

Inspection Report

2 February 2023



The Cottage

Type of service: Nursing Home
Address: 25 Lodge Park, Coleraine, BT52 1UN
Telephone number: 028 7034 4280

www.rqia.org.uk

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>This number includes:</p> <ul style="list-style-type: none"> • a maximum of 14 patients in category NH-DE to be accommodated in the designated dementia unit • a maximum of three patients in category NH-TI <p>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: 61</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>The Cottage is a nursing home which is registered to provide nursing care for up to 67 patients. The home is divided into three suites over two floors.</p> <p>The Rose and Benone suites (on the ground floor) provide general nursing care and nursing care for patients with a physical disability. The Dunluce suite (on the first floor) 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 2 February 2023, from 10.30am to 2.50pm. The inspection was completed by two pharmacist inspectors. The inspection focused on medicines management within the home.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection will be followed up at the next inspection.

Robust governance systems were in place to ensure that medicines were managed safely and administered as prescribed. Medicine records and medicine related care plans were well maintained. Medicines were stored securely. Staff had received training and been deemed competent to manage and administer medicines. No new areas for improvement were identified.

Based on the inspection findings and discussions held, RQIA are satisfied that The Cottage is providing safe and effective care in a caring and compassionate manner; and that the service is will led by the management team in relation to medicines management.

RQIA would like to thank the staff and management for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was 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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspectors spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspectors met with four nurses, the clinical lead nurse and the manager.

Staff were warm and friendly and it was evident from discussions that they knew the patients well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes.

At the time of issuing this report, no responses had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 5 October 2022		
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) 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.	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.	
Area for Improvement 2 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.	
Area for Improvement 3 Ref: Regulation 20 (1) (c) (ii) Stated: First time	<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>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>	Carried forward to the next inspection
Area for Improvement 4 Ref: Regulation 16 (2) (b) Stated: First time	<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>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>	Carried forward to the next inspection
Area for Improvement 5 Ref: Regulation 12 (1) (a) Stated: First time	<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>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>	Carried forward to the next inspection
Area for Improvement 6 Ref: Regulation 12 (1) (a) (b) Stated: First time	<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 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>	Carried forward to the next inspection

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	Validation of compliance	
<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 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>Carried forward to the next inspection</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>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>Carried forward to the next inspection</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>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>Carried forward to the next inspection</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 4.8</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 	<p>Carried forward to the next</p>

<p>Stated: First time</p>	<ul style="list-style-type: none"> • are individualised to meet the patients' needs • the review of the patients care plan is not repetitive and evidences meaningful content. <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>inspection</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>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>Carried forward to the next inspection</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>Activities must be an integral part of the care process with daily progress notes recorded to reflect activity provision and patient engagement.</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>Carried forward to the next inspection</p>
<p>Area for Improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</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>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>Carried forward to the next inspection</p>

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.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second nurse had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of obsolete personal medication records were available on the medicines file; it was agreed that they would be cancelled and archived to ensure that they were not referred to in error.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a 'when required' basis for distressed reactions was reviewed for several patients. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain, infection or constipation. Directions for use were clearly recorded on the personal medication records. Care plans directing the use of these medicines were available. Records of administration and the reason for and outcome of administration were recorded. It was agreed that one care plan would be reviewed and updated.

The management of pain was reviewed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for several patients. Speech and language assessment reports and care plans were in place. Records of administration included the recommended consistency level. However, the recommended consistency level had not been recorded on a small number of personal medication records; it was agreed that they would be updated following the inspection and monitored through the audit process.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. A care plan for this practice was not in place for one patient; it was agreed that this would be followed up after the inspection.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail in the care plans to direct staff if the patient's blood sugar was outside their target range.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was reviewed. Up to date regimens detailing the prescribed nutritional supplement and recommended fluid intake were in place. Records of administration of the medicines, nutritional supplements and water were maintained.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. Satisfactory recordings were observed in the Dunluce and Rose suites indicating that medicines requiring cold storage were stored appropriately. In the Benone suite the refrigerator temperature had not been monitored every day and some temperatures were outside the recommended range. This was discussed with nurses and management. It was agreed that nurses would receive supervision on how to accurately monitor the refrigerator temperature and the action to be taken if/when temperatures outside the recommended range were observed.

Appropriate arrangements were in place for the disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

The sample of medication administration records reviewed at the inspection had been maintained to a mostly satisfactory manner. A small number of anomalies were discussed with the manager for review with nurses.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The records of receipt, administration and disposal of controlled drugs were maintained to the required standard in the controlled drug record books.

Management and staff audited medicine administration on a regular basis within the home. In addition, running stock balances were maintained for medicines which were not supplied in the monitored dosage system. The majority of audits completed at the inspection indicated that medicines were administered as prescribed. One discrepancy in the administration of an eye preparation was brought to the attention of the manager for ongoing close monitoring.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for patients new to the home or returning from hospital. Written confirmation of each patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed and medicines were administered as prescribed.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

Nurses had received a structured induction which included medicines management. Update training and competency assessments were completed annually or more frequently if a need was identified. Records were available for inspection.

The manager advised that the findings of this inspection would be shared with all staff for ongoing improvement.

6.0 Quality Improvement Plan/Areas for Improvement

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

* The total number of areas for improvement includes 14 which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Carol McAlary, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (c) (i) Stated: Second time To be completed by: 30 November 2022	The registered person shall ensure staff employed in the home receive and complete mandatory training timely which is appropriate to their job role.
	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. Ref: 5.1
Area for improvement 2 Ref: Regulation 27 Stated: First time To be completed by: 31 May 2020	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.
	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. Ref: 5.1
Area for improvement 3 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: With immediate effect (5 October 2022)	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.
	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. Ref: 5.1
Area for improvement 4 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: With immediate effect (5 October 2022)	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.
	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. Ref: 5.1

<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 (5 October 2022)</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>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> <p>Ref: 5.1</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 (5 October 2022)</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 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> <p>Ref: 5.1</p>
<p>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (5 October 2022)</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 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>Ref: 5.1</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>To be completed by: 14 March 2020</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>Ref: 5.1</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 (5 October 2022)</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>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>Ref: 5.1</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 (5 October 2022)</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>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>Ref: 5.1</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 (5 October 2022)</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>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>Ref: 5.1</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>To be completed by: 5 November 2022</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>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>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>Ref: 5.1</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>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>Ref: 5.1</p>
<p>Area for improvement 8</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (5 October 2022)</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>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>Ref: 5.1</p>

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



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