

Inspection Report

24 April 2023



The Cottage

Type of service: Nursing Home
Address: 25 Lodge Park, Coleraine, BT52 1UN
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Merit Retail Limited</p> <p>Responsible Individual: Ms Therese Elizabeth Conway</p>	<p>Registered Manager: Mrs Carol McAlary</p> <p>Date registered: 8 November 2017</p>
<p>Person in charge at the time of inspection: Mrs Carol McAlary</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 (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill.</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:</p> <p>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. Patients have access to communal lounges, dining rooms and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 April 2023, from 9.40 am to 4.30 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.

Patients said that they felt well looked after and that there were enough staff to help them. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to treat the patients with respect and kindness and to attend to their needs in a timely manner.

It was positive to note that no new areas for improvement were identified as part of this inspection.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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, Registered Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with 16 patients, 13 staff and one student. Patients were well presented in their appearance and appeared relaxed and comfortable in their surroundings. Patients told us that they were happy living in the home and spoke in positive terms about their experiences in the home. Comments made by patients included that “the staff are all very good”, “I have no complaints at all”, “they are looking after me really well” and “the staff are excellent”.

Staff members were confident that they worked well together and enjoyed working in the home and interacting with the patients. Staff also said they were well supported by the Manager. Comments made by staff included; “we have a brilliant team”, “well supported by the manager” and “this is a lovely place to work”.

There were three questionnaire responses received, it was not clear if they were from patients or relatives. There was a mixed response to the questions within the questionnaires, the responses were shared with the Manager for her information. One comment included “the staff are very friendly”. No feedback was received from the staff online survey within the allocated timeframe.

A record of compliments received about the home was kept and shared with the staff team.

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 02 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (i) Stated: Second time	The registered person shall ensure staff employed in the home receive and complete mandatory training timely which is appropriate to their job role.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. This is further discussed in section 5.2.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

<p>Area for improvement 6</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The wound care records did not accurately reflect the wound care required.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not 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 46</p> <p>Stated: Second 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. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p> <p>A variation has been submitted to RQIA and work is almost complete in the repurposing of two areas of the home.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

<p>Area for improvement 4</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>		

Area for improvement 7 Ref: Standard 35 Stated: First time	The registered person shall ensure that effective quality assurance audits are implemented and maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> care record audits. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 8 Ref: Standard 35.9 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: There was evidence that a number of accidents and or incidents had not been reported to RQIA. This area for improvement has not been met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. Low compliance was evident in some training topics, the Manager provided dates that she had secured for the identified training areas.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

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. Staff said that they felt well supported in their role and found the Manager to be accessible and very approachable. Staff spoke positively on the teamwork in the home.

Patients consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance and told us that they were happy living in the home. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Supplementary care records evidenced the personal care delivered daily or more often to the patients; this included mouth care and the care of dentures. Food and fluid charts were well maintained and reconciled daily.

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 that the care documentation relating to the wound did not accurately reflect the wound care required and some records were seen to be contradictory. The specific examples were discussed with the Manager and an area for improvement was stated for a second time.

Patients who are less able to mobilise require special attention to their skin care and were assisted by staff to change their position. A review of repositioning records evidenced that patients were repositioned as prescribed in their care plans.

Examination of records and discussion with the Manager 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.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, crash mats and alarm mats.

Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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. The patients commented positively about the food.

The daily menu was on display in all three units, within the Dementia unit the menu was written on a whiteboard. We discussed how this could be improved within this unit for example with pictures so the patients can easily identify the food is being served daily. The Manager agreed to review the way the menu is displayed. This will be reviewed at a future inspection.

Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the Dietician. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

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 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. One patient told us one of their favourite things about the home is how clean it is.

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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Two new activity staff members have commenced post and it was positive to see a schedule of activities displayed and photographs of patients enjoying some recent activities. The activity staff members kept detailed records of the patient engagement in the activities provided.

Patients were also observed listening to music, reading, chatting with staff and watching TV.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff commented positively about the Manager.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients.

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 stated for a second time.

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 the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	1*	1*

* the total number of areas for improvement includes one Regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Carol McAlary, Registered 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 12 (1) (a) (b) Stated: Second time To be completed by: With immediate effect	<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: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All nursing staff are completing a refresher wound management course alongside a wound care competency signed off by the Home Manager.</p> <p>Additional Wound care audits are in place by the Home Manager to monitor each month.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35.9 Stated: Second time To be completed by: With immediate effect	<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: 5.1 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An additional staff member has been granted permission to complete RQIA notifications in the absence of the Home Manager/Clinical Sister to ensure all relevant accidents and incidents are reported to RQIA in accordance with legislation.</p>

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