

Inspection Report

8 August 2024



Corkey House

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Presbyterian Council of Social Witness</p> <p>Responsible Individual Mr Dermot Parsons</p>	<p>Registered Manager: Mrs Lorraine Coggles - not registered</p>
<p>Person in charge at the time of inspection: Melissa Downey Senior Care Assistant (SCA)</p>	<p>Number of registered places: 35</p> <p>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.</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>Number of residents accommodated in the residential care home on the day of this inspection: 33</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 35 residents. The home is divided in three corridors, Glenview, Cavehill and Cairn.</p> <p>Residents' bedrooms all have en suite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 August 2024, from 9.15 am to 5.15 pm by a care inspector.

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

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement were identified and will be managed through the home's QIP, details of which are in Section 6.0.

We found that there was safe, effective and compassionate care delivered in Corkey House and the home was well led by the manager.

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 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 management team at the conclusion of the inspection. Further feedback was provided to Mrs Lorraine Coggles, acting manager via telephone on 18 August 2024.

4.0 What people told us about the service

Residents said that they were happy in Corkey House and described the staff as "lovely" and "brilliant". Residents' comments included, "I love this place, the staff are brilliant, I am well looked after," and "The staff are here if you need them, they are very quick to respond."

Staff spoke positively in terms of the provision of care in the home. One staff member said “There is good teamwork here and we all support each other.”

All staff spoken to highlighted the importance of taking a person centred approach when working alongside the residents.

No questionnaires were received from residents or visitors. No responses were received from the staff online survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 15 November 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 24.2 and 24.5 Stated: Second time	The registered person shall ensure that all staff have formal recorded supervision no less than every six months and a formal recorded appraisal annually.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a third and final time.	
Area for improvement 2 Ref: Standard 32 Stated: First time	The registered person shall ensure that medicines that require cold storage are stored within the required temperature range of 2°C and 8°C and action is taken if the temperature of the medicines refrigerator deviates from this range.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

<p>Area for Improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> the appropriate use of personal protective equipment 	Met
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>		
<p>Area for Improvement 4</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the fire risk assessment is revised and actioned when necessary or whenever the fire risk has changed.</p>	Not met
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was not met and is stated for a second time.</p>		
<p>Area for Improvement 5</p> <p>Ref: Standard 22.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the information held on record is accurate and up to date. This area for improvement relates to the recording of incidents and accidents in the home.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was met.</p>		

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.

Review of records evidenced that inductions were completed for all staff working in the home, including care staff, domestics, and catering. However, it was noted that some inductions had not been fully signed off by the manager. This was discussed with the management team during feedback, written evidence was provided after the inspection that all inductions had been signed as complete by the manager. Therefore, an area for improvement was not identified at this time and this will be reviewed at the next inspection.

Discussion with staff confirmed that they found the inductions helpful and informative. Staff confirmed that they felt supported and were paired with more experienced staff so that they could become familiar with the policies and procedures in the home and with patients' preferred routines.

All staff had received formal supervision, however a number of staff had still not received their annual appraisal within this calendar year. This was discussed with the management team during feedback, an area for improvement was stated for a third and final time.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. However, both staff and residents did express concerns with regards to the level of domestic staff in the home. This was discussed with the management team during feedback for further action if required.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff were observed to be prompt in responding to call bells throughout the day. One resident said, "If you need staff, they are very quick to respond." Staff were skilled in communicating with residents; they were understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discretely.

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, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The menu for the day was not displayed in the dining room, however residents spoken with confirmed that they knew the choice of meals available. The absence of the menu was discussed during feedback and assurances were given that this would be displayed on a daily basis. Therefore, an area for improvement was not identified at this time and this will be reviewed at the next inspection. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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. Care records were held confidentially. However, there was no evidence of resident involvement in the planning of their own care, the importance of resident involvement was discussed during feedback. An area for improvement was identified.

A review of care records indicated that some records in relation to post falls management had not been kept under review. An area for improvement was identified.

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

The home was warm, clean and comfortable. Resident' bedrooms were clean, tidy and personalised with items of importance to each resident, such as family photos and sentimental items.

Areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured. However, shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, supervision of the domestic cleaning trolley containing cleaning chemicals. Assurances were provided that supervision would be arranged with the identified staff to review their knowledge of Care of Substances Hazardous to Health (COSHH) regulations. An area for improvement was identified.

Fire safety measures were in place to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 25 January 2024, actions from this fire risk assessment are now overdue. This was discussed with the management team who provided assurances that the manager was following these actions up with the landlords of the building and with the organisations own estates services. An area for improvement was identified for a second time.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, a review of records, observation of practice and discussion with staff confirmed that effective training on Infection Prevention and Control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. There was a range of activities provided for residents by staff including; social, community, religious and creative events. The activity schedule was on display for residents to observe and there was evidence of activities taking place on the day of inspection. Some residents told us they preferred to be private and remain in their rooms, but felt supported by staff to have these wishes maintained. Residents had access to books and television, or their other preferred choice.

Residents' commented positively about activity co-ordinator, describing him as kind, caring and full of fun.

Residents told us that they were encouraged to participate in regular resident meetings which provided an opportunity for them to comment on aspects of the running of the home.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Lorraine Coggles has been the acting manager in this home since 8 January 2024.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However; there was no evidence that required actions identified as a result of audits had been followed up or reviewed, to ensure the quality of care and standards were maintained. This was discussed with the person in charge during feedback and an area for improvement was identified.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively about the acting manager and described her as very supportive. Staff told us that there was good communication from the manager and everyone knew what was expected of them.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk.

Residents said that they knew how to report any concerns or complaints and said they were confident that the manager would address these concerns.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	1	6*

* the total number of areas for improvement includes one standard that has been stated for a third time and one that has been stated for a second time and one standard that has been carried forward for review at the next inspection.

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

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 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 8 August 2024</p>	<p>The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to and supervision of the cleaning trolleys with in the home.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Interim Home Manager completed supervisions with all housekeeping staff that included a focus on the cleaning trolleys; ensuring that cleaning trolleys, when not in use, are to be stored appropriately within a locked secure room.</p> <p>The COSHH training module within the online Strategic Thinking platform was reset and all staff have again completed the mandatory COSHH training.</p> <p>The Interim Home Manager, Deputy Manager or senior staff complete daily walk arounds, to ensure that all parts of the home to which the residents have access to are free from hazards.</p> <p>Records are maintained of the walk arounds and any findings are shared at flash meetings.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for Improvement 1</p> <p>Ref: Standard 24.2 & 24.5</p> <p>Stated: Third time</p> <p>To be completed by: 16 February 2023</p>	<p>The registered person shall ensure that all staff have formal recorded supervision no less than every six months and a formal recorded appraisal annually.</p> <p>Ref 5.1 & 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All staff have received a formal recorded supervision.</p> <p>The Interim Manager has an Appraisal planner in place for all staff, who have been employed greater than a year.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 29.1</p>	<p>The registered person shall ensure that the fire risk assessment is revised and actioned when necessary or whenever the fire risk has changed.</p>

<p>Stated: Second time</p> <p>To be completed by: 15 November 2023</p>	<p>Response by registered person detailing the actions taken:</p> <p>The management team, continue to review and update the actions in the current fire risk assessment.</p> <p>Dates are set against all actions and the risk assessment will be fully refreshed annually or at any point in between if there are any changes.</p> <p>Liaising with Choice Housing regarding the areas identified that relates to the "landlords responsibility".</p>
<p>Area for improvement 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines that require cold storage are stored within the required temperature range of 2°C and 8°C and action is taken if the temperature of the medicines refrigerator deviates from this range.</p> <p>Ref 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure that, all care plans are up to date and where appropriate there is evidence of resident involvement in the care planning process.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>A review of all the residents care plans are currently underway.</p> <p>The aligned key workers for each resident are leading on this for their individual residents and this work will be completed by 30th September 24.</p> <p>As each individual file is completed this is reviewed with the resident or the resident's representative, to ensure the resident feels involved within the care planning process. This is then signed by either the resident or the resident's representative.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all care records in relation to falls management are kept under review.</p> <p>Ref:5.2.2</p>

<p>To be completed by: 31 August 2024</p>	<p>Response by registered person detailing the actions taken: All senior care staff have attended recording and reporting training, with an emphasis on "Falls".</p> <p>The PHA post Falls pathway, has been reintroduced to all senior staff, to be completed from this point on.</p> <p>A checklist has been designed and implemented, for all senior staff to follow, to ensure that all records are completed post falls.</p> <p>The Interim Manager continues to have oversight of all incidents and accidents, ensuring all actions have been completed before being signed off by the Interim Manager.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure that working practices are audited and action is taken when necessary.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Interim Manager and Regional Care Manager, have implemented an audit analysis, to ensure the Interim Manager has a clear oversight of all actions identified/actions completed within the auditing process.</p>

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