

# Inspection Report

## 9 September 2021



## The Cottage

**Type of service: Nursing (NH)**  
**Address: 25 Lodge Park, Coleraine, BT52 1UN**  
**Telephone number: 028 7034 4280**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation / Registered Provider:</b> Merit Retail Limited</p> <p><b>Responsible Individual:</b> Ms Therese Elizabeth Conway</p>	<p><b>Registered Manager:</b> Mrs Carol Mc Alary</p> <p><b>Date registered:</b> 08 November 2017</p>
<p><b>Person in charge at the time of inspection:</b> Paula Melville - Sister</p>	<p><b>Number of registered places:</b> 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.</p> <p>The veranda on the first floor must not be accessed by any patients until the agreed remedial work has been completed.</p>
<p><b>Categories of care:</b> Nursing Home (NH) TI – Terminally ill. DE – Dementia. I – Old age not falling within any other category. PH – Physical disability other than sensory PH (E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 60</p>
<p><b>Brief description of the accommodation/how the service operates:</b> 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 provides 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.</p> <p>Patients have access to communal lounges, dining rooms and a garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 9 September 2021, from 10.10 am to 6.00 pm by a care inspector.

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.

Three new areas for improvement were identified in regard to staff compliance with mandatory training, the storage of thickening agents and infection prevention and control.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in The Cottage was safe, effective, compassionate and that the home was well led.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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 and 'Tell Us' cards 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 Mc Alary, Manager and Geraldine Merry, Regional Manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

We spoke with 14 patients, nine staff and two relatives. Two questionnaires were returned and we received no feedback from the staff online survey.

Patients expressed no concerns about the care they received and confirmed all the staff were very good. Patients told us “it’s lovely here and the food is great”. Comments shared within the questionnaires from patients included; “The staff are thoughtful, kind and accommodating”. A relative told us “This home is A1, my mum is settled and I know she is safe”.

#### 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 medicine inspection on 9 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27 <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 44.3  <b>Stated:</b> First time	The registered person shall ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered.  With specific reference to ensuring that the equipment stored in the identified bathroom within the Rose Suite is removed.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First time	The registered person shall ensure robust cleaning schedules are implemented for patient equipment with particular reference to patient wheelchairs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records and wheelchairs within the home evidenced that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

A system was in place to ensure that staff completed their training. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients. Review of training records evidenced staff compliance with mandatory training was low; this was discussed with the Manager and it was acknowledged that the ongoing COVID-19 pandemic has impacted on staff training. An area for improvement was identified.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

Staff said there was good teamwork in the home and that they felt well supported in their role.

The staff duty rota accurately reflected the staff working in the home on a daily basis. It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way. The Manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. Staff were observed to respond to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

### 5.2.2 Care Delivery and Record Keeping

Staff were seen to provide a prompt response to patients' needs and demonstrated an awareness of individual patient preferences. Staff were observed to be respectful during interactions and to communicate clearly, for example staff were heard to give clear instruction of their intent to patients during interventions and to seek patients' consent.

Due to a technical fault in the home the inspector was unable to access Epicare; the care documentation system used to record patients care plans, risk assessments and some aspects of daily care. Therefore, this area of care delivery has not been assessed on this inspection.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. The care records reviewed were up to date and evidenced consistent delivery of pressure area care to patients.

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 needs in a caring manner. If required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision in the home and commented, "You wouldn't get better in a hotel".

### 5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces, the laundry 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. A review of storage areas throughout the home identified a number of continence products stored outside their original packaging. To minimise the risk of contamination continence aids should be stored in their original packaging. An area for improvement under infection prevention and control was identified.

We observed thickening agents in the kitchenette area in the Benone suite. Thickening agents should be kept secured when not in use; an area for improvement was made.

It was observed that several areas of the home needed some painting, this was discussed with the Manager who advised that a refurbishment plan is in place and the home was working through this, the Manager agreed to share the refurbishment plan with RQIA. This will be reviewed at a future inspection.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. The fire risk assessment was forwarded to the inspector after the inspection for review and was dated 6 May 2021, there was evidence the required actions had been appropriately addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting arrangements were managed in line with Department of Health and IPC guidance.

It was observed staff were not always compliant in the use of PPE; for instance staff did not don PPE prior to assisting a patient with moving and handling, a number of staff were observed not wearing their mask appropriately and a further member of staff was observed wearing a cloth mask. An area for improvement under infection prevention and control was identified.

#### **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 they could remain in their bedroom or go to the communal lounges when they wished.

There was a range of activities provided for patients by activity staff. Patients had been consulted and helped plan their activity programme. The range of activities included social, cultural, religious, spiritual and creative events. The home actively engages with local schools and charities. The activity staff member told us of how the patients had enjoyed a recent virtual tour of London Zoo and carpark bingo. The activity staff member talked through how she documented individual patient engagement in the planned activities in the patients care records, but as previously mentioned we were unable to examine care records due to a technical issue on the day of inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

#### **5.2.5 Management and Governance Arrangements**

There had been no changes in the management of the home since the last inspection. Mrs Carol McAlary had been the registered Manager of The Cottage since November 2017.

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

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. The Manager was identified as the appointed safeguarding champion for the home. 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. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the Manager and described her as supportive, approachable and always available for guidance.

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 Conclusion**

Staff were observed engaging compassionately with patients and in a manner which promoted their privacy and dignity. The home was observed to be clean and tidy.

The lived experience of patients was promoted by activity staff so that patients had meaning and purpose to their day.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager.

Three new areas for improvement were identified in regard to staff compliance with mandatory training, the storage of thickening agents and infection prevention and control.

Thank you to the patients, relatives and staff for their assistance and input during the inspection.

## **7.0 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/or the Care Standards for Nursing Homes (April 2015).



	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	2*

\*The total number of areas for improvement includes one area under regulation and one area under the standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Carol Mc Alary, Manager and Geraldine Merry, Regional Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2020</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>Ref: 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Refurbishment plan has been reviewed and updated accordingly. It includes replacement and repair of identified furniture, refurbishment of Benone Suite kitchenette, floors within identified rooms and repaint of multiple walls throughout the home. Works have commenced.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2021</p>	<p>The registered person shall ensure staff employed in the home receive and complete mandatory training timely which is appropriate to their job role.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff completing mandatory training prior to commencement of employment. This is completed yearly or immediately if it is identified specific training is required. Due to the current pandemic all staff are having regular supervisions carried out in relation to hand hygiene, appropriate use of PPE and Donning &amp; Doffing of PPE.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Thickening agents in the identified unit are now stored in a locked cupboard within the treatment room.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2020</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>Ref: 5.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A variation has been proposed and forwarded to change an unused bathroom into storage for equipment.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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"> <li>• Staff use PPE appropriately at all times in order to assure compliance with best practice guidelines in infection prevention and control measures</li> <li>• Contenance aids are stored in their original packaging.</li> </ul> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff have been trained in th appropriate use off PPE and further supervisions carried out to ensure all staff are compliant. Contenance aids are now stored in their original packaging and all staff reminded of the importance of this in aiding to minimise the risk of spreading infection.</p>

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



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