

# Unannounced Care Inspection Report 10 July 2017



## Cove Manor

**Type of Service: Nursing Home (NH)**

**Address: 89 Mullanahoe Road, Ardboe, Dungannon, BT71 5AU**

**Tel no: 028 8673 6349**

**Inspector: Dermot Walsh**

[www.rgia.org.uk](http://www.rgia.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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 31 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Cove Manor Care Home Ltd  <b>Responsible Individual(s):</b> Mr Sean McCartney	<b>Registered Manager:</b> Mrs Madge Quinn
<b>Person in charge at the time of inspection:</b> Mrs Madge Quinn	<b>Date manager registered:</b> 1 December 2010
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.  Residential Care (RC) PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. I – Old age not falling within any other category. LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 31  Category NH-DE for 3 identified patients only and category RC-LD(E) for 1 identified resident only. The home is also approved to provide care on a day basis only to 3 persons.

### 4.0 Inspection summary

An unannounced inspection took place on 10 July 2017 from 09.35 to 16.30 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Cove Manor which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff training and development; risk assessment and record keeping; governance arrangements; communication and the culture and ethos of the home in respect of privacy and dignity.

Areas requiring improvement were identified and include recruitment practices; infection prevention and control issues; repositioning and the complaints procedure.

Patients said that they were satisfied with the care and services provided and described living in the home, in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
<b>Total number of areas for improvement</b>	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Madge Quinn, Registered Manager, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 22 June 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 June 2017. There were no further actions 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 12 patients, nine staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed at the reception area of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all week commencing 3 July 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- competency and capability assessment for nurse in charge
- three patient care records
- three patients' supplementary care records relating to bowel management; repositioning and food and fluid intake charts
- complaints records
- minutes of staff meetings
- a selection of audit records
- supervision and appraisal trackers
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 22 June 2017**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

## 6.2 Review of areas for improvement from the last care inspection dated 18 October 2016

Areas for improvement from the last care inspection		
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 19 (2) Schedule 4 (6) (a)  <b>Stated:</b> First time	The registered person must ensure that all staffs NMC and NISCC registrations within the home are checked and verified prior to the staff member lapsing from the professional register and at minimum the date of expiry.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A safe system had been employed to ensure NMC and NISCC registrations were checked and verified.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time	The registered person must ensure good practice guidance is adhered to with regard to post falls management.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the management of a fall, where a head injury could have potentially occurred, evidenced that this had been conducted in accordance with best practice.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)  <b>Stated:</b> First time	The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one patient's care records pertaining to wound management evidenced that the records had been appropriately maintained.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44 Criteria (1)  <b>Stated:</b> First time	The registered person should ensure that the areas identified on inspection are repaired/replaced as appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Areas identified on the previous inspection had been repaired/replaced appropriately.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 37 Criteria (5)  <b>Stated:</b> First time	The registered person should ensure that supplementary care records are stored in accordance with professional guidance in patient confidentiality.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Supplementary care records had been stored appropriately.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35 Criteria (3)  <b>Stated:</b> First time	The registered person should ensure that patient care records are audited to ensure record keeping is maintained in accordance with professional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and a review of records confirmed that care records were now audited.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person should ensure that the monthly monitoring visits conducted by the provider allow for feedback from staff in the home and this feedback is included within the monthly monitoring report. Where appropriate an action plan should be included within the report to address any shortfalls identified on the visit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence within the monthly monitoring reports reviewed of consultation with staff.	

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 3 July 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Not all staff recruitment information was available for review and records were not maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records did not evidence that an enhanced Access NI check was received and reviewed prior to the staff member commencing work. Written references were also not available. This was discussed with the registered manager and identified as an area for improvement.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures.

Discussion with the registered manager and staff evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Staff consulted confirmed that appraisals and supervisions had been conducted appropriately. Discussion with the registered manager and a review of records evidenced that supervision and appraisal trackers were utilised to ensure all staff received the appropriate supervisions and appraisal.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. An adult safeguarding champion had been identified and training for this role had been sourced.



Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Discussion with the registered manger confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. A review of one patient's care records where a fall had occurred evidenced that the management of the fall had been conducted in accordance with best practice and that the patient's care records had been updated appropriately.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The laundry provision was observed on inspection. A system was in place to ensure cross contamination did not occur between laundered and unlaundered clothing. Discussion with laundry staff confirmed that all laundry should be labelled. Net pants were observed to have been laundered. Net pants had been used communally and had not been labelled for single patient use only in compliance with best practice in infection prevention and control. This was discussed with the registered manager and identified as an area for improvement.

Two sluice rooms were reviewed. There were no appropriate drying racks or drip trays observed in either room to comply with best practice in infection prevention and control. This was discussed with the registered manager and identified as an area for improvement under standards.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements; staff training and development; risk assessment and adult safeguarding.

### **Areas for improvement**

An area for improvement under regulation was identified in relation to recruitment practices.

Areas for improvement under standards were identified in relation to the use of net pants and the availability of drying racks in sluicing areas.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	2

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. The majority of care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Supplementary care records in regards to bowel management; food and fluid intake and repositioning were reviewed. Bowel management had been recorded well on all three patient care records reviewed. An individual monthly bowel chart had been developed and diligently recorded for all patients. Likewise, food and fluid intake had been recorded well where required.

Repositioning records were reviewed. One out of three of the patients reviewed required a repositioning regime following individualised assessments. A repositioning regime had not been care planned for the patient. There was also no frequency of repositioning documented on repositioning charts. Gaps of up to ten hours between repositioning were observed within the patient's repositioning chart. This was discussed with the registered manager and identified as an area for improvement.

Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

There was no evidence that the care planning process included input from patients and/or their representatives, if appropriate. This was discussed with the registered manager who confirmed that patients and/or their representatives were involved with care planning and that this area would be reviewed to ensure that evidence was made available. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that this handover provided them with the necessary information to meet the care needs of patients.

Discussion with the registered manager and staff and a review of minutes of staff meetings confirmed that since the last inspection there had been three staff meetings conducted. Minutes of these meetings were available for review and included dates; attendees; topics discussed and decisions made.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders and the ethos of teamwork.

## Areas for improvement

An area for improvement under standards was identified in relation to repositioning.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 12 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

The serving of lunch was observed in the main dining room on the ground floor. Patients were seated around tables which had been appropriately laid for the meal. Food was served from the kitchen when patients were ready to eat or to be assisted with their meals. The food served appeared nutritious and appetising. A menu was on display at the entrance to the dining room reflecting the food which was served. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

The provision of activities was reviewed. A comprehensive programme of activities was on display in the home on the ground floor. Activities included games; bingo; arts and crafts; massage; exercises and chat. Patients and staff discussed daily walks, weather permitting, outside of the home and other days away that had been enjoyed. The registered manager confirmed that special occasions such as birthdays, mother's day, Easter and Christmas are always celebrated in the home. An aromatherapist attended the home each Saturday to allow patients to avail of this service.

It was observed that a 'carers' day' had been conducted in June 2017. The registered manager confirmed that this involved a special tea arranged by the homes' management for staff in appreciation of their 'work and loyalty'.

Nine staff members were consulted to ascertain their views of life in Cove Manor. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Three of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"It is home from home here."

"It's very good."

"It can be very busy but there is great teamwork here."

"I love it here."

"I really love my job."

"brilliant teamwork in the home."

Twelve patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. Five of the patient questionnaires were returned. All respondents indicated that they were very satisfied with the care provided in the home.

Some patient comments were as follows:

"It's great. I enjoy it here very much."

"It's very good in here. You couldn't beat them (the staff)."

"It's grand here. The staff are great."

"Very good here."

"I like it here."

"It's not so bad here."

Two patient representatives were consulted during the inspection.

Some patients' relative/representative comments were as follows:

"The care is brilliant. I have never seen my mother so content."

"The care is absolutely fantastic here. I'm always made to feel welcome."

Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to privacy, dignity and respect afforded to patients; staff interaction with patients; the provision of activities and the mealtime experience.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

A complaints procedure was included within a booklet hanging behind patients' bedroom doors. A review of this procedure evidenced that it was not in accordance with the DHSSPS guidance on complaints against registered services. This was discussed with the registered manager and identified as an area for improvement.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

"We the family wish to thank you for all your care and attention to ... and how you made things easy for us by talking things through with us."

"Thank you for taking care of ... and the friendship shown to him. He appreciated it and so did we."

"I will always remember with fondness my stay at Mullanahoe road."

Discussion with the registered 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.

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to wound management; the environment; care records and infection prevention and control.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements; management of complaints and incidents and monthly monitoring.

### Areas for improvement

An area for improvement under the care standards was identified in relation to the complaints procedure.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 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, 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 to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the recruitment process is reviewed to make sure that all relevant information has been obtained and/or reviewed prior to a staff member commencing in post.  <b>Ref: Section 6.4</b>  <b>Response by registered person detailing the actions taken:</b> All relevant information will be documented prior to commencement of employment.
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required.	The registered person shall ensure that net pants are labelled for individualised patient use and unnamed net pants are not laundered and used communally.  <b>Ref: Section 6.4</b>  <b>Response by registered person detailing the actions taken:</b> Laundry will ensure that net pants are not used communally.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2017	The registered person shall ensure that drying racks and drip trays are provided in the sluice rooms in keeping with the management of infection prevention and control.  <b>Ref: Section 6.4</b>  <b>Response by registered person detailing the actions taken:</b> We are in the process of sourcing drying racks and drip trays for sluice rooms.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that patients' care plans give clear direction in terms of frequency of repositioning and that these directions are followed.  <b>Ref: Section 6.5</b>  <b>Response by registered person detailing the actions taken:</b> Care plans to be updated with additional information



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the complaints procedure for the home is in accordance with legislation and DHSSPS guidance on complaints.</p> <p><b>Ref: Section 6.7</b></p>
<p><b>To be completed by:</b> 31 July 2017</p>	<p><b>Response by registered person detailing the actions taken:</b> Complaints procedure will be ammended to reflect current legislation and guidance.</p>

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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