



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID:** Ardlough (1166)  
**Date of Inspection:** 09 February 2015  
**Inspector's Name:** Heather Moore  
**Inspection ID:** IN016535

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

**1.0 GENERAL INFORMATION**

<b>Name of Home:</b>	Ardlough
<b>Address:</b>	2 Ardlough Road Drumahoe Londonderry BT47 5SW
<b>Telephone Number:</b>	028 7134 2899
<b>E mail Address:</b>	ardlough@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Four Seasons Health Care
<b>Registered Manager:</b>	Mrs Martina Mullan
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Martina Mullan
<b>Categories of Care:</b>	NH-DE NH-MP NH-MP(E) 44
<b>Number of Registered Places:</b>	NH-DE 16 NH-MP NH-MP(E) 28
<b>Number of Patients Accommodated on Day of Inspection:</b>	NH-DE 16 NH-MP NH-MP(E) 28
<b>Scale of Charges (per week):</b>	£581.00
<b>Date and Type of Previous Inspection:</b>	01 September 2014 Primary Unannounced
<b>Date and Time of Inspection:</b>	09 February 2015: 08.35 am to 12.40 pm
<b>Name of Lead Inspector:</b>	Heather Moore

## **2.0 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 nursing homes. A minimum of two inspections per year are required.

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

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS / PROCESS**

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

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback.

## 5.0 Consultation Focus

During the course of the inspection, the inspector spoke with:

Patients	<b>Six individually and with others in groups</b>
Staff	<b>10</b>
Relatives	<b>0</b>
Visiting Professionals	<b>0</b>

### Inspection Focus

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

#### **STANDARD 19 - CONTINENCE MANAGEMENT**

**Patients receive individual continence management and support.**

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.

## 7.0 Profile of Service

The home, which is purpose built, is situated in its own tastefully landscaped and well-maintained grounds on the Ardlough Road, Drumahoe, Co. Londonderry. It is a two storey building with access to the first floor via a through floor lift and stairs.

Accommodation comprises:

- 42 single and one double bedroom
- A choice of six sitting rooms
- Two dining rooms
- An Activity Lounge
- Two Smoking Lounges
- Laundry
- Kitchen
- Toilet / Washing Facilities
- Staff accommodation.

The home is registered to care for up to 44 patients requiring nursing care in the following categories of care:

### Nursing Care

MP - Mental Disorder excluding Learning Disability

MP (E) - Mental disorder excluding Learning Disability over 65 years of age

DE – Dementia.

Mrs Martina Mullan is the Registered Manager.

Ardlough is owned and operated by Four Seasons Health Care Ltd.

## 8.0 Summary

This summary provides an overview of the services examined during an unannounced care inspection to Ardlough. The inspection was undertaken by Heather Moore on 09 February 2015 from 08.35 am to 12.35pm.

The inspector was welcomed into the home by Mrs Martina Mullan Registered Manager who was also available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mrs Louisa Rea Regional Manager and to the registered manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 01 September 2014, seven requirements and four recommendations were issued. These were reviewed during this inspection. The inspector evidenced that the seven requirements had been complied with. One recommendation had been substantially complied with and has therefore been restated. Details can be viewed in the section immediately following this summary.

Discussion with the registered manager, a number of staff, patients and review of four patients care records revealed that continence care was well managed in the home.

Staff were trained in continence care on induction and staff had also received additional training on continence awareness on 14 June 2014.

Currently a registered nurse was appointed in the home to manage continence.

Examination of four care records confirmed a good standard of documentation.

A regular review of the management of patients who were incontinent was undertaken and the findings were acted upon to enhance already good standards of care.

The inspector can confirm that based on the evidence reviewed, presented and observed that the level of compliance with this standard was assessed as compliant.

One restated recommendation is made. This is detailed in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, regional manager, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

## 9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (1) (c) (i)	<p>The registered person shall ensure that staff as appropriate are trained in cardio pulmonary resuscitation.</p> <p><b>Follow up to previous issues</b></p>	<p>Inspection of staff training records confirmed that staff as appropriate had not received training in cardio pulmonary resuscitation.</p> <p>This requirement had been discussed with the manager and the regional manager during the inspection feedback. The inspector was informed that training was programmed for the 18 February 2015.</p> <p>Subsequent to the inspection written confirmation was forwarded to the inspector that this training had been undertaken, 22 staff had attended the training session.</p>	Compliant
2	16 (2) (b)	The registered person shall ensure that care plans are reviewed and updated monthly or more often as deemed appropriate.	Inspection of four patients care records confirmed that care plans were reviewed monthly or more often if deemed appropriate.	Compliant
3	16 (2) (b)	The registered person shall ensure that patients' bed rail risk assessments are reviewed and updated monthly or more often as deemed appropriate.	Inspection of four patients care records confirmed that patients' bedrail risk assessments were reviewed and updated monthly or more often as deemed appropriate.	Compliant
4	16 (1)	The registered person shall ensure that a specific care	Inspection of four patients care plans confirmed that a specific care plan on pain management	Compliant



		plan on pain management is maintained in care plans for patients who require wound care intervention.	was maintained in care plans for patients who required wound care intervention.	
5	16 (1)	The registered person shall ensure that patients recommended daily targets and the action to be taken if these targets are not being achieved be recorded in patients care plans on eating and drinking.	Inspection of four patients' care records confirmed that recommended daily targets and the action to be taken if these targets were not being achieved were recorded in patients care plans on eating and drinking.	Compliant
6	12 (4) (a)	The registered person shall ensure that food and <u>fluids</u> are prepared in adequate quantities and at appropriate intervals	Inspection of a sample of fluid balance charts confirmed that these charts were recorded appropriately.	Compliant
7	27 (2) (d)	The registered person shall ensure that the identified chair in the Evergreen sitting room is deep cleaned.	Observation of the home environment confirmed that the identified chair had been replaced since the previous inspection.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	It is recommended that written evidence is maintained in patients care records to indicate that discussions had taken place with patients and/or their representatives in regard to planning and agreeing nursing interventions.	Inspection of four patients' care records confirmed that written evidence was available in three of the patients care records that discussions had taken place with patients and /or their representatives in regard to planning and agreeing nursing interventions.  <b>Restated</b>	Substantially Compliant
2	5.2	It is recommended that a pain assessment be maintained in patients care records. (if applicable)	Inspection of four patients care records confirmed that a pain assessment was available in the patient's care record.	Compliant
3	12.10	It is recommended that the daily menu is displayed in a suitable format and in appropriate location, so that patients, and their representatives, know what is available at each mealtime.	Observation on the day of inspection confirmed that a daily menu was displayed in both dining rooms on the day of inspection.	Compliant
4	5.4	It is recommended that monthly audits of	Discussions with the registered manager and examination of four patients care records confirmed a	Compliant

		<p>patients care records are undertaken in the home.</p>	<p>good standard of documentation. Regular auditing of care records had taken place since the previous inspection.</p>	
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**9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

There were no issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

## 10.0 Inspection Findings

### STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	
<b>Inspection Findings:</b>	
<p>Review of four patients' care records revealed that bladder and bowel continence assessments were undertaken for these patients. The bladder and bowel assessments and the care plans on continence care were reviewed and updated on a monthly or more often basis as deemed appropriate monthly.</p> <p>The promotion of continence, skin care, fluid requirements and the patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate. Review of four patients care records revealed that there was written evidence held in three patients care records that evidenced patient and their relatives' involvement in developing and agreeing care plans. A recommendation is made in regard to the absence of written evidence in one patient's care record.</p> <p>Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home.</p>	Substantially Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	
<b>Inspection Findings:</b>	
<p>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> <li>• continence management / incontinence management</li> <li>• stoma care</li> <li>• catheter care.</li> </ul>	Compliant

<p>The inspector can also confirm that the following guideline documents were in place;</p> <ul style="list-style-type: none"> <li>• Nice Guidelines on Faecal incontinence</li> <li>• Nice Guidelines on urinary incontinence.</li> <li>• RCN Guidelines on Continence care.</li> </ul> <p>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.</p>	
<p><b>Criterion Assessed:</b> 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Not applicable.</p>	Not Applicable
<p><b>Criterion Assessed:</b> 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Discussion with the registered manager and review of the staff training records revealed that staff were trained in continence care on induction. Staff had also received training on continence care on 14 June 2014.</p> <p>Discussion with the registered manager revealed that currently in the home there was one patient that required assistance with stoma appliances. Staff were able to access the stoma specialist nurse if required for advice and support.</p> <p>A registered nurse in the home is nominated as the named person to manage continence care.</p> <p>The registered manager informed the inspector that regular audits of patients who were incontinent were undertaken on a regular basis.</p>	Compliant

<b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b>	<b>Compliant</b>
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## **11.0 Additional Areas Examined**

### **11.1 Care Practices**

During the inspection the staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients, and staff.

Patients and residents were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' requests promptly.

The demeanour of patients indicated that they were relaxed in their surroundings.

### **11.2 Patients' Comments**

During the inspection the inspector spoke to 10 patients individually and to others in groups. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home.

Examples of patients' comments were as follows:

- "I am very happy here."
- "The food is very good."

### **11.3 Staffing/Staff Comments**

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home.

The inspector spoke to a number of staff during the inspection.

Examples of staff comments were as follows:

- "There is good teamwork."
- "I think that the standard of care here is excellent."
- "We have a good supply of continence products here in the home."

### **11.4 Environment**

The inspector undertook a tour of the premises and viewed the majority of the patients' bedrooms, sitting areas, dining rooms, , bathrooms, shower and toilet facilities.

The home was found to be clean warm and comfortable with a friendly and relaxed ambience. Since the previous inspection a refurbishment programme had been undertaken in the home patients' bedrooms had been furnished with new bedroom furniture and a number of bedrooms were repainted.

Management are to be commended for their efforts in enhancing the quality of the environment.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Louisa Rea, Regional Manager and Mrs Martina Mullan, Registered Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

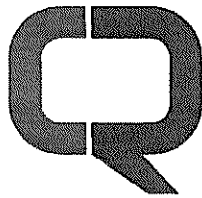
The registered provider/manager is required to record comments on the Quality Improvement Plan.

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:

**Heather Moore**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**





The Regulation and  
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## Quality Improvement Plan

### Unannounced Secondary Inspection

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Louisa Rea, Regional Manager and Mrs Martina Mullen, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

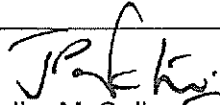

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

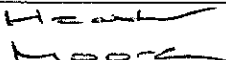
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

<b>Statutory Requirements</b>					
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No requirements were made as a result of this inspection.			

<b>Recommendations</b>					
These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.3	It is recommended that written evidence is maintained in patients care records to indicate that discussions had taken place between the nurse/patient/ and or their representative in regard to agreeing and planning nursing interventions.  Ref: 19.1	Two	Letters have been sent to the residents representatives inviting them to agree and sign the planned nursing interventions	From the date of this inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Martina Mullan
Name of Responsible Person / Identified Responsible Person Approving Qip	 Jim McCall  J. WATSON MANAGING DIRECTOR 5.3.2015

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	YES	 Heather Moore	5-2-15
Further information requested from provider			