



Inspection Report

Name of Service: Copelands

Provider: Belfast Central Mission

Date of Inspection: 20 February 2025

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

1.0 Service information

Organisation:	Belfast Central Mission
Responsible Individual:	Ms Lois Payam
Registered Manager:	Mr Nigel Emery – not registered
Service Profile:	
<p>This home is a registered residential care home which provides health and social care for up to 50 residents. The home is divided into five units over two floors. Residents living with dementia reside in Windmill Lane and Lighthouse Mews. Bayside, Sandgrove and Harbour Way are for those residents who require general residential care.</p> <p>Resident's have access to communal dining and living areas, a coffee shop, cinema room, activity room and external gardens.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 20 February 2025, from 9.30 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 26 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. 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.

As a result of this inspection seven areas for improvement from the previous care inspection on 26 April 2024 were assessed as having been addressed by the provider. One area for improvement in relation to residents care plans was not met and will be stated for a second

time. No new areas for improvement were identified during this inspection. Full details, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "it is lovely living here", "staff are very pleasant" and "the staff are very compassionate". Some residents told us that the food in the home was not always to their liking. These comments were shared with the manager for their review and action.

Three relatives spoken to confirmed they are happy with the care and services provided in the home to their loved ones. They reported that the manager is visible, communication is good and staff are approachable.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Three questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff 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 were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the dining room in Bayside confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious. It was noted that staff ensured that homely touches such as warm plates for residents were provided when eating their meal.

Activities for residents were provided which included both group and one to one activities. Residents told us that they enjoy regular movie nights in the cinema room and recently enjoyed watching a Six Nations rugby match with a pint of Guinness. Residents also told us that they recently enjoyed a special Valentines night meal arranged by staff in the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However, some residents had been assessed as not having the capacity to make certain decisions in order to maintain their safety. A review of their care records highlighted that care plans did not always reflect this aspect of care. An area for improvement has been stated for a second time.

Care staff recorded regular evaluations about the delivery of care and residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were beautifully decorated, tidy and personalised with items important to residents. Communal areas were also nicely decorated, suitably furnished and homely. It was noted that paintwork throughout the home was being touched up on the day of inspection.

The home had a number of facilities for resident to enjoy, for example, a cinema room, an activity room and a café. The outdoor garden was a wide open space with access to garden furniture and a view of the sea.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Nigel Emery has been Manager of the home since 25 July 2024.

Residents, relatives and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

The home was visited each month by a representative of the registered provider to consult with residents, relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and available to view.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Nigel Emery, Manager, 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 Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6.2 Stated: Second time To be completed by: 1 May 2025	<p>The Registered Person shall ensure that for those residents who have been assessed as needing a Deprivation of Liberty Safeguard (DoLS), their care plan is reflective of this need and kept under review as necessary.</p> <p>Ref: 2.0 & 3.3.3</p> <p>Response by registered person detailing the actions taken: New Dols matrix in place, to monitor requirement and ensure that this reflected in Care plans.</p>

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