



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 20 May 2019



Cove Manor

Type of Service: Residential Care Home

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

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Inspector: Laura O'Hanlon

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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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation to 14 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Cove Manor Care Home Ltd Responsible Individual: Sean McCartney	Registered Manager and date registered: Madge Quinn – 19 December 2018
Person in charge at the time of inspection: Noreen Monaghan, Deputy Manager. Madge Quinn, Registered Manager, joined the inspection from 10.30 to 13.30. Sean McCartan joined the inspection at 10.30.	Number of registered places: 14 Category RC-MP for 4 identified residents only.
Categories of care: Residential Care (RC) I - Old age not falling within any other category PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Total number of residents in the residential care home on the day of this inspection: 13

4.0 Inspection summary

An unannounced inspection took place on 20 May 2019 from 10.10 to 16.00.

The inspection assessed progress 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 communication within the home, staffing provision, management of incidents and the delivery of care in the home.

Areas requiring improvement were identified in regards to the duty rota, staff recruitment, fire safety and training, the environment and care management reviews.

Residents described living in the home as being a good experience. Residents in particular praised the provision of meals and stated snacks were always available upon request.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	2

Details of the Quality Improvement Plan (QIP) were discussed with Sean McCartan, 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.

4.2 Action/enforcement taken following the most recent inspection dated 16 January 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training schedule
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- staff supervision schedule

- fire safety records
- policy on adult safeguarding and whistleblowing
- a sample of governance audits/records
- accident/incident records
- monthly monitoring reports from January to April 2019
- RQIA registration certificate

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 outstanding areas for improvement from previous inspection

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

We spoke with the residents and we were informed that they felt safe in the home and that there were sufficient staff on duty. The residents further advised that if they required assistance, all they have to do is ask and it would be provided in a timely manner; day or night. Discussion with the staff on duty confirmed they were satisfied with the staffing arrangements in the home and that the planned staffing levels were maintained. The manager confirmed the staffing levels in the home and advised that they are reviewed in accordance with the needs and dependencies of the residents. During the inspection we saw how residents' needs were met in a prompt, compassionate manner.

A review of the duty rota confirmed that the manager's hours were recorded and that it accurately reflected the staff working in the home. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the residents and to support the care staff. However the rota did not record the capacity in which each staff member was working. This was identified as an area for improvement to ensure the grades of staff are recorded on the duty rota.

We discussed competency and capability assessments. We were advised that the nurse in charge is the person with overall responsibility for the building. However, there is a senior care assistant in charge of the residential home. The need for competency and capability assessments to be completed to provide assurances in the absence of the registered manager was identified as an area for improvement.

We reviewed two staff recruitment records and confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. However the date which the Enhanced AccessNI disclosures were reviewed by the manager, was not recorded. It was also noted that the two written references were provided after the date of commencement of employment. This was discussed with the responsible individual who advised that a verbal reference would have been obtained prior to the start date; there was no written evidence of this. These issues were identified as an area for improvement to ensure compliance with the regulations.

The responsible individual confirmed that monthly checks were completed to ensure that care workers maintained their registration with Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified. New care staff were required to join the NISCC register as soon as possible following commencement of employment. A review of two induction records confirmed that there was a structured orientation and induction programme in place upon commencement of employment in the home. Staff spoke positively in relation to the induction process.

The manager confirmed that all care staff were also mentored through supervision and appraisal. A system was in place and was reviewed during the inspection to ensure that all care staff employed received, at minimum, two recorded supervisions per year and one annual staff appraisal.

We reviewed the schedule for the completion of mandatory training and confirmed this was provided. However from review of these records it was noted that fire training was not completed on a six monthly basis. This was discussed with the responsible individual who confirmed that fire safety training is completed twice yearly by all staff and that the schedule required to be updated to reflect this.

We discussed adult safeguarding and were assured that the policy was current and in place and that staff had a good understanding of reporting arrangement. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

A review of the records of staff training confirmed that training in adult safeguarding was provided for all staff. Discussion with the manager, review of accidents and incidents notifications, care records and complaints confirmed there was no current safeguarding in the home.

A general walk around the home was undertaken. The home was found to be warm and clean. Bedrooms were personalised with photographs and personal items. A recent programme of redecoration was completed in the home. An odour was noted in one corridor area. Discussion took place with the manager who advised that they were aware of this issue. Additional cleaning is provided daily and new flooring was already ordered. There was no odour present later in the day of the inspection.

It was observed where there were three bedroom doors propped open with chairs despite the appropriate door release systems already being in place. This was identified as an area for improvement to ensure that fire doors are not propped open.

Further to this it was also observed that a door to a store cupboard was open despite a keypad secured to the door. This cupboard contained products which if ingested by residents would be harmful. This matter was identified as an area for improvement to ensure that this store cupboard is secured closed.

There was a fire safety risk assessment in place dated 13 February 2019. Discussion took place with the responsible individual in regards to the need for an accredited fire risk assessor. This matter was referred to the estates inspector for review.

Review of records confirmed that fire safety checks of emergency lighting, fire equipment were undertaken in agreement with the fire risk assessment. Fire exits were clear and unobstructed.

Comments made by residents and staff during the inspection were:

- “I feel safe in here.” (resident)
- “We have supervision six monthly and an annual appraisal. The staffing levels are maintained.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction and supervision and appraisal.

Areas for improvement

The following areas were identified for improvement in relation to the duty rota, staff recruitment, fire safety and training and the environment.

	Regulations	Standards
Total number of areas for improvement	4	1

6.4 Is care effective?

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

We reviewed three care records they included an up to date assessment of needs, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. We discussed with the manager the need to review risk assessments and care plans for example the use of wound charts, falls risk assessments, where there was not an identified need. The manager advised it would be reviewed accordingly.

The care records reviewed also reflected the multi-professional input into the residents’ health and social care needs and were updated regularly to reflect the changing needs of the individual residents.

We saw and staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. There were systems in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of complaints, environment, accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

Discussion with the manager and staff confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. A review of the care records identified that annual reviews were not completed. This was identified as an area for improvement to ensure compliance with the standards.

Minutes of staff meetings were reviewed during the inspection. Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, were available on request for residents, their representatives any other interested parties to read.

We could see from review of care records, along with accident and incident reports that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Comments made by residents and staff during the inspection were:

- "There is always a choice of food offered and it's really lovely. There are also lots of snacks available. I had lost a lot of weight before I came in here; they have really built me up again." (resident)
- "You can get a cup of tea any time you want, if you wanted anything all you have to do is ask. The food is good in here. I am well cared for." (resident)
- "We have good communication in the home if someone was unwell this would be passed on at the staff handover. We have a good staff team and we really care about the residents. Everyone helps each other out." (staff)
- "There is good team work, we all work well together. The care provided to the residents is very good because we all get on well together." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents and staff.

Areas for improvement

One area was identified for improvement in relation to the need to ensure that care management reviews are completed on an annual basis.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

We observed that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents easily interacting with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to. The registered manager confirmed that the staff in the home promoted a culture and ethos that supported the values of dignity and respect.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home; for example, residents can attend their preferred place of worship if they so wish. Information was displayed in the home for residents for example regarding the daily menu. Residents could also make choices on a daily basis regarding their preferences at meal times.

We could see that residents’ wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents’ daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear.

Residents told us that they were listened to, valued and communicated with in an appropriate manner and that their opinions were taken into account in all matters affecting them.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were supported both inside the home and in the local community to maintain a good quality of life.

Comments made by residents and staff during the inspection were:

- “It’s one of the best; if you ask for anything it’s never a problem.” (resident)
- “The staff are kind to me. I am very happy in here and well cared for.” (resident)
- “The staff are caring and there is a high degree of provision of personal care. The quality of care is very high.” (resident)
- “This is like home from home; like a family.” (staff)
- “I have my own relative in here and I am very happy with the care provided to them.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents, and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Staff in the home described the manager as supportive and approachable. Staff also shared that they felt supported by the responsible individual. The manager described how the focus of care in the home was to support the residents as best as possible.

The manager confirmed there were a number of managerial audits completed in the home on a regular basis including, environmental audits, care records, accidents and incidents and complaints. The manager advised any areas for improvement identified as a result of the audits were actioned appropriately. The manager maintains oversight in the home of staff supervision, annual appraisals and staff training to ensure staff are equipped to do their jobs. The manager confirmed that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We reviewed the system in place to deal with complaints raised by residents, their family members or others. We looked at the records of complaints since the last inspection and could see that they were managed appropriately.

We reviewed the system in place for notifying next of kin, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. Records reviewed were found to be reported appropriately.

There was a training matrix in place which showed completion of mandatory training and other additional training related to resident's needs. For example training records maintained in the home showed that staff had completed training in falls awareness and dysphagia. Best practice guidance, for example the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

The home was visited by the registered provider's representative each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits from January to April 2019 and found that these were satisfactory. The reports showed evidence of engagement with residents, and staff to get their views on the care in the home; as well as reviewing complaints and information relating to accidents and incidents, safeguarding, the environment and a selection of records maintained in the home. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Comments made by staff during the inspection were:

- "There is excellent support from management. If you had a problem you could go to the registered manager or the responsible individual." (staff)
- "The manager and the responsible individual are both very approachable and proactive." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 McCartan, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 21 May 2019	The registered person shall ensure that: <ul style="list-style-type: none"> • two written references are obtained prior to commencement of employment. • The date is recorded when the Enhanced AccessNI disclosure is reviewed by the registered manager. Ref: 6.3
	Response by registered person detailing the actions taken: Completed
Area for improvement 2 Ref: Regulation 20 (3) Stated: First time To be completed by: 30 June 2019	The registered person shall ensure that competency and capability assessments are undertaken for any person in charge of the home in the absence of the manager. Ref: 6.3
	Response by registered person detailing the actions taken: Competency and capability assessments are in place for any person in charge of the home.
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 21 May 2019	The registered person shall ensure that fire doors are not propped open. Ref: 6.3
	Response by registered person detailing the actions taken: Completed
Area for improvement 4 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 21 May 2019	The registered person shall ensure that the identified store cupboard is closed securely so as to prevent harm to residents. Ref: 6.3
	Response by registered person detailing the actions taken: completed

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 27 May 2019	The registered person shall ensure that the duty rota reflects the capacity of the staff working in the home. Ref: 6.3
	Response by registered person detailing the actions taken: completed
Area for improvement 2 Ref: Standard 11.1 Stated: First time To be completed by: 30 June 2019	The registered person shall ensure that care management reviews are undertaken on an annual basis. Ref: 6.4
	Response by registered person detailing the actions taken: Registered person will liase with the multi disciplinary team to have care management reviews undertaken on an annual basis

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



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