

Inspection Report

5 October 2022



The Cottage

Type of service: Nursing (NH)
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Merit Retail Limited</p> <p>Responsible Individual: Ms Therese Elizabeth Conway</p>	<p>Registered Manager: Mrs Carol McAlary</p> <p>Date registered: 08 November 2017</p>
<p>Person in charge at the time of inspection: Emma Scott- Staff Nurse</p>	<p>Number of registered places: 67</p> <p>A maximum of 14 patients in category NH-DE to be accommodated in the designated dementia unit and a maximum of 3 patients in category NH-TI. The veranda on the first floor must not be accessed by any patients until the agreed remedial work has been completed.</p>
<p>Categories of care: Nursing Home (NH) TI – Terminally ill DE – Dementia 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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 64</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 67 patients. The home is divided in three suites over two floors. The Rose and Benone suite are on the ground floor which provide general nursing care or nursing care for patients with a physical disability. The Dunluce suite is upstairs and provides care for people living with dementia.</p> <p>Patients have access to communal lounges, dining rooms and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 5 October 2022, from 9.40 am to 6.15 pm by 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.

Ten new areas for improvement were identified during the inspection and are detailed throughout the report and in the Quality Improvement Plan (QIP) in Section 6.0.

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

RQIA were assured that the delivery of care and service provided in The Cottage was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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 Carol McAlary, Manager at the conclusion of the inspection.

4.0 What people told us about the service

We met with 18 patients, 14 staff and two relatives. Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in The Cottage. Patients described the staff as “very good”, “great” and “this is a lovely place”. Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. Two staff members told us, “I love it here”. One relative spoken with confirmed their loved one was well looked after and they had no concerns. The second relative expressed some dissatisfaction in regard to some care issues; this was discussed with the Manager for her appropriate action.

Two staff members started the online survey but did not complete all of the questions; a very satisfied response was received for the four completed questions which focused on the care delivery to patients and the management of the home. No questionnaires were received from patients or relatives within the allocated timeframe.

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 9 September 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall ensure that a refurbishment plan is implemented in relation to the environment to include the repair or replacement of identified furniture, the refurbishment of the kitchenette within the Benone Suite, floors within identified rooms and walls in multiple areas throughout the home.	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.	

<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff employed in the home receive and complete mandatory training timely which is appropriate to their job role.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Training statistics in a number of areas remain low. This area for improvement has not been met and is stated for a second time.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered.</p> <p>With specific reference to ensuring that the equipment stored in the identified bathroom within the Rose Suite is removed.</p>	<p>Carried forward to the next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>A variation has been submitted to RQIA to change the purpose of this bathroom but work has not commenced. Therefore this area for improvement is carried forward for review at the next inspection.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • Staff use PPE appropriately at all times in order to assure compliance with best practice guidelines in infection prevention and control measures • Contenance aids are stored in their original packaging. 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Contenance aids were appropriately stored however; a number of staff were seen non-compliant with wearing face masks. This area for improvement has been partially met and is stated for a second time.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

A system was in place to ensure that staff completed their training. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients. Review of training records evidenced staff compliance with mandatory training remains low; this was discussed with the Manager and an area for improvement was stated for a second time.

Review of governance records provided assurance that all nursing staff were registered with the Nursing and Midwifery Council (NMC) and that these registrations were effectively monitored by the Manager on a monthly basis. However; review of the care staff registration with Northern Ireland Social Care Council (NISCC) identified a number of staff who had not paid their yearly fee. This was discussed with the Manager for her appropriate action and an area for improvement was identified.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

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 patients.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of two identified patient's care records evidenced that their care plans and risk assessments had not been developed in a timely manner. This was discussed with the Manager and an area for improvement was identified.

Review of a sample of care records evidenced a number of deficits. The care records did not evidence the patient's past medical history. Care plans and risk assessments lacked a person centred approach to the care of the patient; care plans were generic in nature and some did not evidence the patient's name. There were also gaps in the consistent, timely review of care plans and risk assessments; furthermore, those that had been reviewed by the registered nurse the review was repetitive and did not provide a meaningful review of the patients care. These deficits were discussed with the Manager and areas for improvement were identified.

Patients who were less able to mobilise were assisted by staff to change their position. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans and the time of repositioning by care staff was not time specific. An area for improvement was identified.

Discussion with the Manager and a review of records confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Patients who required care for wounds or pressure ulcers had this recorded in their care records. A review of care records in regards to wound care evidenced inconsistencies in the frequency of dressing change and the associated documentation on wound charts and care records. An area for improvement was identified.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. Patients commented positively about the food served. It was observed that the menu was not appropriately displayed in any of the units, this was discussed with the Manager and an area for improvement was identified.

There was a system in place to ensure that all the staff members were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT). If required, records were kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces, the laundry and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. It was observed that some bedroom furniture was old and tired and in need of replacement; the Manager advised of an ongoing refurbishment plan for the home and the replacement of some pieces of bedroom furniture is included in this plan. Progress with the refurbishment works will be followed up at a future inspection.

A number of staff members were observed non-compliant with the current guidance in regard to the wearing of Personal Protective Equipment (PPE) specifically with the wearing of face masks. The importance of adherence to current guidance was discussed with the Manager and an area for improvement was stated for a second time.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. A number of fire extinguishers were noted off the wall; it was established the painter who was in the home decorating had removed the extinguishers. The Manager provided assurance these would be replaced immediately.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

5.2.4 Quality of Life for Patients

It was observed that staff offered choice to patients 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. Patients were observed listening to music, chatting with staff, reading and watching TV.

Discussion with the Manager confirmed that routine activities are not provided to the patients at present due to staffing issues, care staff try to provide some activities if time allows but there is no structured activity schedule at present. The provision of activities provides patients with meaning and purpose to their day, in recognition of the importance of this to patients and in the absence of an activity co-ordinator consideration should be given for staff to be allocated to provide patients with meaningful activity. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home however; there was no evidence that the Manager routinely audited care records, given the deficits evidenced on inspection a care record audit should be implemented. An area for improvement was identified.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. A review of these records identified a number of reportable incidents which had not been notified to RQIA in keeping with regulation; this was discussed with the Manager and retrospective notifications were requested to be submitted to RQIA. An area for improvement was identified.

Discussion with the Manager in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed. Staff members were also 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 patients, care practices or the environment.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, 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 Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	6*	8*

* the total number of areas for improvement includes one Regulation and one Standard that have been stated for a second time and one Regulation and one Standard which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Carol McAlary, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 Stated: First time To be completed by: 31 May 2020	<p>The registered person shall ensure that a refurbishment plan is implemented in relation to the environment to include the repair or replacement of identified furniture, the refurbishment of the kitchenette within the Benone Suite, floors within identified rooms and walls in multiple areas throughout the home.</p> <p>Ref: 5.1</p> <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>
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: Second time To be completed by: 30 November 2022	<p>The registered person shall ensure staff employed in the home receive and complete mandatory training timely which is appropriate to their job role.</p> <p>Ref: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff complete mandatory training appropriate to their role prior to commencement of their employment. Mandatory training is then updated annually (or immediately should a learning need be identified). The Training Lead has returned to her post and is supporting the Home Manager by monitoring and challenging the Training compliance.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure care staff registration is effectively monitored by the Manager to ensure staff are up to date with their yearly fee and are on the live Northern Ireland Social Care Council (NISCC) register.</p> <p>Ref: 5.1 & 5.2.1</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: All Care Staff have their registration and fees up to date. The Home Manager continues to monitor this on a monthly basis and as new care staff commence employment. Any ongoing issues with the NISSC portal are being escalated to the Regional Manager.</p> <p>The registered person shall ensure care records and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Named nurse model has been reviewed and shared with Nursing staff. A meeting was held with Nursing staff and the necessity of ensuring care records and risk assessments being kept up to date re-iterated. The Home Manager will audit this on a monthly basis with any actions being time framed.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan and the documented time of repositioning is specific to the actual time of repositioning.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The repositioning charts evidence the delivery and frequency of pressure area care as per the residents care plan, repositioning is being completed within the frequency specified. A care staff meeting was held with to discuss accurate documentation on repositioning records.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> The frequency of dressing change should clearly reflect the assessed need of the wound. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Home Manager audits Wounds on a monthly basis, this incorporates frequency of change and dates assessments are completed. Staff reminded to ensure any visits from podiatry (dressing changes) are also updated on EpicCare on day of visit.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2020</p>	<p>The registered person shall ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered.</p> <p>With specific reference to ensuring that the equipment stored in the identified bathroom within the Rose Suite is removed.</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 2</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> Staff use PPE appropriately at all times in order to assure compliance with best practice guidelines in infection prevention and control measures. <p>Ref: 5.1 & 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been trained in the appropriate use of PPE and further supervision has been carried out to ensure all staff are compliant at all times. Evidence of staff non compliance will result in a HR process</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Pre admission assessment and referral information and hospital discharge letter is used to base the initial plan of care within 24 hours of admission.</p> <p>Care plans are further developed within five days of admission, reviewed and updated on a monthly basis unless changes occur.</p> <p>HM auditing admission to care home care plans to ensure completion within 5 day framework.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to patients care records:</p> <ul style="list-style-type: none"> • evidence an up to date medical history • are individualised to meet the patients' needs • the review of the patients care plan is not repetitive and evidences meaningful content. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All admission information is now recorded directly onto EpicCare.</p> <p>Care plans are individualised by residents named nurse.</p> <p>Home Manager will continue to monitor via monthly Care plan audits.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the daily menu is displayed in all three units, the menu should accurately reflect the meals served and be displayed in a suitable format.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 6</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2022</p>	<p>The registered person shall ensure that there are staff members available to offer a programme of activities and events for patients.</p> <p>Activities must be an integral part of the care process with daily progress notes recorded to reflect activity provision and patient engagement.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Recruitment for an activity therapist is in progress. As well as the external events ongoing within the home. Care staff continuing to offer activities during the day and a member of staff has been identified to offer additional support until recruitment is finalised.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p>	<p>The registered person shall ensure that effective quality assurance audits are implemented and maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • care record audits. <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Care plan audits for each unit is part of the auditing schedule, and a matrix is now in place to reflect this.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that, where appropriate, accident, incidents or other events are reported to RQIA and other relevant organisations in accordance with legislation.</p> <p>Ref: 5.2.5</p>
<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Another staff member has been identified and permission granted to complete notifications in the absence of Home Manager/Sister to ensure all appropriate accidents and incidents are reported to RQIA and other relevant organisations in accordance with legislation. The Home Manager completes an incident /accident log to ensure timely reporting to RQIA as per the guidance.</p>

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



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