



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID:** Cove Manor (1419)  
**Date of Inspection:** 13 October 2014  
**Inspector's Name:** Heather Moore  
**Inspection ID:** IN016524

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

**GENERAL INFORMATION**

<b>Name of Home:</b>	Cove Manor (1419)
<b>Address:</b>	89 Mullanahoe Road Ardboe Dungannon BT71 5AU
<b>Telephone Number:</b>	028 8673 6349
<b>E mail Address:</b>	office@covemanor.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Cove Manor Care Home Ltd Mr Sean McCartney
<b>Registered Manager:</b>	Mrs Madge Quinn
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Madge Quinn
<b>Categories of Care:</b>	NH-PH, NH-I, NH-DE, RC-I, RC-MP(E), RC- PH(E)
<b>Number of Registered Places:</b>	31
<b>Number of Patients /Residents Accommodated on Day of Inspection:</b>	20 Patients 6 Residents
<b>Scale of Charges (per week):</b>	£581.00 Nursing £461.00 Residential
<b>Date and type of previous inspection:</b>	23 April 2014 Primary Announced
<b>Date and time of inspection:</b>	13 October 2014: 08.20 hours to 12.30 hours
<b>Name of Inspector:</b>	Heather Moore

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### **1.1 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

### **1.2 METHODS / PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered providers
- Discussion with the registered manager
- Discussion with staff
- Discussion with patients /residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care record
- Observation during a tour of the premises
- Evaluation and feedback.

### **1.3 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

#### **STANDARD 19 - CONTINENCE MANAGEMENT**

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **2.0 Profile of Service**

Cove Manor is situated in the village of Ardboe, County Tyrone. It is close to local shops, Churches, and the Community Parish Centre.

The home is owned and operated by Cove Manor LTD, Mr Sean McCartney.

The current Registered Manager is Mrs Madge Quinn

The home is registered to care for people in the following categories of care:

### **Nursing Care**

- NH - I: Old age not falling within any other category
- NH - PH: Physical Disability other than sensory impairment
- NH - DE: Dementia Nursing (3 identified patients).

### **Residential Care**

- RC - I - Old age not falling within any other category
- RC - MP (E) - Mental Disorder excluding learning disability over 65 years
- RC - PH (E) - Physical Disability other than sensory impairment.

The home is also approved to provide day care for three service users.

Cove Manor comprises of the following, a number of single and double bedrooms, choice of sitting rooms, conservatory, visitors room, dining room, washing/toilet facilities, kitchen, laundry, staff accommodation and offices.

There is adequate car parking facilities in the grounds of the home.

## **3.0 Summary**

This summary provides an overview of the services examined during an unannounced secondary care inspection to Cove Manor. The inspection was undertaken by Heather Moore on 13 October 2014 from 08.20 hours to 12.30 hours.

The inspector was welcomed into the home by Mr Rory McCartney joint Registered Provider, Mrs Madge Quinn; Registered Manager was also available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mr Sean McCartney Registered Provider and to the registered manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and residents, staff examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 23 April 2014 three requirements and three recommendations were issued. These were reviewed during this inspection. The inspector

evidenced that these requirements and recommendations had been complied with. Details can be viewed in the section immediately following this summary.

Discussion with the registered manager, a number of staff, patients and residents and review of three patients care records revealed that continence care was well managed in the home.

Staff were trained in continence care on induction and registered nurses had also received additional training on continence awareness on the 20 January 2014.

Examination of three care records confirmed a satisfactory standard of documentation however inspection of one patient's continence assessment confirmed that the patient's assessment was not reviewed appropriately to address the patient's assessed needs. A requirement is made in this regard.

A recommendation is made that there is information on promotion of continence be available in the home in an accessible format for patients, residents, and their representatives.

A recommendation is made that regular audits of the management of patients and residents who are incontinent be undertaken and the findings acted upon to enhance already good standards of care.

The inspector can confirm that based on the evidence reviewed, presented and observed that the level of compliance with this standard was assessed as substantially compliant.

Therefore, one requirement and two recommendations are made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, and residents, registered providers, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16 (1)	The registered person shall ensure that the Speech and Language Therapist's recommendations are recorded in the patient's care plan on eating and drinking.	The inspector examined three patients care records, inspection confirmed that the Speech and Language Therapist's recommendations were recorded in the patient's care plans on eating and drinking.	Compliant
2	16 (1)	The registered person shall ensure that a care plan on pain management is maintained in the patient's care plan.	Inspection of three patients' care records confirmed that a care plan on pain management was maintained in patients care records.	Compliant
3	27 (2) (b)	The registered person shall ensure that the identified doors and architraves are refurbished.	Observation on the day of inspection confirmed that a refurbishment programme was on going in the home and a number of doors and architraves had been refurbished.	Compliant



<b>No.</b>	<b>Minimum Standard Ref.</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1	5.3	It is recommended that the pressure relieving equipment in use on patients' and residents' beds and when sitting out of bed be addressed in patients' and residents' care plans on pressure area care and prevention.	Inspection of three patients care records confirmed that the pressure relieving equipment in use on patients and residents beds and when sitting out of bed were addressed in patients care plans on pressure area care and prevention.	Compliant
2	12.3	It is recommended that the menu planner be reviewed to include choices for snacks for patients and residents on therapeutic diets.	Inspection of the menu planner confirmed that choices for snacks for patients and residents on therapeutic diets were included.	Compliant

**4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

There were no issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support.</b>	
<b>Criterion Assessed:</b> 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Review of three patients'/residents' care records revealed that bladder and bowel continence assessments were undertaken for these patients and residents. The bladder and bowel assessments and the care plans on continence care were reviewed and updated on a monthly or more often basis as deemed appropriate however, inspection of one patient's continence assessment revealed that although the assessment was reviewed on a monthly basis the addressed needs of the patient were not addressed. A requirement is made in this regard.</p> <p>The promotion of continence, skin care, fluid requirements and patients' and the resident's dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients and residents were referred to their GPs as appropriate. Review of care records revealed that there was written evidence held of patient/resident and their relatives' involvement in developing and agreeing care plans.</p> <p>Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home.</p>	Substantially Compliant

<b>Criterion Assessed:</b> 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The inspector can confirm that the following policies and procedures were in place; <ul style="list-style-type: none"> <li>• continence management / incontinence management</li> <li>• stoma care</li> <li>• catheter care.</li> </ul> The inspector can also confirm that the following guideline documents were in place; <ul style="list-style-type: none"> <li>• Nice Guidelines on Faecal incontinence</li> <li>• Nice Guidelines on urinary incontinence.</li> </ul> Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.	Compliant

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support.</b>	
<b>Criterion Assessed:</b> 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussion with the manager revealed that there was no information on the promotion of continence available in the home for patients and residents. A recommendation is made that this be addressed.	Not compliant
<b>Criterion Assessed:</b> 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussion with the registered manager and review of the staff training records revealed that staff were trained in continence care on induction. Registered nurses had also received training on continence care including male catheterisation on 20 January 2014. Discussion with the registered manager revealed that all the registered nurses in the home were deemed competent in female catheterisation and the management of stoma appliances. The registered manager informed the inspector that two registered nurses had been trained and deemed competent in male catheterisation.  A recommendation is made that regular audits of the management of patients and residents who are incontinent be undertaken and the findings acted upon to enhance already good standards of care.	Substantially compliant

<b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b>	<b>Substantially compliant</b>
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## **6.0 Additional Areas Examined**

### **6.1 Care Practices**

During the inspection the staff were noted to treat the patients and residents with dignity and respect. Good relationships were evident between patients, residents and staff.

Patients and residents were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' and residents' requests promptly.

The demeanour of patients and residents indicated that they were relaxed in their surroundings.

### **6.2 Patients' and Residents' Comments**

During the inspection the inspector spoke to 10 patients and residents individually and to others in groups. These patients and residents expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients and residents were unable to express their views verbally. These patients and residents indicated by positive gestures that they were happy living in the home. Examples of patients' and residents' comments were as follows:

- "I am very happy with everything here."
- "Food is very good."
- "The home is clean and tidy."
- "The staff are very kind and this is a very good home."

### **6.3 Staffing/Staff Comments**

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients and residents currently in the home.

The inspector spoke to a number of staff during the inspection.

No issues or concerns were brought to the attention of the inspector.

Examples of staff comments were as follows:

- "This is a good home we work well as a team."
- "The patients and residents are well cared for."
- "I am happy working in the home; we always have sufficient continence products for the patients and residents use."

### **6.4 Environment**

The inspector undertook a tour of the premises and viewed the majority of the patients' and residents' bedrooms, sitting areas, dining rooms, laundry, kitchen, bathroom, and shower and

toilet facilities. The home was found to be clean warm and comfortable with a friendly and relaxed ambience.

## **7.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Madge Quinn, Registered Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Heather Moore**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**





## Quality Improvement Plan

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Sean McCartney, Registered Provider and Mrs Madge Quinn, Registered Manage either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirement	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	16 (2)	<p>The registered person shall ensure that patients and resident's continence assessments be reviewed and updated appropriately to ensure that the patients and residents assessed needs are met.</p> <p><b>Ref: Section19.1</b></p>	One	Ongoing	One week

**Recommendations**

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.4	<p>It is recommended that regular audits of the management of patients and residents who are incontinent be undertaken and the findings acted upon to enhance already good standards of care.</p> <p><b>Ref: 19.4</b></p>	One	Completed	One Month
2	19.3	<p>It is recommended that information on the promotion of continence be available in an accessible format for patients, residents, and their representatives.</p> <p><b>Ref: 19.3</b></p>	One	completed	One Month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	Madge Quinn
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Sean McCartney

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Heather Moore	03 December 2014
Further information requested from provider			