The Cottage
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25 Lodge Park
Coleraine
BT52 1UN

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Unannounced Care Inspection
of
The Cottage

08 and 09 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 08 February 2016 from 10.00 to 16.15 and on 09 February from 09.45 to 14.15.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 13 May 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	*3

*The total number of recommendations above includes one recommendation that was stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Merit Retail Limited/Therese Conway (Acting)	**Registered Manager:** Kathleen Margaret Holmes
Person in Charge of the Home at the Time of Inspection: Kathleen Margaret Holmes	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-TI, NH-DE, NH-I, NH-PH, NH-PH(E)	**Number of Registered Places:** 67
Number of Patients Accommodated on Day of Inspection: 66	**Weekly Tariff at Time of Inspection:** £608 to £643

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with four patients, four care staff, three nursing staff and four patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- six patient care records
- staff training records
- complaints records
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 13 May 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 13 May 2015.

Last Care Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 14 (4) **Stated:** Second time	The registered person must ensure that registered nurses have undertaken training in restraint/restrictive practice and that this is fully embedded into practice.	**Met**
	Action taken as confirmed during the inspection: A review of staff training records confirmed that training had been provided in restrictive practices. Group supervisions had also taken place with all staff members in this regard.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 17.6, 17.10 & 17.16 **Stated:** First time	The registered manager should establish a process to determine complainant' satisfaction with actions taken. Information should also be provided to complainants with regards to what they can do, if they remain dissatisfied with the outcome that has been provided. **Carried forward from previous inspection.**	**Met**
	Action taken as confirmed during the inspection: The format for recording complaints had been further developed and although there were no open complaints on the day of inspection, the inspector reviewed letter templates that had been developed. These letters demonstrated compliance with the above.	
Recommendation 2 **Ref**: Standard 20.6 **Stated:** First time	It is recommended that the arrangements for patients who occupy shared rooms are reviewed.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that an identified living room was available to accommodate patients who receiving end of life care. Arrangements were in place for a call bell system to be put in place before this room could be used.	

<table>
<tr><td rowspan="2">Recommendation 3

Ref: Standard 36.2 & 36.4

Stated: First time</td><td>All policies and procedures should be reviewed to ensure that they are subject to a three yearly review.

• A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN (2013) Palliative Care Guidelines (2013)
• A policy on death and dying should be developed in line with current best practice, such as DHSSPSNI (2010) Living Matters: Dying Matters and should include the procedure for dealing with patients' belongings after a death and the management of shared rooms.
• A protocol on accessing specialist equipment and medications should be developed.

The policies and guidance documents listed above, should be made readily available to staff.</td><td rowspan="2">Partially Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The policies on palliative care management and breaking bad news were reviewed. The policies reviewed reflected best practice guidance; however, they did not include the management of shared rooms or the protocol for accessing specialist equipment and medications.

These elements of the recommendation were not met and were stated for the second time.</td></tr>
<tr><td rowspan="2">Recommendation 4

Ref: Standard 39.4

Stated: First time</td><td>Training should be provided to staff, relevant to their roles in:
• Communicating effectively
• Death, dying and bereavement
• Palliative and end of life care</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
A review of the staff training records confirmed that training had been provided to all relevant staff.</td></tr>
</table>

Recommendation 5 **Ref**: Standard 32 **Stated:** First time	Relevant information on support services should be further developed, to ensure that patients and their relatives have access to support services that are based in Northern Ireland. A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.	**Met**
	Action taken as confirmed during the inspection: Information leaflets on support services were available in the home. The registered manager confirmed that a registered nurse had been nominated as the palliative care link nurse and that this link nurse would be facilitated to attend link nurse meetings.	
Recommendation 6 **Ref**: Standard 4.1 & 4.5 **Stated:** First time	It is recommended that registered nurses develop care plans, as relevant, on patients requiring end of life care. Care plans should include patients' and or their representatives': • Communication needs and wishes • Cultural, spiritual and religious preferences • Environmental considerations.	**Met**
	Action taken as confirmed during the inspection: A review of three patient records confirmed that care plans regarding end of life care were completed. A review of patient daily progress notes also confirmed that discussions with patients' representatives were recorded appropriately.	

Recommendation 7 **Ref**: Standard 30.1 & 30.2 **Stated:** First time	The registered person must ensure that staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.	**Met**
	Action taken as confirmed during the inspection: A review of the dependency level assessments and staffing calculations confirmed that staffing arrangements were generally in keeping with those discussed with the inspector. Discussion with staff and the registered manager confirmed that short notice absences were being managed in keeping with the home's protocol. Absenteeism was also being monitored appropriately by the registered manager.	

5.3 Additional Areas Examined

5.3.1. Care Records

Six electronic care records were reviewed. In general, risk assessments and care plans had been completed for patients. However, there were inconsistencies identified in the frequency with which these were reviewed. For example, falls risk assessments and pressure risk assessments had not been completed in the month of December. A review of these individual risk assessments confirmed that the identified risk levels had been identified as being at low risk. However, there were also eight patients who did not have the malnutrition universal screening assessment tool completed in January 2015, two of whom were identified as being at high risk. The assessments had subsequently been completed.

The process of auditing the electronic care records was discussed with the registered manager and although assurances were provided that care record audits were completed, there were no records maintained in the home to evidence the identified deficits and follow up on action taken. A review of the care record audits of the supplementary hard copy records identified that this had not been carried out since October 2015 and there also was no evidence that all the identified deficits had been addressed. A recommendation was made regarding care record auditing.

A review of wound care documentation in three care records confirmed that wound assessments and care plans were in place. However, in one care record, there was no evidence that the wound assessment had been completed each time the wound dressing had been changed. This was evident on four occasions in the five week period reviewed. A review of the progress notes confirmed that the wound dressing had been changed according to the care plan in two of the identified weeks; however there were two weeks in which the records did not evidence that the wound dressings had been changed according to the care plan. This was discussed with the registered manager and the wound audits were subsequently reviewed. A review of the manager's audits confirmed that the audit was last completed in December 2015, for the previous month. A recommendation was made in this regard and has been incorporated into one recommendation on care record auditing, referred to above.

5.3.2. Comments of Patients, Patient Representatives and Staff

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

'I love my job. The patients are treated very well.'
'The patients are treated very well, their choice is respected at all times. I am loving it here.'
'This home is like a family. We all get on well.'
'The manager is very approachable. It is a happy home.'
'It is a pleasure to come to work. The staff are very loyal and the carers have the foresight to know what needs to be reported.'
'I am very impressed with the management.'
'I love it here. (The manager) is amazing and I have worked in a lot of care homes.'
'There are clear line management structures here and this provides great confidence in the home. Both sisters are also very approachable.'

Patients

'I won't let (the staff) down by saying anything against them. They are just great.'
'No complaints from me.'
'It is a very good home alright.'
'The staff are very good and so is the food.'
'They treat you well here.'

Patients' Representatives

'We have no complaints.'
'It is very good.'
'The staff are very compassionate and the care is good.'
'We are quite happy with the care.'

Visiting Professionals

Two visiting professional spoke with the inspector. They raised no concerns in relation to the care and treatment of patients in the home and commented that the staff were very helpful.

5.3.3. Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

However, two staff members were observed not changing their gloves or aprons when moving from one area to another. One staff member consulted was unable to provide an appropriate answer as to why they had not changed their personal protective equipment between tasks. A review of the training records regarding infection control confirmed that all staff had completed

the training. It was therefore disappointing that the learning had not been embedded into practice. This was discussed with the registered manager and a recommendation was made.

Areas for Improvement

The registered manager should formalise the process of auditing electronic patient records, specifically patients' risk assessments and care plans. Records should be retained of the audits, which should evidence the action taken to address identified deficits. Audits of the hard copy records should also be undertaken on a regular basis.

Wound care audits should also be conducted on a regular basis, to address deficits identified in this inspection.

The registered manager must ensure that learning from infection control training is embedded into practice.

Number of Requirements:	**0**	**Number of Recommendations:**	**2**

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref:** Standard 36.2 **Stated:** Second time **To be Completed by:** 08 April 2016	All policies and procedures should be reviewed to ensure that they are subject to a three yearly review. • A policy on death and dying should be developed in line with current best practice, such as DHSSPSNI (2010) *Living Matters: Dying Matters* and should include the procedure for the management of shared rooms. • A protocol on accessing specialist equipment and medications should be developed. The policies and guidance documents listed above, should be made readily available to staff. **A copy of the above policies should be submitted to RQIA with the returned QIP.** **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: A policy on death and dying has been developed in line with current best practice "Living Matters, Dying Matters", which includes the procedure for the management of shared rooms. A protocol on accessing specialised equipment and medications has been developed (see attached).
Recommendation 2 **Ref:** Standard 35.4 **Stated:** First time **To be Completed by:** 08 April 2016	The registered manager should formalise the process of auditing electronic patient records, specifically patients' risk assessments and care plans. Records should be retained of the audits, which should evidence the action taken to address identified deficits. Audits of the hard copy records should also be undertaken on a regular basis. Wound care audits should also be conducted on a regular basis, to address deficits identified in this inspection. **Ref: Section 5.3.1**
	Response by Registered Person(s) Detailing the Actions Taken: A schedule of electronic nursing record audits are in place, copies of which are stored in a designated file. These focus on risk assessments, care plans and wound care. Action plans are formulated to address any deficits.

Recommendation 3 **Ref:** Standard 46.2 **Stated:** First time **To be Completed by:** 08 April 2016	There should be an established system in place to assure compliance with best practice in infection prevention and control within the home. This relates specifically to staff changing personal protective equipment between tasks/units. **Ref: Section 5.3.3**
	Response by Registered Person(s) Detailing the Actions Taken: An auditing system is in place which addresses compliance with best practice in infection prevention and control in the home.

Registered Manager Completing QIP	Kathy Holmes	**Date Completed**	10/03/16
Registered Person Approving QIP	Therese Conway	**Date Approved**	10/03/16
RQIA Inspector Assessing Response	Aveen Donnelly	**Date Approved**	21/03/2016

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address