



# Unannounced Care Inspection Report 18 September 2019



## The Cottage

**Type of Service: Nursing Home**  
**Address: 25 Lodge Park, Coleraine, BT52 1UN**  
**Tel No: 028 7034 4280**  
**Inspector: Jane Laird**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 67 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Merit Retail Limited  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager and date registered:</b> Carol McAlary – 8 November 2017
<b>Person in charge at the time of inspection:</b> Carol McAlary	<b>Number of registered places:</b> 67
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. TI – Terminally ill. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 65

### 4.0 Inspection summary

An unannounced inspection took place on 18 September 2019 from 08.40 hours to 17.30 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care and medicine management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas for improvement were identified in relation to infection prevention and control (IPC), risk management, pressure area care, patients' privacy and quality governance audits.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them 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 patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Carol McAlary, 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 27 June 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 27 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 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 pharmacy, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, 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 patients 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 13 September to 26 September 2019
- 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

- one staff recruitment and induction files
- five patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- medicine records for the administration of drugs in distressed reactions
- treatment room temperature records
- treatment room fridge temperature records
- a sample of monthly monitoring reports for July 2019 and August 2019
- RQIA registration certificate

Areas for improvement identified at the last medicine management inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 previous inspection(s)

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

Areas for improvement from the last medicines management 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 13 (4) <b>Stated:</b> First time	The registered person shall ensure that the temperature of the treatment rooms and medicine refrigerators are accurately monitored and recorded each day. Corrective action should be taken if temperatures outside the required range are observed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the temperature of the treatment rooms and medicine refrigerators were accurately monitored and recorded each day. Corrective action was documented when temperatures were outside the required range.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	The registered person shall review and revise the management of distressed reactions. The reason for and outcome of each administration should be recorded. Regular use should be referred to the prescriber for review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed a sample of care records for patients who were prescribed 'when required' medication for the management of distressed reactions. There was evidence that the reason for and the outcome of each administration was recorded. Regular use of 'when required' medication for an identified patient had been referred to the prescriber for review.	

## 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 arrived in the home at 08.40 hours and were greeted by the manager and staff who were friendly and welcoming and appeared confident in their role and delivery of care. Patients were mainly in one of the lounges following breakfast whilst others remained in bed as per their personal preference. Medication was being administered by the registered nurses and catering staff were tidying away the breakfast trays.

Patients indicated that they were well looked after by the staff and felt safe and happy living in The Cottage. One patient said "They are always very nice to me". We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame allocated.

The 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 from 13 September to 26 September 2019 evidenced that the planned staffing levels were adhered to on most occasions and appropriate cover was sought to cover late notice absence.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Comments included, "It's really great here", "Staffing levels are good" and "Manager very

supportive.” We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Review of one staff recruitment file evidenced that a pre-employment health assessment had been obtained prior to the commencement of employment in line with best practice. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses and care assistants. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

A number of infection prevention and control deficits were identified in relation to the cleanliness of furniture/equipment within patients’ bedrooms, bathrooms and lounges. The underneath of identified patient equipment evidenced that these had not been effectively cleaned following use and there was no system in place for the cleaning of wheelchairs and hoist slings between patient use. We observed inappropriate storage of hoists with slings in communal bathrooms, incontinence aids outside of the packaging and bed linen stained on several beds. This was discussed in detail with the manager and identified as an area for improvement.

There were a number of areas throughout the home where walls, wall paper, doors, radiator covers and over bed tables were worn or damaged. This was discussed with the manager who acknowledged the above findings and stated that they were in the process of implementing a refurbishment plan to repair/replace equipment and that work was to commence within the near future.

We observed unsupervised access to food located within a patient kitchen area in the dementia unit which had the potential to be consumed by patients with swallowing difficulties. We also identified a toaster and kettle unsupervised and the fridge within the unit was unclean with no dates of opening on food/fluid items. Cupboard doors were unlocked with access to washing up liquid and the sink was cluttered with unclean cups and plates. Food thickening agents, denture cleaning tablets and toiletries including razors were also unsecure within identified patients’ bedrooms throughout the home. The manager was made aware of the urgent need to review all potential risks and agreed to review the current storage arrangements to ensure patients safety. This was identified as an area for improvement in relation to current health and safety guidelines.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, wound care, hand hygiene and environment audits were also carried out monthly. However, on review of the issues identified during inspection a discussion was held with the management team around the effectiveness of the audits. This is discussed further in 6.6.



## Management of Medicines

The management of medicines prescribed for administration on a “when required” basis for the management of distressed reactions was reviewed for a sample of patients. The dosage instructions were recorded on the personal medication record and staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient’s behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded and a care plan was maintained. This was identified as an area for improvement at the previous inspection which has been suitably addressed.

On review of the temperature of an identified treatment room and medicine refrigerator it was evident that they were accurately monitored and recorded each day and corrective action was documented when temperatures were outside the required range. The manager confirmed that this system of monitoring has been implemented within all treatment rooms. This area for improvement has also been suitably addressed following the previous medicine management inspection.

### Areas of good practice

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

### Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control (IPC) and risk management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

#### 6.4 Is care effective?

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

Review of five patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We also reviewed the management of nutrition, patients’ weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker.

Review of supplementary records evidenced that contemporaneous record keeping in relation to repositioning and dietary/fluid intake were being well managed within most areas of the home. However, within the dementia unit it was identified at 13.00 hours that staff had not recorded the morning interventions. This was discussed with the manager and the relevant charts were updated by the staff within the unit. The manager agreed to monitor this practice to ensure contemporaneous record keeping is maintained.



We also reviewed the settings on identified pressure relieving mattresses and on review of the patients care records the care plans regarding pressure area care did not contain the recommended setting/type of pressure relieving mattress. This was discussed with the manager who acknowledged the importance of including such information within the patients care plan and agreed to implement this going forward. This was identified as an area for improvement.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

**Areas for improvement**

The following area was identified for improvement in relation to pressure area care.

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

Staff interactions with patients were observed to be compassionate, caring and timely and they demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. We identified that there were a number of patient bedroom doors that did not have a lock and consideration around patient privacy within their own bedroom was discussed and the manager who stated that this would be discussed with patients and/or their representatives to establish a clear system of when patients do not wish to be disturbed and/or during personal hygiene interventions. This was identified as an area for improvement.

On review of linen stores it was identified that socks and tights were available for communal use within the home. This was discussed with the manager who stated that these items were not being used but were being stored as lost items of clothing. The manager agreed to remove these items and ensure that socks/tights are appropriately labelled for individual patient use only.

Consultation with 14 patients individually, and with others in small groups, confirmed that living in The Cottage was a mostly positive experience.

Patient comments:

- “Staff are very good”
- “Food is good”
- “They are always very nice to me”

- “Happy living here”
- “Very best of care here”

We also sought relatives’ opinion on staffing via questionnaires. One questionnaire was returned from a patient representative. The respondent was very satisfied with the service provision across all four domains.

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

A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Discussion with patients and staff and review of the activity programme on display at reception evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. On the day of the inspection the activity coordinator discussed the provision of activities and plans to further enhance the activity display throughout the home and the current arrangements to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other and during the inspection patients participated in conversations with a local historian about the history of Coleraine.

**Areas of good practice**

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

**Areas for improvement**

The following area was identified for improvement in relation to privacy of patients.

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

**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.**

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which confirmed that records were maintained appropriately and notifications were submitted in accordance with regulation. The inspector also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

A number of governance audits were reviewed which were completed on a monthly basis by the management team as discussed previously in 6.3. Audits in general did not have action plans or time scales to follow up on deficits identified and to determine if the necessary improvements had been made. Environmental audits were being completed on a monthly basis which captured some of the issues identified during inspection and were in the process of being addressed such as over bed tables and damage to doors and radiator covers, however, hand hygiene audits did not provide an overall percentage score of deficits identified. This was discussed with the manager and identified as an area for improvement.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report 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 maintaining good working relationships.

### Areas for improvement

The following area was identified for improvement in relation to quality assurance audits.

	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 Carol McAlary, 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Refurbishment has been completed for two of the rooms identified during the inspection and further refurbishment is presently being planned for other areas in the home. Damaged overbed tables have been removed and new tables ordered. Cleaning schedule has been reviewed and and supervision completed with all domestics to highlight deficits found on the day of inspection. Cleaning schedule has been reviewed and implemented . Audited on regular basis by Registered Manager.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• storage of food thickening agents, denture cleaning tablets and toiletries including razors</li> <li>• kettles and toasters</li> </ul> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Risk assessments have been carried out to manage health and safety deficits and will be updated as necessary. Kettle and toaster are locked away when not in use. Food thickening agents are also being stored in a locked cupboard when not in use. Lockable bathroom cabinets have been ordered for the dementia unit and in the interim toiletries and razors are stored out of patients reach.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p>
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<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 October 2019</p>	<p>With specific reference to ensuring:</p> <ul style="list-style-type: none"><li>• that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan along with the type of mattress</li><li>• Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning.</li></ul> <p>Ref: 6.4</p>
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	<p><b>Response by registered person detailing the actions taken:</b> Re-positioning charts reflect re-positioning as per care plan, patients weight, skin condition and type and setting of mattress. This setting is checked at each re-positioning time.</p> <p>Care plans have been reviewed and amended to include this information.</p> <p>Any changes noted to skin is reported to nurse in charge who will amend care plan and assessment accordingly and this information will be relayed to other staff via daily reports.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 October 2019</p>	<p>The registered person shall ensure that patients have control over who accesses their room and when this happens. Arrangements must be in place to ensure that patient's privacy is upheld.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> DO NOT ENTER signage is being displayed on bedroom doors as staff attend to residents personal needs to ensure privacy is upheld.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 November 2019</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to audits and ensuring:</p> <ul style="list-style-type: none"> <li>• action plans are implemented where deficits are identified</li> <li>• a follow up on the action plan to establish if the necessary areas for improvement have been met</li> </ul> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> More robust audits are being carried out in relation to infection control, the environment and cleanliness within the home. Infection control and hand hygiene audits are now scored as a percentage thus providing an overall percentage score of deficits.</p> <p>Action plans are then implemented where deficits are identified and a follow up is completed to establish if improvements have been met.</p>

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





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