



Unannounced Care Inspection Report 27 January 2020



Corkey House

Type of Service: Residential Care Home
Address: 1 Forthriver Crescent, Belfast, BT13 3SR
Tel no: 028 9071 8095
Inspectors: Alice McTavish and Helen Daly

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.

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 which is registered to provide care for up to 35 residents with care needs as detailed in Section 3.0.

3.0 Service details

<p>Organisation/Registered Provider: Presbyterian Council of Social Witness</p> <p>Responsible Individual: Mr Lindsay Conway</p>	<p>Registered Manager and date registered: Ms Mae Clifford, acting manager since 27 June 2019</p>
<p>Person in charge at the time of inspection: Ms Karen Braithwaite, Senior Care Assistant.</p> <p>Ms Mae Clifford, Manager, was not on duty but was present for this inspection.</p>	<p>Number of registered places: 35</p> <p>This number includes a maximum of 10 existing residents in RC-DE, a maximum of two existing residents in RC-MP (E) and care on a daily basis only for two persons.</p>
<p>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</p>	<p>Total number of residents in the residential care home on the day of this inspection: 33</p>

4.0 Inspection summary

An unannounced inspection took place on 27 January 2020 from 10.00 hours to 14.20.

This inspection was undertaken by a care inspector and a pharmacy inspector.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection and sought the views of residents as to the quality of care provided in the home.

Evidence of good practice was found in relation to the home's environment, the warmth and supportive nature of interactions between residents and staff and the support provided to residents who have hearing loss.

No areas for improvement were identified.

Residents described living in the home as being a good experience. Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and with staff.

Comments received from residents and residents' relatives during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Mae Clifford, Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 31 July 2019 and 2 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 31 July 2019 and 2 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Three questionnaires were completed and returned by residents and three were returned by residents' relatives. Each respondent indicated that they were 'satisfied' or 'very satisfied' with the care and services provided in the home. No questionnaires were returned to RQIA by staff.

A lay assessor was present during this inspection. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. The lay assessor noted that the interactions between staff and residents were 'excellent'. Comments provided by residents to the lay assessor are included within this report.

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

- staff training records
- staff induction records
- one resident's records of care
- programme of activities
- governance audits relating to accidents and incidents
- accident/incident records from November 2019 to December 2019
- reports of visits by the registered provider from July to September 2019
- RQIA registration certificate
- personal medication records
- medication administration records
- records pertaining to the management and administration of thickening agents
- medication audits

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 31 July 2019 and 2 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (1) Stated: Second time	The registered person shall ensure that all accidents, incidents and notifiable events are reported to RQIA in accordance with current guidance.	Met
	Action taken as confirmed during the inspection: Inspection of a sample of records of accidents and incidents occurring in the home cross referenced against those reported to RQIA confirmed that all were correctly reported in accordance with current guidance.	
The manager advised that all accidents and incidents are now noted in a daily diary which is checked by the manager to ensure that all events are correctly communicated and reported onward.		

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that records of prescribing and administration are in place for thickening agents.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records of prescribing were recorded on the personal medication records. The recommended consistency level was recorded. Thickening agents were administered by senior carers and care assistants. Records of administration were maintained.</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a robust audit tool is implemented.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager audits the standard of maintenance of the personal medication records each month. Following the last inspection a system to audit each individual medicine was put in place. This auditing system was then discontinued as medicines are now supplied in a monitored dosage system.</p> <p>The manager had recently implemented daily audits on the administration of medicines which are not contained within this monitored dosage system. It was agreed that the outcome of these audits and the management of medication changes would be reviewed weekly by the manager.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the necessary improvements are implemented on the personal medication records.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The areas identified for improvement had been addressed. There was evidence that two members of staff verified and signed the personal medication records at the time of writing and at each update. The route of administration was recorded for eye preparations. The form of each medicine was</p>		

	<p>recorded.</p> <p>The manager and staff were reminded that obsolete personal medication records should be cancelled and archived.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the necessary improvements are implemented on the medication administration records.</p> <p>Action taken as confirmed during the inspection: Some of the areas identified for improvement were no longer applicable as pre-printed medication administration records were no longer used. When medicines were administered outside the time of the medicine round, the actual time of administration was recorded.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that provision of activities for residents is reviewed and improved.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of the programme of activities confirmed that this area was addressed.</p> <p>An activities co-ordinator had been recruited and was due to take up post in the near future.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system of audit of accidents and incidents is implemented in the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of the audits of accidents and incidents confirmed that these were comprehensive and were completed monthly. Oversight of this area was also included in the monthly monitoring visits completed by senior managers on behalf of the responsible individual.</p>	<p>Met</p>

Area for improvement 6 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that improvements identified during the visits by the registered provider are documented in a way that they can be tracked until they are satisfactorily completed.	Met
	Action taken as confirmed during the inspection: Inspection of reports of the visits by the registered provider confirmed that any improvements or actions required were documented in a way that they can be tracked until they are satisfactorily completed.	

6.2 Inspection findings

We found the home to be warm, clean and tidy. We saw that the corridors and some of the bedrooms had been freshly painted. Staff told us that there were plans for remaining rooms to be redecorated. We found that furniture and soft furnishings were in good order and provided a comfortable environment for residents.

We spoke with the manager and advised her that information had been received by RQIA from an anonymous source raising concerns that the manager was not qualified to manage the home and that senior care staff were not trained to administer medications. The manager advised that she was shortly to complete the QCF Level 5 award in adult residential management; this is a qualification which would allow her to be approved for placement on RQIA's register as a registered manager. The manager also reported that senior management of the Presbyterian Council of Social Witness were always available to provide her with help, support and guidance in her current role as acting manager. With regard to staff training in the administration of medications, we saw evidence that senior care staff had completed training on the management and administration of medicines and had been deemed competent.

We spoke with a senior care assistant who had moved to Corkey House from another home. This member of staff said, "The staff team are excellent and well trained, they have lots of experience and they are very committed to providing good care for the residents." The lay assessor met with six residents, all of whom indicated that they were 'satisfied' or 'very satisfied' with the quality of the care provided in Corkey House. Residents said:

- "The staff are lovely...look at them, singing and dancing!"
- "They (staff) respond quickly when I use my buzzer as I am not confident (moving around) on my own."
- "It gives my son peace of mind that I am looked after here."
- "I only came here a week ago but I love it already!"
- "I don't mix much for I like my own company. I like it that there's lots of church activities here."
- "The food is good here and I enjoy the company. I get all the help I need and it's great that I can get to the hairdresser."

The lay assessor reported that several residents had reported that they did not like to wear their hearing aids, but it was not clear whether this was by choice or whether the hearing aids were not correctly maintained. We discussed this with the manager and reviewed care records. We found that two members of staff had completed training in the management and maintenance of hearing aids; similar training was planned for other staff. A system had recently been put in place to ensure that hearing aids were checked weekly and new batteries fitted. Staff were aware of how referrals to the Sensory Support Team could be made and how additional assistance could be obtained for residents.

Three questionnaires were completed and returned by residents and three were returned by residents’ relatives. A resident made the following comments:

- “The staff go above and beyond. I am very happy in Corkey House and never thought I would need residential care.”

Residents’ relatives provided the following comments:

- “Corkey is looking after my father well and he is very happy in the home.”
- “As a relative I am very pleased with the staff and manager and the level of care provided. Corkey is a very well run home.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home’s environment, the interactions between residents and staff and to the management and maintenance of hearing aids.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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