Cove Manor
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Unannounced Care Inspection
of
Cove Manor

28 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 28 September 2015 from 10.10 to 17.05.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to described those living in Cove Manor which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 13 October 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1*	7*

The total number includes both new and restated requirements and recommendations.
*Please note: One requirement and one recommendation included in this total were made as a result of the inspection undertaken on 13 October 2014. They had not been met and have been stated for a second time.

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

2. Service Details

Registered Organisation/Registered Person: Cove Manor Care Home Ltd Sean McCartney	**Registered Manager:** Madge Quinn
Person in Charge of the Home at the Time of Inspection: Madge Quinn	**Date Manager Registered:** 1 December 2010
Categories of Care: RC-PH, RC-LD(E), NH-I, RC-I, RC-MP(E), RC-PH(E), NH-PH, NH-DE	**Number of Registered Places:** 31
Number of Patients Accommodated on Day of Inspection: 29	**Weekly Tariff at Time of Inspection:** £470 - £593

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively
Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, the inspector met with 19 patients, five care staff, two registered nurses, one cook and one kitchen assistant.

The following records were examined during the inspection:

- a sample of staff duty rotas
- three patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policy documentation in respect of communicating effectively, palliative and end of life care
- complaints
- compliments
- best practice guidelines for palliative care and communication

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 27 May 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 13 October 2014

Last Care Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref:** Regulation 16 (2) **Stated:** First time	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.	**Partially Met**
	Action taken as confirmed during the inspection: Three care records reviewed evidenced updated continence assessments. However, the assessments were not specific with regards to naming the continence product required to meet the patients' needs. This requirement was stated for the second time.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 19.4 **Stated:** First time	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.	**Not Met**
	Action taken as confirmed during the inspection: Continence audits have not been carried out. This recommendation was stated for the second time.	

Recommendation 2 **Ref:** Standard 19.3 **Stated:** First time	It is recommended that information on the promotion of continence be available in an accessible format for patients, residents, and their representatives.	**Met**
	Action taken as confirmed during the inspection: Information leaflets on Bladder and Bowel Issues were available for patients and/or their representatives.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communication. A separate policy was available on delivering bad news. Regional guidelines on 'Breaking Bad News' was available to staff. Discussion with seven staff confirmed that they were knowledgeable regarding breaking bad news.

Discussion with the registered manager confirmed communicating effectively with patients and their families/representatives was incorporated within palliative care training. Online palliative care training had been completed by 17 staff.

Is Care Effective? (Quality of Management)

Three care records reflected patient individual needs and wishes regarding end of life care. Care records included reference to patients' specific communication needs.

There was evidence within three records that patients and/or their representatives were involved in the assessment, planning and evaluation of care.

Two registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. They discussed the importance of a quiet private area to speak with patients and/or their representatives and the importance of using a soft, calm tone of voice and using language which was appropriate to the listener. Staff also described the importance of providing reassurance and allowing time for questions or concerns to be voiced**.** Care staff were also knowledgeable on breaking bad news and offered similar examples when they have supported patients when delivering bad news. A best practice guideline on 'Breaking Bad News' was available in the Home.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with 19 patients both individually and with others in small groups. All patients spoken with stated they were very happy with the care they were receiving in Cove Manor Nursing Home. They confirmed that staff were polite and courteous and that they felt safe in the home.

There were no patient representatives available for comment on the day of inspection.

Areas for Improvement

There were no areas of improvement identified for the home in respect of communication.

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. However, these policies did not make reference to best practice guidance such as the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013. A recommendation was made. A copy of the GAIN guidelines was present and available to staff as required. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the guidelines. Information leaflets, 'Funeral Wishes', 'Being There', 'Myth Busting – Getting Facts About Death and Dying' and 'The to do list' were available at the home.

Training records evidenced that staff were trained in the management of death, dying and bereavement. E-Learning palliative care training had been completed by 17 staff in 2015. One staff member had completed face to face palliative care training. Three staff had completed recent training on the use of syringe drivers.

Discussion with two registered nurses and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, seven staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with two staff confirmed their knowledge of the protocol.

Two palliative link care nurses have been identified for the home to guide and advise staff as necessary.

Is Care Effective? (Quality of Management)

On the day of inspection, there were no patients in receipt of palliative or end of life care. However, Spiritual care plans were in place in the three care records reviewed and an advance care plan was present in one of the care records reviewed. Symptom management care plans, for example pain and elimination, were also in place.

Discussion with the registered manager and staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/ representatives to be with patients who had been ill or dying. A quiet room was identified for family/friends where they can have a private conversation or a rest. Staff consulted with were aware of the importance of providing refreshments at this time.

A review of notifications of death to RQIA during the previous inspection year evidenced that these were reported appropriately.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, and in accordance with the persons wishes, for family/friends to spend as much time as they wished with the person. From discussion with the registered manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time.

Some compliments were as follows:
'You made his last few weeks comfortable and enjoyable and it was a great relief to us all knowing that dad was content and happy there.'
'Thank you all for your care and attention to …… and you made things easier for us by talking things through with us – it was greatly appreciated.'
'We would like to thank all the staff for the really good care and kindness they showed to …… during his stay at the Cove. Thank you all so much.'
'Thank you so much for all the loving care and attention you gave to my uncle.'

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

Areas for Improvement

The policies on palliative and end of life care and death and dying should be reviewed in line with current regional guidance.

Number of Requirements:	**0**	**Number of Recommendations:**	**1**

5.5 Additional Areas Examined

5.5.1. Consultation with patients, their representatives and staff

During the inspection process, 19 patients and nine staff were consulted to ascertain their personal view of life in Cove Manor Nursing Home. Five staff questionnaires and seven patient questionnaires were completed and returned. Overall, the feedback from the patients and staff indicated that safe, effective and compassionate care was being delivered in Cove Manor Nursing Home.

A few patient comments are detailed below:
'It's very nice here. We are well taken care off.'
'The nurses are very good here.'
'I like it here. The girls are very nice.'
'The care provided could not be any better. No request is too much trouble for the staff.'
'The staff are very good to me and very helpful with anything I need. The girls are welcoming to relatives, friends.'
'Staff are very good to me and get me anything I need. I am well cared for. I have no complaints.'

The general view from staff cited in completed questionnaires and during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

A few staff comments are detailed below:
'I really enjoy working here.'
'It's very friendly here and good teamwork.'
'It's a lovely wee homily home.'
'It's good to be a part of a team of girls who care so much and treat the residents well.'
'It's great to have the owners on site here.'
'It's very rewarding to work here.'

5.5.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of matters were identified that were not managed in accordance with infection prevention and control guidelines:

- two ripped chairs were observed in communal areas
- the type of shelving used in the identified storage areas did not have a cleanable surface
- inappropriate storage in identified rooms
- the tops of wardrobes checked were dusty
- rusted metal bin frames were in use
- wound dressings in opened packs were not disposed on completion of wound dressing

The above issues were discussed with the registered manager on the day of inspection. An assurance was given by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made for management systems to be in place to ensure the home's compliance with best practice in infection prevention and control.

A refurbishment programme was observed in progress on the day of inspection. Eight rooms had been repainted. A plan was in place for all rooms and communal areas to be repainted within three weeks. Curtains, curtain poles and bedding were being renewed in every bedroom throughout the home. This was noted as commendable.

5.5.3. Documentation

As discussed in section 5.2 review of three care records confirmed that continence assessments had not been fully completed. Specific continence products required were not named within the assessment. This was discussed with the registered manager and it was agreed specific continence products should be identified within the continence assessment and the care plan. A requirement was stated for the second time.

A review of three repositioning charts identified one, out of three, evidenced skin inspection of pressure areas at the time of repositioning. This was discussed with the registered manager and an assurance was given that repositioning charts would be completed in full to include skin inspections. A recommendation was made.

The recording of bowel movements was not completed in keeping with best practice guidelines as only one out of three records applied the 'Bristol Stool' Score. This was discussed with the registered manager who gave assurances that this issue would be addressed to prevent recurrence. A recommendation was made.

5.5.4. Quality assurance

The regulation 29 monitoring reports were available for inspection and had been completed on a monthly basis. However, they did not evidence which patients were spoken with and were written in a generalised form. This was discussed with the registered provider during feedback and it was agreed future reports would be more specific with information provided and will use unique identifiers to identify patients consulted. A recommendation was made.

5.5.5. Staff Induction

A review of the staff induction programme evidenced that staff did not have a role specific induction booklet to complete. A generalised induction booklet was completed by all staff. This was discussed with the registered manager and it was agreed role specific induction booklets for registered nursing staff and for care staff would be developed relevant to their roles and responsibilities. A recommendation was made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered person, Sean McCartney and the registered manager, Madge Quinn, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 16 (2) **Stated:** Second time **To be Completed by:** 30 November 2015	The registered person must ensure that patients and resident's continence assessments be reviewed and updated appropriately to ensure that the patients and residents assessed needs are met. **Ref: Section 5.2 & 5.5.3** **Response by Registered Person(s) Detailing the Actions Taken:** Continence assessment forms have been updated to include type of incontinent aids needed. This also details type needed day and night.
Recommendations	
Recommendation 1 **Ref:** Standard 19 Criteria (4) **Stated:** Second time **To be Completed by:** 30 November 2015	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. **Ref: Section 5.2** **Response by Registered Person(s) Detailing the Actions Taken:** After consultation with an incontinence nurse and an update on staff training Regular audits are being implemented.
Recommendation 2 **Ref:** Standard 36 Criteria (2) **Stated:** First time **To be Completed by:** 30 November 2015	It is recommended that policies on palliative and end of life care and death and dying be reviewed in line with current regional guidance, such as GAIN *Palliative Care Guidelines (2013).* **Ref: Section 5.4** **Response by Registered Person(s) Detailing the Actions Taken:** Policies are currently being reviewed and updated.

Recommendation 3 **Ref:** Standard 46 Criteria (1) (2) **Stated:** First time **To be Completed by:** 30 November 2015	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection. **Ref: Section 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Updated infection control audits are now in place. This includes infection control regarding hand hygiene ,evironmental issues, incontinence and incontinence aids.
Recommendation 4 **Ref:** Standard 4 Criteria (9) **Stated:** First time **To be Completed by:** 30 November 2015	It is recommended that repositioning charts contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning. **Ref: Section 5.5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Charts have been updated to contain documented evidence of skin inspection, and staff have been informed on completing the updated charts.
Recommendation 5 **Ref:** Standard 4.9 **Stated:** First time	It is recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients'/residents' daily progress records. **Ref: Section 5.5.3**
To be Completed by: 30 November 2015	**Response by Registered Person(s) Detailing the Actions Taken:** Bowel function will be documented on admission. This will use the bristol stool chart as a baseline measurement.

Recommendation 6 **Ref:** Standard 35 Criteria (7) **Stated:** First time **To be Completed by:** 30 November 2015	It is recommended that regulation 29 monthly monitoring report is further developed to include unique identifiers of patients consulted. The report should include specific information rather than generalised statements. **Ref: Section 5.5.4**
	Response by Registered Person(s) Detailing the Actions Taken: Unique identifiers for patients consulted will be put in place.
Recommendation 7 **Ref:** Standard 39 Criteria (1) **Stated:** First time **To be Completed by:** 30 December 2015	It is recommended that role specific induction booklets for registered nursing staff and for care staff are developed and completed as part of the induction programme. **Ref: Section 5.5.5**
	Response by Registered Person(s) Detailing the Actions Taken: Role specific booklets are being developed.

Registered Manager Completing QIP	Madge Quinn	**Date Completed**	20/11/15
Registered Person Approving QIP	Sean McCartney	**Date Approved**	20/11/15
RQIA Inspector Assessing Response	Dermot Walsh	**Date Approved**	10/12/15

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address