



Unannounced Follow-up Care Inspection Report 13 February 2019



The Cottage

Type of Service: Nursing Home (NH)
Address: 25 Lodge Park, Coleraine, BT52 1UN
Tel No: 028 7034 4280
Inspector: Jane Laird

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 67 persons.

3.0 Service details

Organisation/Registered Provider: Merit Retail Limited Responsible Individual: Therese Elizabeth Conway	Registered Manager: Carol McAlary
Person in charge at the time of inspection: Carol McAlary	Date manager registered: 08 November 2017
Categories of care: Nursing Home (NH) 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. TI – Terminally ill.	Number of registered places: 67

4.0 Inspection summary

An unannounced inspection took place on 13 February 2019 from 10.55 to 16.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection focused on assessing the level of progress with the areas for improvement identified during the last care inspection on 21 September 2018. It was positive to note that all nine areas for improvement have been met.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

The inspection resulted in no areas for improvement. Findings of the inspection were discussed with Carol McAlary, registered manager, as part of the inspection process.

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

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 22 patients, six patients' relatives and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector also provided the manager with 'Have we missed you' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- staff duty rotas from 8 February 2019 to 21 February 2019
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- three patient care records
- four patient care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits
- RQIA registration certificate

Areas for improvement 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 most recent inspection dated 5 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically:</p> <ul style="list-style-type: none"> • Single use syringes should not be reused • Commode pans should be effectively decontamination after use. • Staff should ensure that PPE is worn appropriately and that hands are washed in accordance with the five moments of care • Soiled laundry should be disposed of at the point of care • Aprons should be worn when serving and assisting with patient's meals • The waste bin in an identified toilet should be replaced • Colour coding for cleaning equipment should be followed, mops should be stored upright, shelving should be provided for the storage of bedpans and commode pans 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector confirmed that the infection prevention and control issues identified during the previous care inspection had been addressed.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 23 Stated: Second time</p>	<p>The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, information on the condition of patients' skin is documented upon the patient being repositioned.</p>	Met
	<p>Action taken as confirmed during the inspection: On review of repositioning records it was identified that there was not enough space for staff to document the condition of the patient's skin due to the layout of the template form for recording. It was evident on the day of inspection that the condition of the patient's skin had been documented within the daily progress notes. This is discussed further in 6.3.3.</p>	
<p>Area for improvement 2 Ref: Standard 41 Stated: First time</p>	<p>The registered person shall ensure that staffing in the Rose suite is reviewed in relation to numbers and organisation of work.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed that there were adequate staffing numbers within the Rose suite on the day of inspection. This was further validated on review of the staffing rotas.</p>	
<p>Area for improvement 3 Ref: Standard 44 Stated: First time</p>	<p>The registered person shall ensure that environmental issues identified during this inspection are actioned.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed that environmental issues identified during the previous care inspection were actioned appropriately.</p>	

<p>Area for improvement 4</p> <p>Ref: Standard 47</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the identified shower room is decluttered and appropriate legionella control measures are implemented.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the identified shower room was decluttered and appropriate legionella control measures had been implemented.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that medicines were safely and securely stored on the day of inspection.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that daily recordings in progress notes in relation to fluid intake are accurately recorded and appropriate action taken as necessary.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the fluid intake was accurately recorded within the daily progress notes and appropriate action taken as necessary.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that call bells are answered promptly.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that on the day of inspection the call bells were answered promptly.</p>		

Area for improvement 8 Ref: Standard 12 Stated: First time	The registered person shall ensure that a system to ensure patients meals are served hot is implemented.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that patient's meals within the Benone suite were served warm from a Bain Marie which remained on the unit during lunch.	

6.3 Inspection findings

6.3.1 The Patient Experience

We arrived in the home at 10.55 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly within one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients and staff spoken with were complimentary in respect of the home's environment.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

We observed the serving of the lunchtime meal within the Benone suite. Lunch commenced at 12.15 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and were observed to encourage patients with their meals in an unhurried manner. A hot Bain Marie remained on the unit throughout the lunchtime meal to ensure that the food remained warm. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Consultation with 22 patients individually, and with others in small groups, confirmed that living in The Cottage was a positive experience.

Patient comments:

- "They are very good here."
- "Happy here."

- “Staff all good.”
- “It’s lovely here.”
- “Food is great.”
- “It’s nice here.”

Representatives’ comments:

- “Really lovely home. It’s like a hotel.”
- “The staff are excellent.”
- “The staff are great. It’s a great place.”
- “The staff are very friendly.”

Review of the activity programme displayed in the foyer and on discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. On the day of the inspection there was live music within the lounge at the reception area of the home to celebrate St Valentine’s Day. Patients and their representatives appeared to enjoy the experience and staff were observed encouraging the patient’s to dance or clap along to the music. Nail care/hand massage was also taking place throughout the day in various areas within the home. Patients appeared to enjoy both activities and interacted well with the staff.

During the inspection we met with six patient representatives who were very complimentary of the homes environment and did not raise any concerns. One relative stated that the home was great and their relative is very happy living in The Cottage. We also sought relatives’ opinion on staffing via questionnaires. One questionnaire was returned from a patient’s representative. The respondent was very satisfied with the service provision across all four domains.

Patient’s and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management and were aware of who their named nurse was and knew the registered manager.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Staffing Arrangements

The registered manager confirmed the daily staffing provision for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 8 to 21 February 2019 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Rotas also

confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Call bells were answered promptly and the registered manager completes a weekly audit on call bell response times which was reviewed during the inspection.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff comments included:

- "I really enjoy my work."
- "Great support from management."

We also sought staff opinion on staffing via the online survey. Unfortunately no responses were received within the required time frame.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in The Cottage. We also sought the opinion of patients on staffing via questionnaires. There were no questionnaires returned in the time frame provided.

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient, and there was evidence of regular communication with representatives within the care records. We reviewed the management of nutrition, patients' weight and management of pressure care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. Care records were well maintained and demonstrated commitment from the nursing team. This is to be commended.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake, repositioning records of four patients were reviewed and all evidenced that contemporaneous records were maintained. However, there were inconsistencies in the documentation of the condition of the patient's skin following each repositioning intervention. The template for recording the condition of the patient's skin had limited recording space for staff to document the condition of the patient's skin on each repositioning intervention. This was discussed with the registered manager who agreed to implement a new template recording form. A copy of the form was forwarded to RQIA following the inspection.

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and fresh smelling throughout. We observed marks to walls within identified dayrooms and ensuites under the soap dispensers. This was discussed with the registered manager and the maintenance supervisor who advised that a refurbishment plan had been implemented to address the above issues. The refurbishment plan was available on the day of inspection.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures/best practice guidance were adhered to on most occasions and staff were observed utilising the correct personal protective equipment (PPE). Identified patient equipment that was not effectively cleaned after use or damaged beyond repair was discussed with the registered manager who had them cleaned or replaced prior to the completion of the inspection. The registered manager also completes a monthly hand hygiene audit to drive quality assurances which was reviewed during the inspection.

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Management and Governance of the home

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and capacity in which these were worked were recorded. Discussion with the staff and patients evidenced that the registered managers working patterns supported effective engagement with patients, their representatives and the multidisciplinary team. Staff were able to identify the person in charge in the absence of the registered manager. The name of the nurse in charge was also highlighted on the rota.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding call bell response times, hand hygiene, accidents/incidents, IPC practices and care records. In addition, robust measures were also in place to provide the registered manager with an overview of the management of infections occurring in the home. The inspector commended the registered manager's commitment to drive quality assurance practices within the home.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, review of the homes register and observations confirmed that the home was operating within the categories of care registered.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the report were available for patients, their representatives, staff and trust representatives.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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