



## **Secondary Unannounced Care Inspection**

**Name of Establishment:** Ard Cluan  
**Establishment ID No:** 1106  
**Date of Inspection:** 17 June 2014  
**Inspector's Name:** John McAuley  
**Inspection No:** 17539

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**General information**

<b>Name of Home:</b>	Ard Cluan Residential Home
<b>Address:</b>	5 Limavady Road Londonderry BT47 1JU
<b>Telephone Number:</b>	028 7134 3297
<b>E mail Address:</b>	sboyd@pcibsw.org
<b>Registered Organisation/ Registered Provider:</b>	The Presbyterian Board of Social Witness - Mrs Linda Wray
<b>Registered Manager:</b>	Mrs Sandra Boyd
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Sandra Boyd
<b>Categories of Care:</b>	I - Old and infirm, PH, PH (E) DE for I resident
<b>Number of Registered Places:</b>	13
<b>Number of Residents Accommodated on Day of Inspection:</b>	12
<b>Scale of Charges (per week):</b>	£461
<b>Date and type of previous inspection:</b>	7 January 2014 Primary announced inspection
<b>Date and time of inspection:</b>	17 June 2014 10.30am – 1.40pm
<b>Name of Inspector:</b>	Mr John McAuley

## 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 residential care homes. A minimum of two inspections per year are required.

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

## Purpose of the inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/process

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## Inspection focus

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

### **Standard 9 - Health and social care**

**The health and social care needs of residents are fully addressed.**

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.

## Profile of service

Ard Cluan Voluntary Residential Home provides care for up to 13 residents although is registered to accommodate 15 persons.

The home is situated in its own beautifully landscaped gardens on the Limavady Road, close to the city centre.

Ard Cluan is owned and run by The Presbyterian Board of Social Witness and is managed by Mrs Sandra Boyd.

Ard Cluan comprises of the following:

- 13 single rooms
- 1 double room (currently used as a single room)
- 2 sitting rooms
- 1 dining room
- kitchen
- laundry
- bathrooms, shower and toilet facilities
- office
- staff accommodation

The registration certificate is available in the main entrance hall way.

## Summary

This inspection to Ard Cluan was a secondary unannounced inspection, carried out by an inspector from RQIA on 17 June 2014. This summary reports on the position of the home at the time of this inspection.

In charge of the home at the time of this inspection was the Registered Manager Mrs Sandra Boyd, who was readily available for discussion and clarification, including verbal feedback of inspection findings at its conclusion.

The previous care inspection to the home was an announced inspection on 7 January 2014. No requirements or recommendations were made as a result of that inspection.

During this inspection, the inspector met with residents and staff, reviewed documentation, observed care practices and looked at the general environment.

The focus of this inspection was the DHSSPS Residential Care Homes Minimum Standard 9 on Health and Social Care. A review of residents' care records found these to be maintained in an informative, accessible, up-to-date basis. Supporting evidence was in place that issues of assessed need have a corresponding statement of care / treatment given, with effect of same. This includes referral(s) to the appropriate health and social care professional(s). Discussions with staff on duty at the time of this inspection revealed they had knowledge and understanding of residents' health and social care needs.

This standard has been overall assessed as compliant.

## **Additional matters examined**

### **Stakeholder consultation**

Discussions with residents and staff was all positive with no concerns expressed or indicated. The details of such are discussed later in this report.

### **General environment**

The home was found to be clean and tidy at the time of this inspection.

### **Care practices**

Residents were found to be comfortable, content and at ease in their environment and interactions with staff. Residents were relaxing, socialising with one another, enjoying the courtyard garden or watching television.

No requirements or recommendations were made as a result of this inspection.

The inspector would like to acknowledge the support and assistance received throughout this inspection from residents, staff and registered manager.

**FOLLOW-UP ON PREVIOUS ISSUES**

No Requirements/Recommendations from previous inspection

**STANDARD 9 - Health and social care**

**The health and social care needs of residents are fully addressed.**

<p><b>Criterion Assessed:</b>                  9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  A review of a sample of three residents’ care records confirmed that contact details of the residents’ aligned GP and their aligned health care professionals were appropriately maintained. Evidence was also in place to confirm that as applicable a resident is provided with information on the choice of GP services in the locality and is assisted in registering with same.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b>                  9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  Discussions with staff on duty, together with a review of residents’ care records, confirmed that staff had understanding and knowledge of the general health and social care needs of residents.                   Discussions with the registered manager also confirmed that there is a programme of training in place to support staff in caring for residents’ assessed needs, such as diabetes management, dementia and continence care.</p>	<p>Compliant</p>



**STANDARD 9 - Health and social care**

**The health and social care needs of residents are fully addressed.**

<p><b>Criterion Assessed:</b> 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> A review of residents' care records found that the progress records of residents' general health and well-being was monitored and recorded appropriately.  Evidence was in place to confirm that issues of assessed need had a corresponding statement of care / treatment given and effect of same. This included referral to the aligned health care professional(s).</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> The resident's representative is encouraged as appropriate to be involved in the referrals to health and social care appointments. Contact with the resident's representative is appropriately recorded, including feedback from such appointments.</p>	<p>Compliant</p>

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents’ health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The home maintains a matrix of dates of residents’ health care screening and appointments with aligned health care professionals.	Compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents’ spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
General observations at the time of this inspection, found that residents’ aid, appliances and personal equipment were maintained appropriately to provide maximum benefit for the resident.	Compliant

## **Additional areas examined**

### **Residents' views**

The inspector met all twelve residents. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home, the provision of care, and their relationship with staff.

Some of the comments made included statements such as:

"You couldn't ask for better, everyone is well cared for"

"It's a marvellous place"

"The staff are wonderful"

"Everyone is always very welcoming"

"...the Cook is great"

No concerns were expressed or indicated.

### **Staff views**

The inspector met with three members of staff of various roles. Staff spoke positively about their roles and duties, the teamwork, staff morale, and managerial support. Staff informed the inspector that they consider that there was a good standard of care provided for and that they had the necessary resources in place to provide same.

No concerns were expressed.

### **Monitoring visits**

A sample of the most recent monthly monitoring report (10 June 2014) on the behalf of the registered provider was reviewed on this occasion. This report was found to be detailed and informative and evidenced good systems of quality assurance and governance in place.

### **General environment**

The home was clean and tidy. The standard of furnishings and décor were dated in many areas but fit for purpose and was commented on favourably by residents, in terms of its homeliness.

The enclosed garden to the rear of the home was a pleasant area for residents to enjoy, as found to be the case with two residents at the time of this inspection.

### **Care practices**

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff were observed to be diligent in attending to residents' needs, in a supportive manner.

Televisions and radios etc. were programmed to residents' choice. A planned afternoon service was in place facilitated by a visiting clergyman and lay person.

An appetising dinner time meal was provided for in a well-appointed dining room, for which residents commented favourably on.

Staff interactions with residents were observed to be polite, friendly, warm and supportive.

### **Accident / incidents reports**

A review of these reports from 7 January 2014 found these to be appropriately maintained.

### **Complaints**

A review of the home's record of complaints together with discussions with the registered manager confirmed that any expressions of dissatisfaction are taken seriously and managed appropriately.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager Mrs Sandra Boyd, 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:

**John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**




The Regulation and  
Quality Improvement  
Authority

No requirements or recommendations resulted from the unannounced inspection of **Ard Cluan** which was undertaken on **17 June 2014** and I agree with the content of the report. Return this QIP to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk).

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Dorota Boyd 16/07/14
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Kerida Wray 18/7/2014

Approved by:	Date
	28/7/14

