

Inspection Report

1 February 2022



Corkey House

Type of service: Residential Care Home
Address: 1 Forthriver Crescent, Belfast, BT13 3ST
Telephone number: 028 9071 8095

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Mr Lindsay Conway | Registered Manager: Mrs Mae Irvine Date registered: 16 October 2021 |
| Person in charge at the time of inspection: Mrs Mae Irvine | Number of registered places: 35 The home is approved to provide care on a day basis only to 2 persons. Maximum of 10 existing residents in RC-DE category of care and a maximum of 2 existing residents in RC-MP (E) category of care. |
| Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. | Number of residents accommodated in the residential care home on the day of this inspection: 31 |
| Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 35 residents. | |

2.0 Inspection summary

An unannounced inspection took place on 1 February 2022, from 10.30am to 4.20pm by a care inspector.

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

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.

Staff provided care in a compassionate manner which promoted the dignity and well-being of residents. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified in relation to the recording and management audit of unwitnessed falls, and environmental improvements to the hair salon.

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 the home.

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.

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

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

We met with 26 residents both individually and in group settings. Residents told us they felt happy and content living in the home. Four staff told us they felt residents were well looked after and they enjoyed working in the home. We spoke with one resident's visitor who commented positively about the home. Specific comments are included in the report below.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments received included, "Staff are exceedingly gracious and kind".

No additional feedback was received following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 17 December 2020 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time | 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. With specific reference to: <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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement had been met. | |
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| Area for Improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time | <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>Action taken as confirmed during the inspection: There was evidence that this area for improvement had been met.</p> | Met |
| Area for Improvement 3 Ref: Regulation 27 (4) (a) (b) Stated: First time | <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 roomthe required actions from the fire risk assessment are signed off upon completion. <p>Action taken as confirmed during the inspection: There was sufficient evidence that this area for improvement had been met.</p> | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021) | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 5 and 6 Stated: First time | <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 evidencedresident assessments and care plans are signed by the resident, where appropriate care plans . <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement had been 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.

There were systems in place to ensure staff were trained and supported to do their job.

Residents were mostly positive about staffing in the home; “I like the staff, can have a bit of chat with them” and “Staff make sure I get my tablets and am feeling ok, and get me goodies from Tesco when I want them”. One resident told us that staff do not always knock or ask before entering their bedroom; this was shared with the manager to action and review.

We spoke with one resident’s visitor who told us, “I couldn’t say a bad word about it (the home)!”

Staff told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said that although the home was busy, they were satisfied with current staffing levels and that management were continuing to recruit staff. Staff could feel under pressure due to short notice sick leave, for example, however described how the team worked well together and how management were ‘hands on’ to ensure residents needs were met.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. For instance, staff offered personal care to residents discreetly and gently encouraged residents to engage with therapeutic activities. Interactions between residents and staff were friendly, caring and compassionate.

Observation of practice and discussion with staff confirmed they were knowledgeable of individual residents’ needs, their daily routine wishes and preferences. Residents had been supported to maintain their personal care and appearance to a good standard, with evident attention to detail and good oral, nail and hair care.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails and access to smoking materials. It was established that safe systems were in place to manage this aspect of care.

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.

Some discrepancies were noted in the recording of how unwitnessed falls and the risk of potential head injuries were managed. Staff did not consistently record sufficient detail regarding a resident's ability and capacity to clearly communicate whether or not they had hit their head following a fall. This information is important to help staff determine what, if any, medical advice and attention should be sought following an unwitnessed fall. Examination of records and discussion with staff and the manager provided assurance and confirmation that appropriate actions were being taken to manage the risk of falling and falls. There was evidence of appropriate onward referral as a result of the post-falls review, including residents being referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy, as required. The home had also implemented learning from the Falls in Care Homes Regional Project Pilot. The manager acknowledged how record keeping could be further improved and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The dining experience was an opportunity of residents to socialise and there was a friendly and relaxed atmosphere. There was choice of main course and dessert offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of hot and cold drinks available. Residents told us they were enjoying their meal and their dining experience. One resident told us they had gained weight since living in the home as the food was so nice!

Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed, including providing additional portions or alternative options depending on resident's expressed wishes or preferences.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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.

Care records were maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained sufficient detail on each resident's care needs and what or who was important to them. 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.

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. One shower seat was showing signs of wear and tear; the manager made arrangements to replace this immediately.

The hair salon was open and accessible to residents. Staff advised this was so that residents could access the water fountain. However; the salon was untidy, cluttered and in need of additional and secure storage, to ensure residents could safely access the room. Staff secured the room on the day, and an area for improvement was identified.

There was evidence throughout the home of 'homely' touches such as art work undertaken by residents as part of the activity programme provided. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. The manager advised that they are currently reviewing the use of communal spaces in the home to further improve social, therapeutic and recreational opportunities for residents. Any structural changes will be discussed and agreed with RQIA beforehand.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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 PPE had been provided.

Staff members 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.

Visiting arrangements were managed in line with DoH and IPC guidance. One resident's visitor confirmed they always felt welcomed and included by staff in the home.

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, some residents preferred to sit in the lounge while others preferred the privacy and quiet of their own bedroom. Staff members were flexible in offering meals and snacks to residents, outside of usual meal times, if necessary.

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, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff, including social, community, and cultural, religious, spiritual and creative events. Residents' needs were met through a range of individual and group activities, such as arts and crafts, quizzes, reminiscence therapy, arm chair exercises and arm chair yoga. On the morning of inspection, residents in the main lounge were led in Morning Prayer and hymns, accompanied by staff playing the piano. Residents told us,

“Linda (staff) is very good, she leads us in prayers and singing every day” and “We love listening to music like Daniel O’Donnell and Tom Jones and I like the garden in the summer”. Seasonal activities were celebrated, such as Valentine’s Day and there were plans to celebrate and St. Patrick’s Day. Activities were also planned around a theme, such as ‘Italy’, ‘Hawaii’ or ‘Cruises’ to provide residents with some variety and different topics to explore. Staff described how such themes helped spark interesting discussions and help residents get to know each other better through sharing their life experiences. The home were celebrating Chinese New Year during the inspection, and had a Chinese food tasting activity in the afternoon. This is a popular activity and staff and residents told us they enjoyed trying different foods and cuisines. There was also a display of themed arts and crafts residents had done earlier in the week.

Staff told us they enjoy having time to spend with residents in the home, “We always have a good chat and I love hearing their life stories”. Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

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.

Staff members 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 management team and described them as supportive, approachable and always available for guidance.

Residents told us they knew who to approach if they had any issues or complaints and that they felt these would be addressed. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

There were adequate systems and processes in place to manage the safeguarding and protection of vulnerable adults. This included evidence of multi-disciplinary consultation and review of resident’s Mental Capacity Assessments and Deprivation of Liberty Safeguards (DoLS).

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.

There was evidence of some auditing to monitor the quality of care and other services provided to residents in the home. It was established that there was not a current robust auditing system and schedule in place in the home. It was positive to note that the manager had already identified this issue and was able to outline the plan in place to address and improve the audit processes in the home. This included their completion of the ‘My Home Life’ initiative and additional support and guidance from the home’s senior management. However; given the deficits discussed in section 5.2.5, regarding the recording of unwitnessed falls, it was agreed

that the home's system of auditing falls was insufficiently robust. This was discussed with the management and an area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA. It was noted that no monthly monitoring visit had been conducted in January 2022. The manager confirmed this was due to an outbreak of illness in the home, but that the visits had recommenced in February 2022. Therefore, an area for improvement was not required on this occasion.

6.0 Equality of Opportunity

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with the manager.

7.0 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/or the Residential Care Homes' Minimum Standards (August 2021)**.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 1 | 2 |

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

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: From the date of inspection | <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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: In the hair salon, chemicals are securely locked in a cupboard when not in use. The hair salon is kept locked when not in use. On walkarounds, the person in charge checks that appropriate doors are locked.</p> |

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| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021) | |
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| Area for improvement 1 Ref: Standard 8.2 and 8.5 Stated: First time To be completed by: From the date of inspection | 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. Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: The manager has reviewed practice with senior staff and will ensure that full information about a resident's capacity is recorded and considered in determining actions after a fall. |
| Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: From the date of inspection | 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. Ref: 5.2.5 |
| | Response by registered person detailing the actions taken: The manager has initiated a thorough review of the falls audit system and initial improvements have been made to recording and analysis processes. Aligned with Regulation 29 visits, further work is underway to ensure robust learning is derived from falls audits. |

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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