs any help or attention and was given lots of reassurances about her medications. The staff seem to be very attentive and approachable. My (relative) was offered a wheelchair to help her get around if the distances were too much for her. The staff all seem to be very dedicated and all has gone smoothly so far."

A member of staff spoken with during the inspection made the following comments:

- “There is a great team of staff working here and we all pull together. This is the best place I have worked in.”

A visiting professional spoken with during the inspection made the following comments:

- “I find Corkey House to be a good place. There is always plenty of staff in the home, they seem to be familiar with the each resident and the care that each resident needs. If we ask staff to order supplies, for example, dressings, they do it – in some homes the staff will say that they are too busy to do that, but not here. The staff treat the residents well and the home is kept beautifully clean. I have no concerns about the care here.”

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 during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The manager advised that no complaints had been received since June 2017; should complaints be more frequently received, an audit would be used to identify trends and to enhance service provision.

The area of accidents, incidents and notifiable events was examined during previous inspections and found to be satisfactory. The area was not inspected on this occasion.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. On the day of inspection the report for November 2017 was not available. This was later forwarded by email and was found to be satisfactory.

There was evidence of managerial staff being provided with additional training in governance and leadership, for example, some senior care staff were completing the QCF level 5 qualification in Management and Leadership in Residential Care. The manager also advised that learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the responsible individual identified that they had understanding of their role and responsibilities under the legislation. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed. On the day of the inspection it was noted that the certificate of employers' liability insurance was recently out of date. The current certificate was later forwarded by email.

A review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

A review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns and that staff were offered support by management.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rosemary Gilbey, 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 care 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 30 March 2018	The registered person shall ensure that toilet rolls in the assisted bathrooms and toilets are housed in enclosed, wipeable dispensers. Ref: 6.4
	Response by registered person detailing the actions taken: Enclosed wipeable dispensers have been ordered and we are awaiting delivery by the supplier.
Area for improvement 2 Ref: Standard 27.5 Stated: First time To be completed by: 19 February 2018	The registered person shall ensure that arrangements are put in place for the car park and pathways to both entrances to be salted or gritted during icy conditions. Ref: 6.4
	Response by registered person detailing the actions taken: A supply of salt has been delivered and the Handyperson for the home has responsibility for checking supplies. Weather conditions are monitored by Manager /Senior staff to ensure gritting takes place.

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



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)