

# Care Inspection Report

## 29 September 2016



## Ard Cluan

**Type of service: Residential Care Home**  
**Address: 5 Limavady Road, Londonderry, BT47 6JU**  
**Tel no: 02871343297**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Ard Cluan took place on 29 September 2016 from 10:30 to 14:00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout this inspection in relation to staff being knowledgeable and understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

No requirements or recommendations were made in relation to this domain.

### Is care effective?

There were examples of good practice found throughout this inspection in relation to how the senior care assistant responded to a resident who had a fall. This was done in a calm manner with good skills of competence to support the resident's well-being.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found throughout this inspection in relation to observation of care practices confirming that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Staff attitudes and comments in relation to the provision of care in the home, their roles, duties and the managerial support.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout this inspection in relation to the defined management structure and governance systems in place within the home.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Margaret Curran the senior care assistant, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 June 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Presbyterian Board of Social Witness Linda May Wray	<b>Registered manager:</b> Sandra Boyd
<b>Person in charge of the home at the time of inspection:</b> Margaret Curran Senior care assistant	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 15

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 14 residents and five members of staff of various grades and a social work student on placement.

The following records were examined during the inspection:

- Sample of competency and capability assessment
- Staff training schedule/records
- Two residents' care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering

- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Information on independent advocacy services
- Policies and procedures manual

A total of 10 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection Dated 21 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 3 May 2016

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 June 2016</p>	<p>The registered person should ensure that the checklist to confirm that each staff member recruited is in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 is completed in full.</p> <p>Reference to this is made with omissions in unexplained gaps in employment and staff registration status with the Northern Ireland Social Care Council (NISCC).</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The recruitment checklist has been revised accordingly to ensure compliance with Schedule 2 requirements.</p>	
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 August 2016</p>	<p>The registered person should revise and update the adult safeguarding policy and procedure in line with current guidance. In review of this, it needs to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and establish of a safeguarding champion in the home.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The adult safeguarding policy and procedure has been revised in line with current guidance.</p>	

<b>Recommendation 3</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time	The registered person should revise and update the policy and procedure on accidents / incidents in line with current guidance and to include audits included in the Falls Prevention Toolkit as issued by the Public Health Agency.	<b>Met</b>
<b>To be completed by:</b> 3 August 2016	<b>Action taken as confirmed during the inspection:</b> The policy and procedure on accidents / incidents has been revised to include the Falls Prevention Toolkit.	

### 4.3 Is care safe?

The senior care assistant in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty:

- 1 x senior care assistant
- 1 x care assistant
- 1 x cook
- 1 x catering assistant
- 1 x house keeper
- 1 x administrator
- 1 xx student social worker not included on the staffing numbers

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided.

The senior care assistant in charge confirmed that she had a competency and capability assessment undertaken in respect of having the responsibility of being in charge of the home for any period in the absence of the manager. The record of this competency and capability assessed was inspected. This was found to be appropriately maintained.

Staff selection and recruitment records are held centrally at the organisation's human resource department. An updated checklist is issued on completion of recruitment to the registered manager confirming that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. This information is recorded in the recruitment checklists.

Arrangements were in place to monitor the registration status of staff with their professional body, where applicable. These records were inspected and found to be appropriately maintained.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance. A safeguarding champion has been established.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior care assistant, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with the senior care assistant identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

On the day of the inspection no obvious restrictive care practices were observed.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The home was clean and tidy throughout. Many areas of décor and furnishing were tired and dated in appearance but fit for purpose. The carpet in a communal sitting room was torn with interim repairs done on it. Evidence was in place from an inspection of a recent monitoring visit report that this issues was being carefully monitored in terms of safety.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills on an up to date basis. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### **Areas for improvement**

No areas for improvement were identified in respect of this domain during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

Discussion with the senior care assistant manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of two residents' care records was undertaken. This inspection confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Records were stored safely and securely in line with data protection.

There was 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. Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents informed the inspector and observation of practice evidenced that staff were able to communicate effectively with residents.

An inspection of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

During this inspection a resident sustained a fall. The senior care assistant responded to this resident in a calm manner with good skills of competence to support the resident's well-being.

Arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist support. This information was readily displayed with contact advocacy contact details.

#### Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

Staff on duty confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Residents' spiritual and cultural needs, including preferences for end of life care were met within the home.



The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all spoke in positive terms about the provision of care, staff, activities and the provision of meals. Some of the comments made included statements such as;

- “The home is 100%. Staff are marvellous and couldn’t do enough for you”
- “There’s simply a lovely atmosphere here. The television is always on at a nice channel, and there is plenty of activities to do and enjoy. We all enjoy the company of one another”
- “Sandra (the manager) is very good as is all the staff. They are all so friendly”.

Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect.

Discussion with staff and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of this inspection many residents were availing of the services of a visiting hairdresser. Others enjoyed the company of one another, or reading, knitting whilst two residents choose to enjoy their own company in their bedrooms. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Observation of care practices confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. For example during this inspection a resident sustained a fall. The senior care assistant responded to this resident and indeed those residents who witnessed the fall, in a sensitive, calm, caring manner.

An appetising, well presented dinner meal was provided in a nicely appointed dining room. Observations found that staff attended to residents’ needs in an unhurried kind manner. A choice of meal was provided for and staff had knowledge of residents’ special diets, and likes and dislikes.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

The inspector met with five members of staff of various grade on duty and also a social work student on placement. All spoke positively about the provision of care in the home, their roles, duties and the managerial support. One staff member made a comment about plans to relocate the home which were considered as compassionate;

“I really hope we can bring pieces of Ard Cluan with us, such as furnishings and staff ethos”.

### **Areas for improvement**

No areas for improvement were identified in respect of this domain during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

There is a defined management structure and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Staff were provided with up to date mandatory training. An inspection of this matrix of training provided for it to be appropriately maintained.

The most recent monthly monitoring visit report was inspected. This report was maintained in an informative detailed manner and was made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. Discussions with staff confirmed that staff could also access line management to raise concerns and for offer of support. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

## Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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