



Unannounced Follow-up Care Inspection Report 22 October 2019



Cove Manor

Type of Service: Nursing Home
Address: 89 Mullanahoe Road, Ardboe, Dungannon
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Inspector: Dermot Walsh

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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 17 persons.

3.0 Service details

Organisation/Registered Provider: Cove Manor Care Home Ltd Responsible Individual: Sean McCartney	Registered Manager and date registered: Madge Quinn – 1 December 2010
Person in charge at the time of inspection: Madge Quinn	Number of registered places: 17 Category NH-DE for 3 identified patients only and category NH-MP for 1 identified patient only. The home is also approved to provide care on a day basis only to 3 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 16

4.0 Inspection summary

An unannounced inspection took place on 22 October 2019 from 09.55 to 15.55 hours. This inspection was conducted by the care inspector. A desktop evaluation of the previous estates inspection report QIP was completed by an estates inspector.

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.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection. Areas for improvement in respect of the previous medicines management and premises inspections have also been reviewed and validated as required.

The following areas were examined during the inspection:

- the environment
- management of nutrition and hydration
- notifiable events
- medicines management
- consultation.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

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	*4

*The total number of areas for improvement includes one which has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Madge Quinn, registered manager and Sean McCartney, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 11 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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 inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIPs from the previous care and finance inspections
- the previous care and finance inspection reports.

During the inspection the inspector met with seven patients, one patient's relative and five staff. A poster informing visitors to the home that an inspection was being conducted was displayed and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- staff training records
- three patient care records
- patient care record audits
- medicines audits
- accidents and incidents

- RQIA registration certificate.

Areas for improvement identified at the last care, medicines management and estates inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: Second time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that chemicals were not accessible to patients in any area of the home.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that compliance with best practice on infection prevention and control had been well maintained.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time	The registered person shall ensure that IDDSI training is conducted with all staff in the home involved with the provision of food. Care records shall make reference to IDDSI descriptors.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff confirmed that this area for improvement has now been met.	
Area for improvement 2 Ref: Standard 35 Stated: First time	The registered person shall ensure that patients' care records are audited on a regular basis.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of auditing records evidenced that this area for improvement has now been met.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines are administered as prescribed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of medicine administration records evidenced that this area for improvement has now been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure that two staff are involved in transcribing medicines information on medicine records and both staff sign the entry.	Met
	Action taken as confirmed during the inspection: A review of random transcribed medicines evidenced two signatures were present to	

	confirm the detail.	
Area for improvement 2 Ref: Standard 29 Stated: First time	The registered person shall closely monitor the administration records for thickened fluids to ensure these are fully maintained.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records evidenced that this area for improvement has now been met.	
Area for improvement 3 Ref: Standard 29 Stated: First time	The registered person shall ensure that robust arrangements are in place for the management of personal medication records.	Met
	Action taken as confirmed during the inspection: A review of four medicine kardexs evidenced that this area for improvement has now been met.	
Area for improvement 4 Ref: Standard 28 Stated: First time	The registered person shall further develop the audit process to ensure it covers the areas identified for improvement.	Met
	Action taken as confirmed during the inspection: A review of auditing records pertaining to medicines management evidenced that this area for improvement has now been met.	

Areas for improvement from the last estates inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 48.1 Stated: First time	The registered person shall arrange for the completion, and implementation of a suitable and sufficient fire risk assessment, in compliance with RQIA guidelines. Fire risk assessor accreditation.pdf	Partially met
	Action taken as confirmed during the inspection: Fire risk assessment completed on 13 Feb 2019; not by an accredited fire risk assessor.	

Area for improvement 2 Ref: Standard 47.1 & 47.2 Stated: First time	The registered person shall verify that all portable electrical appliances are subjected to routine periodic inspection and testing in accordance with HSE guidelines.	Met
	Action taken as confirmed during the inspection: Registered manager confirmed completion of portable appliance testing.	
Area for improvement 3 Ref: Standard 47.1 & 47.2 Stated: First time	The registered person shall verify the completion of a valid legionella risk assessment, and implementation of any recommended action plan items.	Met
	Action taken as confirmed during the inspection: Registered manager submitted verification of legionella risk assessment completion on 18 November 2019.	
Area for improvement 4 Ref: requirements for registration N17 Stated: First time	The registered person shall designate appropriate day/activity space within the building to comply with the minimum registration standards ratio 2.5 sq. metres per service user, for nursing & residential categories.	Met
	Action taken as confirmed during the inspection: Appropriate day space designated	

6.2 Inspection findings

The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. However, a door leading to an identified room was observed propped open with furniture. This was brought to the attention of the owner and manager and identified as an area for improvement.

Bedrooms and communal rooms were maintained clean and tidy. Compliance with best practice on infection prevention and control (IPC) had been well adhered to. Isolated issues were managed during the inspection. An area for improvement in this regard has now been met. The manager confirmed that the majority of staff had received updated training on IPC since the last care inspection and that regular infection control audits had been conducted to ensure compliance.

There were no chemicals observed accessible to patients in any part of the home. An area for improvement in this regard has now been met. The manager confirmed that the majority of staff had completed COSHH training since the last care inspection and that spot checks were completed in the home to ensure that chemicals were stored appropriately.

The laundry room had been refurbished and new stair rails had been fitted to the staircase since the previous inspection. Discussion with the owner confirmed plans were in place to replace the flooring on the main communal corridor on the ground floor. The owner also confirmed a planned painting programme in the home.

A desk top evaluation of the previous Estate inspection report QIP identified that although a fire risk assessment (FRA) had been completed on 13 February 2019, it was not verified that the assessor was accredited in compliance with RQIA guidelines. An area for improvement in this regard has been stated for the second time.

Management of nutrition and hydration

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed two patients' hydration records. Records of fluid intake had been recorded; however, fluid targets had not been calculated for the relevant patients to aim toward. Care plans did not demonstrate the actions to take should hydration needs not be met. This was discussed with the manager and identified as an area for improvement.

We reviewed one patient's nutritional requirements cross referencing information available in the home's kitchen with the patient's care records. The record in the kitchen did not match the updated information within the patient's care records. This was discussed with the manager and an area for improvement was identified to ensure that any change in patients' dietary requirements were communicated with all relevant staff and that records maintained in the kitchen would be updated at all times to reflect any updated dietary need.

We reviewed a second patient's care records pertaining to nutrition. The patient's care plan had not been completed to include the recommendation of another health professional. An area for improvement was made. We discussed the importance of archiving old assessments that were no longer relevant to ensure that there was no confusion within care planning.

Notifiable events

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Medicines management

The manager confirmed that the local pharmacist would provide medication administration records sheets (MARS) listing patients' current medications and that this practice has improved the recording of the administration of medications. If a patient was commenced on, for example, an antibiotic, a MARS would be supplied with the dispensed medication. Staff would

maintain a running total of medicines in the home and stock would only be re-ordered two weeks in advance of stock running out. Any transcribed medicine information was signed by two staff. A review of four medicine kardexs evidenced that these were all clear and legible with minimal medications discontinued on each. Thickening agents were prescribed on drug kardexs where appropriate. Where a patient required a thickening agent, the level of thickener required was laminated in each individual patient's supplementary records file. We discussed that this information could also be included within the pre-printed staffs' patient handover sheets. Daily fluid charts recorded the volume of fluids consumed during the 24 hour period. A medicines auditing process had been further developed to monitor the areas included above. Areas for improvement in these regards have now been met.

Consultation

During the inspection we consulted with seven patients, one patient's relative and five staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients commented:

- "Staff are very good. I like it here."
- "They are decent people here."
- "It's not home but it's just like home."
- "The home is run well. They are all very kind here."

The relative consulted spoke positively in relation to the care provision in the home and commented:

- "You definitely get the best of care here."

Comments from five staff consulted during the inspection included:

- "I really enjoy working here."
- "I love it."
- "The work can have its challenges but I really enjoy working here."
- "I really love it here."

Areas for improvement

Areas for improvement were identified in relation to propping open of doors, hydration and nutrition management. An area for improvement in relation to the completion of a fire risk assessment in accordance with RQIA guidelines has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Madge Quinn, registered manager and Sean McCartney, responsible individual, 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 13 (1) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the practice of propping/wedging open doors ceases with immediate effect. Ref: 6.2
	Response by registered person detailing the actions taken: This practice has ceased.
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 4 Criteria (7) Stated: First time To be completed by: 30 November 2019	The registered person shall ensure that patients' daily fluid intake is evaluated at the end of each 24 hour period to determine if they have achieved their daily target. Ref: 6.2
	Response by registered person detailing the actions taken: All fluid targets now entered in care plans. Fluid intake is evaluated at end of 24 hour period.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 November 2019	The registered person shall ensure that any change in patients' dietary requirements are communicated with all relevant staff and that records in the kitchen will be updated at all times to reflect any updated dietary need. Ref: 6.2
	Response by registered person detailing the actions taken: Kitchen records to be updated at time dietary requirements change.
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the identified patient's nutritional care plan clearly identifies the patient's nutritional requirements and reflects guidance from other health care professionals. Ref: 6.2
	Response by registered person detailing the actions taken: All care plans are updated and reflect guidelines from S.A.L.T and dietician.

Area for improvement 4 Ref: Standard 48.1 Stated: Second time To be completed by: 1 March 2020	The registered person shall arrange for the completion, and implementation of a suitable and sufficient fire risk assessment, in compliance with RQIA guidelines. <u>Fire risk assessor accreditation.pdf</u> Ref: 6.1 Response by registered person detailing the actions taken: 3 rd party company to carry out next fire risk assessment,

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



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