



Unannounced Care Inspection Report

22 October 2019



Cove Manor

Type of Service: Residential Care Home

Address: 89 Mullanahoe Road, Ardboe, Dungannon, BT71 5AU

Tel No: 028 8673 6349

Inspector: Laura O'Hanlon

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 registered residential care home which provides care for up to 14 residents.

3.0 Service details

Organisation/Registered Provider: Cove Manor Care Home Ltd Responsible Individual: Sean McCartney	Registered Manager and date registered: Madge Quinn – 19 December 2018
Person in charge at the time of inspection: Madge Quinn	Number of registered places: 14
Categories of care: Residential Care (RC) I - Old age not falling within any other category PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Total number of residents in the residential care home on the day of this inspection: 14

4.0 Inspection summary

An unannounced inspection took place on 22 October 2019 from 10.00 to 15.45 hours.

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

Areas for improvement in respect of previous pharmacy inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to communication between the residents and the staff and the culture and ethos of the home.

Areas requiring improvement were identified in relation to recruitment and the duty rota. Two areas for improvement were stated for the second time.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents and staff 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	*1	*4

*The total number of areas for improvement includes two areas which have been stated for a second time and one area which is carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Sean McCartan, Responsible Individual, Kate McVey and Madge Quinn, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 20 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 20 May 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. This included the previous inspection findings including registration information, and any other written or verbal information received.

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

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

- staff duty rotas
- two staff recruitment records
- two residents' records of care
- reports of visits by the responsible individual

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 20 May 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 21 (b) Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • two written references are obtained prior to commencement of employment. • the date is recorded when the Enhanced AccessNI disclosure is reviewed by the registered manager. 	Partially met
	Action taken as confirmed during the inspection: Two recruitment records were reviewed which confirmed that two written references are obtained prior to commencement of employment. However only one of the records reviewed contained the date when the Enhanced AccessNI disclosure was reviewed by the registered manager. This element of the area for improvement was stated for the second time.	
Area for improvement 2 Ref: Regulation 20 (3) Stated: First time	The registered person shall ensure that competency and capability assessments are undertaken for any person in charge of the home in the absence of the manager.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records confirmed that competency and capability assessments were completed for any person in charge of the home in the absence of the manager.	

Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that fire doors are not propped open.	Met
	Action taken as confirmed during the inspection: Observations of the environment during the inspection confirmed that there were no fire doors propped open.	
Area for improvement 4 Ref: Regulation 13 (1) (a) Stated: First time	The registered person shall ensure that the identified store cupboard is closed securely so as to prevent harm to residents.	Met
	Action taken as confirmed during the inspection: Observations of the environment during the inspection confirmed that the identified store cupboard was closed securely.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the duty rota reflects the capacity of the staff working in the home.	Not met
	Action taken as confirmed during the inspection: Inspection of the duty rota confirmed that the capacity of staff was not recorded. This area for improvement was stated for the second time.	
Area for improvement 2 Ref: Standard 11.1 Stated: First time	The registered person shall ensure that care management reviews are undertaken on an annual basis.	Met
	Action taken as confirmed during the inspection: Review of two care records confirmed that care management reviews were completed on an annual basis.	

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Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that two staff are involved in the transcribing of medicine details on medicine administration records.	Met
	Action taken as confirmed during the inspection: A review of random transcribed medicines evidenced two signatures were present to confirm the detail.	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall develop the policies and procedures regarding the residential care home and in particular the disposal of medicines.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed at this inspection and will be carried forward for review at the next care inspection.	

6.2 Inspection findings

On arrival to the home we found that the most of the residents were already washed and dressed. The atmosphere in the home was considered warm and calm with staff assisting and conversing with residents in a friendly and respectful manner.

Staffing and recruitment

We reviewed the duty rota. We noted that the duty rota did not accurately reflect the staff working in the home during the inspection. In addition the manager's hours were not recorded on the rota. This was identified as an area for improvement to comply with the standards.

We were able to identify the person in charge in the absence of the manager. However we noted that the duty rota did not record the grades/capacity of staff working in the home. This area for improvement was stated for the second time.

The manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. No concerns were raised by residents or staff regarding staffing levels in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The manager confirmed that competency and capability assessments were in place for staff in charge of the home in the manager's absence. One assessment was reviewed and found to be satisfactory.

Two staff recruitment records were reviewed. This confirmed that the required references were completed for all new staff prior to commencement of employment in the home. On one recruitment record there was no evidence of the Enhanced AccessNI being undertaken. This matter was discussed and confirmation was provided that this was in place prior to the commencement of staff in the home.

The second file reviewed contained the Enhanced AccessNI certificate; therefore the information was not stored in accordance with the code of practice. In addition the date was not recorded when the certificate was reviewed by the manager. This was identified as an area for improvement to ensure compliance with the standards.

Environment

An inspection of the home was undertaken. Resident's bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be odour free and clean. There was a warm atmosphere in the home. Corridors and communal areas contained displays which were meaningful to the residents.

There were a number of areas which had been redecorated following the last inspection. The manager confirmed that further redecoration is planned for the home.

Infection prevention and control (IPC)

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment.

Care records

We reviewed two care records. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

Staff communication and teamwork

The staff confirmed that there was good communication and team work in the home. The staff reported that they all work together for the benefit of the residents. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings.

The staff advised that during the staff handovers any concerns or information is passed on in relation to the care and treatment of residents. At the handovers staff also agree the delegated duties for the provision of care for each resident.

Care practices

Residents were well dressed in clean attire. Glasses and walking aids appeared in good working order. Staff were able to describe the individual needs of residents and how these would be met in the home. Care duties were undertaken in an unhurried and discreet manner. Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

Residents' views

In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Some comments made by residents included:

- "If I want anything all I have to do is ask."
- "The staff are all very good to me."
- "I am very happy here and well care for."
- "The food is good and my bed is warm and clean."
- "I feel safe in here."

Staff Views

Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Staff were able to describe the individual care needs of residents and how these needs were met in the home.

Staff also reported that there was good communication between staff for the benefit of residents and there was good team work. Observations of staff during the inspection found that they were reassuring to residents and acted in a caring manner.

Staff comments included:

- "The manager is very approachable. All the care provided here is very good. There is good communication; all information is passed on for the benefit of the residents."
- "Its home from home here; our relatives all praise this home. The care provided is really good. All the staff team get on well together. All staff work well together and help each other out."

Management and governance arrangements

There is a clear management structure within the home and the manager was available throughout the inspection process. All staff spoken with commented positively about the manager and described her as supportive and approachable. All interaction between the manager and staff was relaxed and team work was evident.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visits dated 20 September 2019, 30 August 2019 and 27 July 2019 were reviewed. These reports found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Areas for improvement

The following areas were identified for improvement in relation to recruitment practices and the duty rota.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sean McCartan, Responsible Individual, Kate McVey and Madge Quinn, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (b) Stated: Second time To be completed by: 23 October 2019	The registered person shall ensure that: <ul style="list-style-type: none"> • The date is recorded when the Enhanced AccessNI disclosure is reviewed by the registered manager. Ref: 6.1 Response by registered person detailing the actions taken: The date will be recorded when the access ni check is reviewed by the registered manager.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 16 February 2019	The registered person shall develop the policies and procedures regarding the residential care home and in particular the disposal of medicines. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 25.6 Stated: Second time To be completed by: 23 October 2019	The registered person shall ensure that the duty rota reflects the capacity of the staff working in the home. Ref: 6.1 Response by registered person detailing the actions taken: The duty rota will include the the capacity of staff working in the home.
Area for improvement 3 Ref: Standard 19.3 Stated: First time To be completed by: 23 October 2019	The registered person shall ensure that the Enhanced AccessNI disclosure certificate is stored in accordance with the AccessNI's code of practice. Ref: 6.2 Response by registered person detailing the actions taken: Access NI forms will be stored in accordance with the access nis code of practice.

<p>Area for improvement 4</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the duty rota accurately reflects the staff on duty in the home. The manager’s hours should also be recorded.</p> <p>Ref: 6.2</p>
<p>To be completed by: 23 October 2019</p>	<p>Response by registered person detailing the actions taken: Off Duty accurately reflects staff hours , manager hourse also recorded.</p>

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



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