

Inspection Report

16 April 2024



Copelands

Type of service: Residential Care Home
Address: 95-97 Donaghadee Road, Millisle, BT22 2BZ
Telephone number: 028 9131 2700

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Belfast Central Mission</p> <p>Responsible Individual Ms Lois Payam</p>	<p>Registered Manager: Mrs Gillian Finlay – not registered</p>
<p>Person in charge at the time of inspection: Mrs Gillian Finlay</p>	<p>Number of registered places: 50</p> <p>A maximum of 20 residents in category RC-DE across units: Windmill Lane and Lighthouse Mews. Remaining residents in RC-I, RC-PH and RC-PH(E) in units: Bayside and Sandgrove.</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection:</p> <p>47</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 50 residents. The home is divided into four units over two floors. Residents living with dementia reside in Windmill Lane and Lighthouse Mews. Bayside and Sandgrove are for those residents who require general residential care.</p>	

2.0 Inspection summary

An unannounced inspection took place on 16 April 2024, from 9.00 am to 4.45 pm by two care inspectors.

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.

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and 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 were respectful and promoted the dignity of the residents in all their interactions with them.

Some residents and staff told us that there were times when the home would benefit from increased staffing. This was evident during the inspection in the general residential units of the home; and is discussed in more detail in the report below.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Additional comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided in Copelands was safe, effective, 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 management team with the necessary information to improve staff practice and the residents' lived 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.

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 residents, relatives, staff or the Commissioning Trust.

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.

4.0 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 “staff are brilliant”, “I only have good things to say” and “staff are friendly”.

Some residents told us that staff are “always busy” and “staff are not always available”. Staff also told us that increased staffing would be of benefit in the general residential units due to the increased needs of residents and general size and layout of the home. These comments were shared with the management team for their action and review.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager is supportive, knowledgeable and the senior staff are always available if you need them.

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

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 th August 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that a regular and robust system for auditing medicines management is implemented.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2	The registered person shall ensure robust systems are in place to monitor and ensure compliance regarding staff's registration with NISCC.	Met

<p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure a robust system is in place to monitor staff compliance with training; ensuring staff are appropriately trained to do their job. This includes but is not limited to: dysphagia training.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was not met and will be re-stated for a second time.</p>	Not met
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure there are adequate staff on duty to meet the needs of residents; ensuring deployment of staff across the home includes supervision in each unit at all times.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was partially met and will be re-stated for a second time.</p>	Partially met
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) and (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that domestic trolleys are stored safely and securely at all times.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Regulation 30 (1) (g)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that notifiable incidents are reported to RQIA in a timely manner with specific reference to allegations of misconduct.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	Met
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>		Validation of compliance

<p>Area for improvement 1</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that any record retained in the home which details resident information is stored securely and in accordance with DHSSP policy, procedures and guidance and best practice standards.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure the duty rota:</p> <ul style="list-style-type: none"> • clearly identifies the person in charge when the manager is not on duty • includes the role of each individual staff member. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff are aware of each individual's assessed need in relation to their eating and drinking requirements.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and will be restated for a second time.</p>	<p>Not Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is a system for distributing hot and cold drinks and snacks to residents at customary intervals throughout the day.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12.4</p>	<p>The registered person shall ensure the daily menu is on display in a suitable format and location visible for residents and their representatives.</p>	<p>Met</p>

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure the infection control issues identified at this inspection are addressed, with specific reference to: <ul style="list-style-type: none"> • staff compliance with IPC guidance relating to the wearing of nail polish • clinical waste bags to be in place across the home. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that audits are completed on a consistent basis with specific reference to kitchen and environmental cleanliness audits.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 8 Ref: Standard 16.4 and 16.7 Stated: First time	The registered person shall ensure all suspected or alleged incidents of abuse are reported to the relevant bodies in accordance with procedures and legislation. Full and accurate written records are maintained including any actions taken or not taken and rationale for same.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Although a system was in place to ensure staff were recruited correctly to protect residents, there were inconsistencies in the information recorded on recruitment records and with what information was being shared with the manager by Belfast Central Mission head office. It is important that the manager has full oversight of recruitment processes for managing new recruits to the home. An area for improvement has been identified.

There were systems in place to ensure staff were trained and supported to do their job. Agency staff had completed an induction within the home.

A review of the staff training matrix evidenced that mandatory training for staff was overdue. This included, Adult Safeguarding, Deprivation of Liberty Safeguards (DoLS), First Aid and Control of Substances Hazardous to Health (COSHH) training. An area for improvement has been stated for a second time.

The staff duty rota accurately reflected the staff working in the home and the duty rota identified the person in charge when the manager was not on duty.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

Staff told us there was good teamwork, communication is good and they felt well supported in their roles.

Staff told us they felt staffing levels were adequate in the dementia units; other staff told us that the general residential units would benefit from increased staffing to meet the increased needs of the residents, and in line with the general size and layout of the units. During the inspection, there was often only one staff member available for up to ten residents in the general residential units. Residents in these units also told us that there were times when they felt that staff were not available and that it can take a long time for staff to respond if they need assistance. This feedback was shared with the management team. An area for improvement has been stated for a second time.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team (SALT).

Overall, care records were well maintained, regularly reviewed by staff and consistent in outlining resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate. However; there were discrepancies found in one resident's care records in relation to skin care. This was highlighted to the manager who provided written assurance following the inspection that the care plan had been updated.

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

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Some residents had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place. However; some residents' care plans did not reflect when a DoLS was required. An area for improvement has been identified.

Daily records were kept in relation to how each resident spent their day and the care and support provided by staff. These records lacked detail in relation to the level of staff support provided to residents with personal care tasks and activities. An area for improvement has been identified.

Residents' care records were held confidentially.

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.

Staff ensured that residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presented and looked appetising. There was a daily menu available for residents and their representatives to view.

Staff told us how they were made aware of residents' nutritional needs and records were available for staff to refer to during the lunch time meal. However, staff working in the dementia units were uncertain about residents' Speech and Language Therapy (SALT) recommendations. This was discussed with the manager and an area for improvement has been stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm and comfortable for residents. Bedrooms were beautifully decorated, tidy and personalised with photographs and other items important to residents. Communal areas were well decorated, suitably furnished and homely. There were no malodours detected in the home.

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

Domestic staff were observed completing their duties across all the units in the home and confirmed that there is a good supply of cleaning products in the home.

The carpet in Lighthouse Mews was stained and required a deep clean; this was discussed with the manager for appropriate action. This will be reviewed at the next care inspection.

Paint was being stored in a bathroom which was accessible to residents; and steradent denture cleaning tablets were easily accessible to anyone entering a resident's bedroom. The use/storage of these items require robust risk assessment and safe storage as per Control of Substances Hazardous to Health (COSHH) guidance to reduce the risk of harm to anyone using or potentially accessing them. This was discussed with the manager for appropriate action and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 15 April 2023 and the manager confirmed post-inspection that a review date has been arranged for 24 April 2024.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE).

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

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spend their day.

Residents spent time in the communal lounges watching TV and chatting to each other. Some residents preferred to spend time alone relaxing or having visits with loved ones.

Activities offered in the home included, movie nights, religious services, knitting and hair dressing. There was an activities co-ordinator on duty who was working between the units engaging some of the residents in activities. An activity planner was available in all units for residents and their representatives to view.

Residents told us they enjoy going to the café in the home with their family members and others told us they enjoy walking around the garden area.

Residents meetings took place regularly and a list of person centred agenda items were discussed with residents including, menus, activities and seasonal plans. A plan was developed following meetings for completion of tasks, this is good practice.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Gillian Finlay has been the Manager in this home since 11 September 2023.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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 Director of the organisation 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 vulnerable adults.

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.

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.

Staff commented positively about the manager and described her as approachable and always available for guidance and support.

There were no records of monthly monitoring visits by the responsible individual available during the inspection. This was discussed with the responsible individual who told us she had completed the visits but had not completed the reports. An area for improvement has been identified.

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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	5*	4*

* the total number of areas for improvement includes three regulations and one standard that has been stated for a second time and one regulation which is 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 30 October 2021	<p>The registered person shall ensure that a regular and robust system for auditing medicines management is implemented.</p> <p>Ref: 5.1</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Monthly medication audits are completed with action plan formulated to address any identified areas for improvement</p>
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: Second time To be completed by: 30 June 2024	<p>The registered person shall ensure a robust system is in place to monitor staff compliance with training; ensuring staff are appropriately trained to do their job. This includes but is not limited to: dysphagia training.</p> <p>Ref: 5.1 & 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>New training matrix implemented to monitor staff training compliance. Dysphagia training is ongoing with face to face training for staff as well as self directed learning. Resources are available and included as part of new staff induction.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person shall ensure there are adequate staff on duty to meet the needs of residents; ensuring deployment of staff across the home includes supervision in each unit at all times.</p> <p>Ref: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: Residents needs are routinely reviewed to ensure staffing provision is adequate to meet the needs of the residents and that each unit is supervised at all times.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2024</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard.</p> <p>This area for improvement is made with specific reference to the supervision and storage of paint and steradent denture cleaning tablets.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Paint removed from residents area on day of inspection. Resident's Steradent denture cleaning tablets now stored in a locked cupboard to reduce risk of harm.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2024</p>	<p>The responsible individual shall ensure that records of monthly monitoring visits are completed in a timely manner and the completed reports are made available for the purpose of inspection and monitoring.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Responsible individual completes monthly monitoring visits and forwards report to the home manager for action. Copies of the reports are stored in the home managers office for review.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	

<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2024</p>	<p>The registered person shall ensure that recruitment records held in the home have consistent details recorded in relation to the recruitment of new staff in order to ensure effective managerial oversight of the recruitment process.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Review of recruitment processes agreed with HR team to ensure consistent details recorded in each personal file and managerial oversight of recruitment processes.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2024</p>	<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: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The careplans of residents assessed as requiring a Deprivation of Liberty Safeguard have been updated to reflect this need including dates for review.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person shall ensure that staff are provided with extra training in relation to the completion of resident's daily progress records, in order to ensure a full account of support provided has been recorded as necessary. This should be kept under review.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Training to be roled out to all staff in relation to completion of residents daily progress records to provide fuller detials of the care and support provided. Review of progress notes included in care documentation audit to ensure compliance and identify where improvement is required.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.10</p> <p>Stated: Second time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that staff are aware of each individual's assessed need in relation to their eating and drinking requirements.</p> <p>Ref: 5.1 & 5.2.2</p>

16 April 2024	Response by registered person detailing the actions taken: In order to ensure all staff are aware of each individuals assessed need in relation to their eating and drinking requirements this information is included in residents careplans, daily menu's and written handover reports.
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