



The Regulation and
Quality Improvement
Authority

Ard Cluan
RQIA ID: 1106
5 Limavady Road
Londonderry
BT47 6JU

Inspector: John McAuley
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**Unannounced Care Inspection
of
Ard Cluan**

2 April 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 2 April 2015 from 10:15 to 13:30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

There were no further actions required to be taken following the last inspection to the home on 4 July 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Ard Cluan Residential Care Home	Registered Manager: Mrs Sandra Boyd
Person in Charge of the Home at the Time of Inspection: Mrs Sandra Boyd	Date Manager Registered: 2 December 2013
Categories of Care: RC – I,PH,PH(E), DE	Number of Registered Places: 15
Number of Residents Accommodated on Day of Inspection: 12	Weekly Tariff at Time of Inspection: £461 - £470

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 standard and theme has been met:

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

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

During the inspection the inspector met with 12 residents, 3 care staff, and the registered manager, and 1 resident's visitor/representative.

The following records were examined in the inspection: care records, accident / incident reports, complaints and compliment records, policies and procedures and aligned guidance available to standards inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from the last Care Inspection

No requirements or recommendations resulted from the unannounced inspection of Ard Cluan which was undertaken on 4 July 2014.

5.2 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need(s) that prevents such.

Discussions with staff on duty in respect of this area of care revealed that they considered the care as compassionate. One member of staff spoke with example on how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. The member of staff also explained that other residents and staff are informed in a sensitive manner of the death of a resident. Other residents and staff have opportunity to pay respect and are provided with support if needed.

The home has also a spiritual ethos with visiting clergy and lay clergy persons visiting throughout the week on an organised basis.

When a death of a resident occurs, their belongings are handled with care and respect. This is done by having a policy that the room is permitted to be vacant for up to 7 days with the resident's next of kin / family taking the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial. These arrangements are documented in a supporting policy and procedure.

A review of a sample of compliment letters and cards was undertaken. These were in large received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude for the compassion and kindness received during this period of care. This included welcoming relatives to the home with provision of refreshments and kind, caring staff interactions.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent so.

An advanced care plan has been put in place for each resident. This care plan is devised by the resident's aligned GP. It details issues pertaining to medical conditions, diagnosis and the views of the resident and their next of kin.

A review of residents' care records confirmed that a cre plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

Is Care Compassionate? (Quality of Care)

The home has policies and procedures pertaining to terminal and palliative care and death of a resident. These policies and procedures guide and inform staff on this area of care.

A number of staff in the home has received specific training in this area of care. This training has been disseminated to other staff members during their induction and at staff meetings.

Discussions with staff at the time of this inspection, demonstrated they had knowledge and understanding how to care for this area of need. Staff also confirmed that there was a supportive ethos with the management in the home, in helping staff deal with dying and death.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements	0	Number Recommendations:	0

5.3 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

Staff have received training in continence management. Discussions with staff also demonstrated knowledge and understanding of this area of care.

A review of residents' care records found that an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. Following this the district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

General observations found there to be adequate supplies of aprons, gloves and hand washing dispensers.

Discussions with staff, general observations and together with a review of care records identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has policies and procedures pertaining to the management of continence. There are also associated guidance and information available for staff.

Staff have received training in continence management.

Identified issues of assessed need are reported to the district nursing services, for advice and direction.

Is Care Compassionate? (Quality of Care)

Discreet observations of care practices found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements	0	Number Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Residents' Views

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities, all expressed / indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

- "I love it here, no problems"
- "There is plenty of good food to eat. I just love the home-made soup"
- "They are all very kind to us"
- "It couldn't be any better"

No concerns were expressed or indicated.

5.4.2 Relatives' Views

The inspector met with one visiting relative at the time of this inspection. This relative was very complimentary about the provision of care and kindness and support received from staff.

No concerns were expressed.

5.4.3 Staff Views

The inspector met with three members of staff of various grades on duty at the time of this inspection. This was not including the registered manager. All staff spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff informed the inspector that they felt a good standard of care was provided for and they had the necessary resources and skills to provide for.

No concerns were expressed.

5.4.4 General Environment

The home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were dated in appearance but fit for purpose.

5.4.5 Accident / Incident Reports

A review of these reports from the previous inspection, found these to be appropriately managed and reported.

5.4.6 Care Practices

Discreet observations of care practices evidenced residents being treated with dignity and respect. Care duties were organised at an unhurried pace, with time afforded for interactions with residents. Staff interactions with residents were found to be polite, friendly warm and supportive.

A homely atmosphere was in place with residents being comfortable, content and at ease in same. A visiting hairdresser was in the home, with many residents availing of her services. Other residents choose to partake in pastimes of choice such as reading, knitting and relaxing. A visit by a lay clergy person was the planned afternoon activity.

One resident had been exhibiting signs of anxiety. This issue of need was discreetly observed to be alleviated by the registered manager taking the resident around the grounds to look at flowers and plants. The effect of such demonstrated, care and compassion and had a positive effect with dealing with this resident's needs. This practice is to be commended.

5.4.7 Fire Safety

The home had an estates inspection on 28 January 2014 on which fire safety was the focus. The one requirement made on that occasion was found to be subsequently actioned on 21 March 2014, as explained by the registered manager.

Fire safety training including fire safety drills were maintained on an up to date basis.

At the time of this inspection there were no obvious risks observed in the environment in terms of fire safety, such as wedging opening of doors or inappropriate storage in the electrical switch room.

Areas for Improvement

There were no areas of improvement identified with these additional areas examined.

Number of Requirements	0	Number Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Diana Boyd</i>	Date Completed	<i>8/05/15</i>
Registered Person	<i>Knida Wray</i>	Date Approved	<i>23/6/15</i>
RQIA Inspector Assessing Response	<i>pm nfuly</i>	Date Approved	<i>6/7/15</i>

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

**Please complete in full and returned to*

RQIA at care.team@rqia.org.uk from the authorised email address*