

Unannounced Care Inspection Report 7 September 2020



The Cottage

Type of Service: Nursing Home
Address: 25 Lodge Park, Coleraine, BT52 1UN
Tel No: 028 7034 4280
Inspector: Gerry Colgan

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

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.

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

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|---|---|
| Organisation/Registered Provider: Merit Retail Limited Responsible Individual: Therese Elizabeth Conway | Registered Manager and date registered: Carol McAlary 8 November 2017 |
| Person in charge at the time of inspection: Paula Melville Sister | Number of registered places: 67 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. TI – Terminally ill. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. | Number of patients accommodated in the nursing home on the day of this inspection: 61 |

4.0 Inspection summary

An unannounced inspection took place on 7 September 2020 from 08.30 to 16.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

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.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

An area for improvement has been identified in relation to establishing systems to assure that robust cleaning schedules are implemented for patient equipment especially wheelchairs.

The following areas were examined during the inspection:

- staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- care delivery
- care records
- dining experience

- governance and management arrangements.

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 | 1* | 2* |

*The total number of areas for improvement includes one area under regulation and one under the standards which have been carried forward to a future inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Paula Melville, sister, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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 and medicines management inspections
- the registration status of the home
- written and verbal communication received since the previous care and medicines management inspections
- the returned QIP from the previous care inspection.
- the previous care inspection reports.

The following records were examined during the inspection:

- staff duty rota from 4 September to 17 September 2020
- five care records
- three patient's repositioning charts
- notifications of accidents and incidents
- a sample of monthly monitoring reports
- audits of accidents and incidents
- the minutes of staff meetings
- the certificate of registration.

During the inspection the inspector met with ten patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or carried forward to a future inspection.

The findings of the inspection were provided to Sister Melville at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection.

The most recent inspection of the home was an unannounced care inspection undertaken on 14 February 2020.

| Areas for improvement from the last care inspection | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27 (2) (t) Stated: Second time | The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary. With specific reference to: <ul style="list-style-type: none"> • storage of food thickening agents, denture cleaning tablets and toiletries including razors • kettles and toasters | Met |
| | Action taken as confirmed during the inspection: Inspection of the environment, review of records and discussion with staff confirmed that a health and safety assessment had been carried out. Risk assessments for the storage of thickening agents, denture cleaning tablets and toiletries including razors, kettles and toasters had been reviewed, updated and shared with staff. | |
| Area for improvement 2 Ref: Regulation 27 Stated: Second time | The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed. | Met |

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| | <p>Action taken as confirmed during the inspection: Observation and discussion with management and staff confirmed that action had been taken to highlight the importance of infection prevention and control measures.</p> | |
| <p>Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time</p> | <p>The registered person shall ensure that all parts of the home to which patients have access to are free from hazards and unnecessary risks.</p> <p>With specific reference to ensuring that a risk assessment is completed on all hot surfaces such as radiators and that all exposed pipes are covered to reduce the potential risk to patients.</p> <p>Action taken as confirmed during the inspection: A review of records confirmed that the risk assessment for hot surfaces including radiators and hot pipes had been completed and implemented.</p> | Met |
| <p>Area for improvement 4 Ref: Regulation 13 (4) Stated: First time</p> | <p>The registered manager should ensure that external preparations are individually labelled and administered only to the patient for whom they are prescribed. Medicines must be stored securely under the control of registered nurses.</p> <p>Action taken as confirmed during the inspection: A review of records confirmed that this had been addressed through staff supervision. Nursing staff were aware that all medicines are stored securely under their control.</p> | Met |
| <p>Area for improvement 5 Ref: Regulation 27 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> | Carried forward to the next care inspection |

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| | <p>Action taken as confirmed during the inspection: A refurbishment plan was submitted to RQIA on 6 March 2020 however, due to Covid-19 restrictions the agreed timescales have been amended.</p> <p>This area for improvement is therefore carried forward for review at a future inspection.</p> | |
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan along with the type of mattress Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. | Met |
| | <p>Action taken as confirmed during the inspection: Review of repositioning records, and discussion with staff confirmed that the repositioning charts had been amended to include bed rails and type of mattress.</p> | |
| <p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to audits and ensuring:</p> <ul style="list-style-type: none"> action plans are implemented where deficits are identified a follow up on the action plan to establish if the necessary areas for improvement have been met. | Met |

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| | <p>Action taken as confirmed during the inspection: A review of a sample of quality assurance audits to assess the delivery of care in the home confirmed that action plans are implemented where deficits are identified and followed up if the necessary areas for improvement had not been met.</p> | |
| <p>Area for improvement 3 Ref: Standard 12 Stated: First time</p> | <p>The registered person shall ensure that the dining experience is reviewed within the home.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • food is kept covered and warm prior to serving • menus are appropriately displayed with the correct date throughout the home. | Met |
| | <p>Action taken as confirmed during the inspection: Observation of the dining experience within the home confirmed that menus are appropriately displayed with the correct date. Food is kept covered and warm prior to serving.</p> | |
| <p>Area for improvement 4 Ref: Standard 44.3 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> | Carried forward to the next care inspection |
| | <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p> | |
| <p>Area for improvement 5 Ref: Standard 46.2 Stated: First time</p> | <p>The registered person shall ensure that there is a managed environment that minimises the risk of infection with established systems to assure compliance.</p> <p>With specific reference to ensuring that robust cleaning schedules are implemented for:</p> <ul style="list-style-type: none"> • kitchenettes throughout the home • wheelchairs and hoist slings | Met |

| | | |
|--|--|--|
| | <p>Action taken as confirmed during the inspection:</p> <p>Observation and a review of records confirmed that there was a managed environment that minimised the risk of infection with specific reference to ensuring that robust cleaning schedules are implemented for the kitchenettes, wheelchairs and hoist slings.</p> | |
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6.2 Inspection findings

6.2.1 Staffing

Discussion with sister confirmed the planned staffing levels for the home. Staff duty rotas for the period of 4 to 17 September 2020 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the manager with any nurse who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the Covid-19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of team work in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “I am very happy working here. We have had lots of training in infection prevention and control.”
- “It is a good place to work definitely, but difficult given this current pandemic.”
- “It can be very busy at times. Sometimes it is hard to get the time to chat with our patients.”

6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

We were advised that during the current pandemic all patients and staff had their temperature taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance. We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home.

Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

The home was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be well maintained. Bedrooms were personalised with items that were meaningful to individual patients.

Dementia friendly décor and furnishings were in place to help patients navigate their surroundings as appropriate. Patients spoken with confirmed they were happy with the home environment.

6.2.3 Care delivery

We observed staff practice in the home and interactions with patients' were warm and kind. Staff showed good knowledge and understanding of patients' individual needs. Patients' were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients' were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients' appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Comments received from patients included:

- "It's nearly as good as being at home."
- "Everyone is very good to us."
- "It's very good here, all right. We are well cared for."

6.2.4 Care records

Five care records were reviewed; these had been completed upon patients' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to catheter care, chest infection and risk of falling. The care records included all relevant information and evidenced regular review and evaluation.

6.2.5 Dining experience

We observed the serving of lunch in two separate units during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the Covid-19 pandemic. A small number of patients made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge areas. We observed patients were provided with appropriate clothing protectors. Review of the menu choice evidenced patients were given a choice at each mealtime; this included patients who required a modified diet. Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

6.2.6 Governance and management arrangements

The sister outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the Covid-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. The audits of accidents and incidents within the home were reviewed; these were completed monthly and were used to identify any potential patterns or trends. We reviewed a sample of monthly monitoring reports from April 2020 to August 2020. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Actions plans were included within the reports.

The infection prevention and control audits were all completed and cleaning schedules were in place however, it was noted that some wheelchairs were in need of more in-depth cleaning. The manager should ensure that patient equipment is audited on a more frequent basis. An area for improvement was identified.

We reviewed the minutes of staff meetings, we were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to more regular audits on patient equipment especially wheelchairs and two areas for improvement are carried over to the next inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to their individual needs. PPE was appropriately worn by staff. One new area for improvement was identified as outlined in this report.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paula Melville, Sister, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|--|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27 Stated: first time To be completed by 31 May 2020 | <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>Ref: 6.2.4</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 44.3 Stated: First time To be completed by: 14 March 2020 | <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>Ref:6.1 and 6.2.5</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| Area for improvement 2 Ref: Standard 46.2 Stated: First time To be completed by: 31 October 2020 | <p>The registered person shall ensure robust cleaning schedules are implemented for patient equipment with particular reference to patient wheelchairs.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Patient wheelchairs are deep cleaned twice weekly and staff have paperwork to evidence this. This is audited on a weekly basis by the the Registered person. In addition a new document has been implemented to evidence the cleaning of wheelchairs after usage.</p> |

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



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