

Unannounced Care Inspection Report

7 July 2020



Cove Manor

Type of Service: Nursing Home

**Address: 89 Mullanahoe Road, Ardboe, Dungannon
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Inspector: John McAuley

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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 care for up to 17 patients within the categories of care detailed in 3.0 of this report. The home shares the same building with a registered residential care home.

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: Noreen Monaghan - deputy manager	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: 17

4.0 Inspection summary

An unannounced inspection took place on 7 July 2020 from 09.30 to 14.40 hours.

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. In response to this RQIA decided to undertake an inspection to this home. The inspection focussed on the following areas:

- staffing
- the environment
- infection prevention and control (IPC)
- care practices
- dining experience
- care records
- governance and management arrangements.

Feedback from patients, throughout this inspection was positive and complimentary in regards to their life in the home, their relationship with staff and the provision of meals.

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3*	2

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sean McCartney, responsible individual, 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 inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rota
- infection prevention and control audits and training
- four patients' care records
- statement of purpose
- complaints records
- accident and incident reports
- staff training records.

"Tell us" cards were provided to give to patients and their relatives the opportunity to contact us after the inspection and share their views of the home. No responses were received within the relevant timescales.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

The findings of the inspection were provided to the registered provider at the conclusion of the inspection.

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 22 October 2019.

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 13 (1) (a) Stated: First time	The registered person shall ensure that the practice of propping/wedging open doors ceases with immediate effect.	Not met
	Action taken as confirmed during the inspection: The door to the kitchen was wedged opened from the onset of this inspection and for a period of time thereafter. This was raised with the responsible individual who agreed to act on this not occurring again. This has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Criteria (7) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of two fluid intake charts found that these were appropriately recorded and evaluated.	
Area for improvement 2 Ref: Standard 12 Stated: First time	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.	Met

	Action taken as confirmed during the inspection: Feedback from the cook and review of dietary records confirmed this to be in place.	
Area for improvement 3 Ref: Standard 12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of patients' care plans found that the nutritional needs were recorded appropriately in line with professional guidance.	
Area for improvement 4 Ref: Standard 48.1 Stated: Second time	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>	Met
	Action taken as confirmed during the inspection: The registered provider reported that this assessment was completed by an accredited fire safety risk assessor on January 2020 and also identified with an email he received from the assessor of the visit. He reported that the report of this assessment was yet to be received but agreed to follow this up and submit a copy of this to the home's aligned estates inspector.	

6.2 Inspection findings

6.2.1 Staffing

A review of the duty rota confirmed that it accurately reflected the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The deputy manager confirmed that any member of staff in charge of the home, in the absence of the manager had a competency and capability assessment undertaken to fulfil the responsibilities of this role.

The deputy manager explained that the staffing levels were safe and appropriate to meet the number and dependency levels of patients and that staffing numbers would be adjusted when needed.

Feedback from care staff on duty confirmed that they felt happy with the staffing levels. Staff spoke positively about their roles and duties, the provision of training, managerial support, teamwork and morale. Staff also stated that they felt a good standard of care was being provided for and that patients were treated with respect and dignity within a homely environment.

Patients stated that they felt safe and that there was always staff around to help them if they needed it, both day and night. Requests for assistance were answered promptly and care duties were carried out in an unhurried organised manner.

6.2.2 Environment

The home was clean and tidy and in general with a good state of décor and furnishings being maintained. The ground floor and first floor corridor carpets were heavily marked and stained in areas, despite reported to be recently cleaned. This has been identified as an area of improvement. Patients' bedrooms were comfortable and in the main personalised through choice. Bathrooms and toilet facilities were clean and hygienic. Communal sitting rooms were comfortable and nicely decorated.

A number of radiators were found to be excessively hot to touch and posed a risk if a patient were to fall against same in the event of a fall. This has been identified as an area of improvement.

There were also a number of free standing wardrobes which posed a risk if a patient were to pull on same in the event of a fall. This has been identified as an area of improvement.

The grounds of the home were well maintained.

6.2.3 Infection prevention and control

Observation of care practices, discussions with staff and review of audits evidenced that infection prevention and control (IPC) measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use PPE at appropriate times.

Signage was provided for advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed. Social distancing is encouraged in the home, through patient choice and promotion of safety. The home makes good use of its ample communal areas to encourage this.

Staff training in IPC was up-to-date with enhanced guidance issued as appropriate.

Discussions with patients in relation to the enhanced IPC measures, confirmed that they had understanding of the need for these and there was an acceptance of this.

6.2.4 Care practices

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. There was a pleasant atmosphere throughout the home. A planned programme of activities was in place with a small group of patients and later with patients on an individual basis.

Feedback from patients in accordance with their capabilities was all positive in respect of the provision of care, their relationship with staff and the provision of meals. Some of the comments made included statements, such as:

- “There’s nothing to worry about here.”
- “Absolutely no problems here. The staff couldn’t be better.”
- “All is fine. I am very happy.”
- “It’s good here. No complaints. The food’s good too.”

Staff confirmed that given the current COVID- 19 pandemic, there are currently no visits into the home by patients’ relatives/friends. Staff who were spoken with demonstrated a good understanding of how this may adversely affect the mental and emotional health of patients. Staff told us that in order to mitigate such an impact, they assist patients’ communication with their loved ones by methods such as video telephony or hosting family visits outside lounge windows.

6.2.5. Dining experience

The dinner time meal was facilitated in two settings in the dining room to promote social distancing. Some other patients chose to have their meals in their bedrooms. The dining room was nicely appointed with tables appropriately set with choice of condiments. The meal was appetising and wholesome with a provision of choice. Two meals were observed to be brought to patients’ bedrooms without any plate coverings, which would not facilitate a desired temperature. This has been identified as an area of improvement.

6.2.6 Care records

Four patients’ care records were reviewed, with particular focus on pressure area care and nutritional care.

Care records were found to be up to date and relevant care plans were in place in relation to pressure area prevention and the daily records reflected that the recommended skin care regime was carried out.

It was reported that no patients were receiving wound care.

Care records regarding nutritional care of patients including dietary recommendations made by the speech and language therapist (SALT) were reviewed. The risk assessments and care plans from these were fully reflective of the SALT recommendations. Food and fluid intake records reviewed were also up to date. Patients’ weights had been monitored and a record of these was maintained.

6.2.7 Governance and management arrangements

The home has a defined managerial structure as detailed in its Statement of Purpose. The responsible individual and one of the directors were available throughout this inspection for discussion and support. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. The certificate identified the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A selection of audits was reviewed in respect to accidents and incidents, hand hygiene and IPC. These were completed on a regular and up-to-date basis and any areas of improvement were identified and addressed.

A review of complaints records found that any expressions of dissatisfaction were taken seriously and managed appropriately. Patients consulted during the inspection confirmed that they would have no issues in raising any identified concerns with the home's staff or management. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

A review of accident and incident reports from 4 January 2020 was undertaken. A number of these reports had no details recorded on who was notified of the event such as next of kin, GP, the Trust and / or RQIA. Review of these events did find that these were reported to RQIA but this information was not readily accessible from the accident and incident reports. Some of these reports were also not signed by person in charge / manager. This has been identified as an area of improvement.

Staff training records were well maintained and a review of the training matrix demonstrated that mandatory and additional training needs were met.

Areas of good practice

Areas of good practice were found in relation to teamwork, staff support including training, feedback from patients and the patient centred atmosphere.

Areas for improvement

Areas of improvement were identified in relation to fire safety, the corridor carpet, risk management in relation to radiators / hot surfaces and free standing wardrobes, delivery of meals and recording of accident / incident reports.

	Regulations	Standards
Total number of areas for improvement	3	2

6.3 Conclusion

Throughout this inspection, patients within the home were attended to by staff in a respectful and kind manner. Staff demonstrated a good understanding of infection prevention and control measures in place. Feedback from patients and staff was all positive. Areas identified for improvement were discussed with the responsible individual who gave assurances that these would be acted on positively and promptly.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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: Second time To be completed by: 7 July 2020	<p>The registered person shall ensure that the practice of propping/wedging open doors ceases with immediate effect.</p> <p>Reference to this is made in particular regard to the kitchen.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: This practice has now ceased</p>
Area for improvement 2 Ref: Regulation 27(2)(d) Stated: First time To be completed by: 7 October 2020	<p>The registered person shall make good the condition of the ground floor and first floor corridor carpets.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Carpets are cleaned at least quarterly and heavy use areas more frequently. We are currently investigating a new , more resiliant flooring options.</p>
Area for improvement 3 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: 7 September 2020	<p>The registered person shall risk assess:</p> <ul style="list-style-type: none"> • all radiators / hot surfaces in accordance with current safety guidelines with subsequent appropriate action. • all free standing wardrobes in accordance with current safety guidelines with subsequent appropriate action. <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Risk assessments have been carried out and appropriate action will be taken.</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 12(15) Stated: First time To be completed by: 14 July 2020	<p>The registered person shall ensure meals are covered appropriately when being served to other areas of the home.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Covers are now in place.</p>

Area for improvement 2 Ref: Standard 35(9) Stated: First time To be completed by: 8 July 2020	The registered person shall ensure that all accident and incident reports are completed in full, to include: <ul style="list-style-type: none"> • who was notified of the event such as next of kin (as appropriate), GP, the Trust and / or RQIA. Ref: 6.2.7
	Response by registered person detailing the actions taken: This is now in place.

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



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