



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN016948
Establishment ID No: 1399
Name of Establishment: The Cottage Nursing Home
Date of Inspection: 27 January 2015
Inspector's Name: P Cunningham

1.0 GENERAL INFORMATION

Name of Home:	The Cottage Nursing Home
Address:	25 Lodge Park Coleraine BT52 1UN
Telephone number:	0287034 4280
Registered organisation/provider:	Therese Conway Jarlath Conway
Registered manager:	Kathleen Holmes
Person in charge of the home at the time of inspection:	Kathleen Holmes
Other persons consulted during the inspection:	Oliver Monaghan, Estates Manager, The Cottage
Type of establishment:	Nursing Home
Number of registered places:	67
Date and time of inspection:	27 January 2015 from 11:00am - 2.00pm
Date of previous estates inspection:	26 May 2011
Name of inspector:	P Cunningham

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Kathleen Holmes and Oliver Monaghan.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

The Cottage Nursing Home is a part two-storey, purpose built Nursing Home situated close to a major thoroughfare in Coleraine. The home accommodates 67 people requiring a range of nursing care including those suffering from dementia. The home was extended in 2013 when the two-storey section was added. There is adequate car parking space and secure outdoor space for use by patients.

8.0 SUMMARY

Following the Estates Inspection of The Cottage Nursing Home on 27 January 2015, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 35 - Safe and healthy working practices

This resulted in two requirements and two recommendations. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Kathleen Holmes and Oliver Monaghan during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

A number of issues raised in the report of the previous estates inspection on 26 May 2011. These are detailed below.

Item	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	27.(2)(d)	Item 1 on previous QIP Carry out redecoration to the home's sanitary accommodation and elsewhere as necessary	Completed	N/A
9.1.2	14.(2)(c)	Item 2 on previous QIP Obtain copy of the legionellae risk assessment and liaise with the legionellae risk assessor to ensure that the range of ongoing control measures and recording methods are sufficient This should include sufficient information and instruction to relevant persons regarding their roles and responsibilities in this respect. Keep records of all associated activities. Retain copy of legionellae risk assessment at the home for reference.	Completed	N/A
9.1.3	27.(2)(s)	Item 3 on previous QIP Document arrangements and procedures to ensure that the home can operate in the event of a mains electrical supply	Completed. Emergency standby generator installed.	N/A

		failure. This should include information and instruction to staff where appropriate		
9.1.4	14 (2)(c)	Item 4 on previous QIP Provide thermostatic mixing valve to the hot water outlet in the hair dressing salon.	Completed	N/A
9.1.5	27 (4)(a)	Item 7 on previous QIP Obtain copy of fire risk assessment report and retain at home for reference. Carry out suitable remedial works to address any defects identified by the fire risk assessor regarding the fire compartment boundary in the roof void.	Completed	N/A
9.1.6		Item 8 on previous QIP In liaison with the fire risk assessor, provide easy opening device to fire escape door adjacent to the kitchen and provide suitable fire resisting construction to the home's store rooms.	Completed	N/A

Item	Standard Ref.	Recommendations	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.7	32.9	Item 5 on previous QIP Record activities to evidence routine checks to the home's fixed electrical installation.	Completed	N/A
9.1.8	35.5	Item 6 on previous QIP Carry out review of risk assessment to the hot surfaces in the home with particular attention to radiators in toilet and sanitary accommodation.	Completed. Discussed with manager again during this inspection.	See 9.3.3 below

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 The home appeared in relatively good decorative order and free from odours. Significant decorative upgrading has been carried out since the previous inspection including replacement floor coverings and re-painting, etc. Documentation in relation to the upkeep of the building was available for inspection.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard, although some issues (including those mentioned in section 9.1 above) have been identified for attention by the user. These are detailed in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The documentation supporting the thorough examination of the homes passenger lift was not available for inspection.
See item 1 on the attached Quality Improvement Plan.

9.3.3 Two medicines storage rooms were found to be unlocked and unattended during the inspection. This was brought to the attention of the manager who undertook to raise with relevant staff immediately following the inspection.
See item 2 on the attached Quality Improvement Plan.

9.3.4 The manager has completed risk assessments relating to hot surface temperatures and has indicated that these are kept under continuous review. It is further recommended that the provider provide protective covers to radiators in toilets where the risk of inadvertent contact with the hot surfaces is considered greater due to proximity of radiators to toilet pans and where other protective measures such as placing furniture, etc. is not an option.
See item 3 on the attached Quality Improvement Plan.

9.3.5 A condition was placed on the registration of the home in December 2013 relating to the use of the first floor veranda on the extension which was registered in December 2013. This is not permitted to be used by the patients living on that floor of the home who suffer from dementia due to the increased risk of falls. The provider should consider assessing the risks associated with the area and introducing appropriate control measures in order that the area can be brought into use by patients and thereby lifting the condition. This should be agreed with RQIA prior to implementation.
See item 4 on the attached Quality Improvement Plan.

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

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9.4.1 Fire Safety procedures in the home are, in the main, generally in line with this standard and a number of issues which were identified in the previous estates inspection and in the homes fire risk assessment were addressed. It is also good to note that the fire risk assessment company carrying out the home's fire risk assessment holds relevant recognized accreditation.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Kathleen Holmes and Oliver Monaghan as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



Quality Improvement Plan

Announced Estates Inspection

The Cottage Nursing Home

27 January 2015

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X	X		P Cunningham	11/3/15
C.	Clarification or follow up required on some items.					

NOTES:

The details of the Quality Improvement Plan were discussed with Kathleen Holmes, Registered Manager and Oliver Monaghan as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Kathy Holmes
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Therese Conway

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Assurance, Challenge and Improvement in Health and Social Care

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	27 (2)(q)	Provide confirmation that the home's passenger lift has been subjected to thorough examination in line with the provisions of LOLER. See 9.3.2 in report.	4 weeks	Confirmation provided to RQIA on 06.02.15.
2	13 (4)(a)	Ensure that medicines storage rooms remain locked while unattended. See 9.3.3 in report.	ongoing	Memo issued to all trained staff reiterating the Regulations of medication storage.
Item	Standard reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
3	32.5	Consider provision of protective covers to radiators in toilets where the risk of inadvertent contact with the hot surfaces is considered greater due to proximity of radiators to toilet pans and where other protective measures such as placing furniture, etc. is not an option. See 9.3.4 in report	12 weeks	Consideration will be given to areas noted and actioned if necessary.
4	32.5	Carry out an assessment of the risks associated with the veranda at the two storey extension with a view to introducing appropriate control measures in order that the area can be brought into use by patients. This should be agreed with RQIA prior to implementation. See 9.3.5 in report	12 weeks	Revision of veranda layout and railings to be revised and submitted to RQIA before implementation..

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