



Unannounced Care Inspection Report 7 November 2018



Ardlough

Type of Service: Nursing Home (NH)
**Address: 2 Ardlough Road, Drumahoe,
Londonderry, BT47 5SW**
Tel No: 028 7134 2899
Inspector: Kieran McCormick

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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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 44 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Anne Martina Mullan
Person in charge at the time of inspection: Anne Martina Mullan	Date manager registered: 13 February 2014
Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment.	Number of registered places: 44

4.0 Inspection summary

An unannounced inspection took place on 7 November 2018 from 12.45 hours to 17.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the holistic culture and ethos of care delivery; governance arrangements and communication between staff and patients. Other notable areas of good practice were also found in relation to teamwork, understanding of roles and responsibilities and completion of Regulation 29 monitoring visits.

Areas requiring improvement were identified in relation to storage arrangements and management of COSHH.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives.

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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Anne Martina Mullan, 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 22 May 2018

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- pre-inspection audit

During the inspection we met with six patients, one patient's relative/representative, 12 staff and one student nurse. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the main door entering the nursing home.

The following records were examined during the inspection:

- duty rota for all staff from 29 October to 5 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- three patient care records
- patient care charts including food and fluid intake charts and reposition charts

- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports
- incident and accident records
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 the most recent inspection dated 22 May 2018

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 22 May 2018

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home. A review of the staff duty rota from 29 October to 5 November 2018 evidenced that the planned staffing levels were adhered to. Review of duty rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. These assessments informed the care planning process. There was also evidence of consultation with relevant persons.

We reviewed accidents/incidents records from August 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Some environmental issues were identified during the inspection this included the storage of inappropriate items in an identified bathroom and the hairdressing room, an identified store room was also found to be in a poor state, these matters were discussed with the registered manager and an area for improvement under the standards was made. The inspector also identified two areas of the home where COSHH chemicals were potentially accessible to patients, this was discussed with the registered manager for their urgent attention and an area for improvement under the regulations was made.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control best practice guidance was adhered to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management, staffing, training, governance and adherence to infection prevention and control best practice.

Areas for improvement

The following areas were identified for improvement in relation to storage arrangements and management of COSHH.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of three patients’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records contained details of specific care requirements and a daily record was maintained to evidence the delivery of care. Care records were consistently reviewed/evaluated by registered nursing staff.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as Trust care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as patient repositioning, food and fluid intake records evidenced that contemporaneous records were maintained.

Staff were aware of the importance of handover reports in ensuring effective communication.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home.

There was evidence of regular communication with representatives within the care records.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining patient care records, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

We arrived in the home at 12.45 and were greeted by staff who were helpful and attentive. Patients were observed enjoying their lunch in one of the dining rooms, lounge areas or in were in the comfort of their own bedroom area. Patients had access to snacks, water and/or juice.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. Discussion with the registered manager and staff confirmed that communication

with patients often required a highly knowledgeable and focused approach due to patients' varying care needs. Observation of staff interaction with patients evidenced the provision of such care and this is commended.

Observations, discussion with staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the evening meal. Patients were assisted to the dining area or had trays delivered to them as required, some staff were observed transporting food to patients uncovered, this was discussed with staff on duty and shared with the registered manager for their attention. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Staff were observed to be promptly and attentively attending to patient's needs. Staff were calm in their approach and provided reassurance to patients who appeared distressed. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer.

There were systems in place to obtain the views of patients and their representatives on the running of the home. Cards and letters of compliment and thanks were available in the home.

Consultation with six patients individually, confirmed that they were happy and content living in Ardlough. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Four questionnaires were received from patients. All questionnaires returned indicated a response of being very satisfied across the four domains of safe, effective, compassionate and well led care. Comments recorded included:

"...i am very happy living in Ardlough. Staff are lovely"
 "...if I ever need assistance the staff are always there to help"
 "...all round I am very happy living in Ardlough"
 "...i have just moved into Ardlough and so far so good".

One relative who we met with on the day of inspection stated:

"...my mother has been here over a year and this is a great home".

Four questionnaires were received from patient's representatives/relatives. All questionnaires returned indicated a response of being very satisfied across the four domains of safe, effective, compassionate and well led care. Comments recorded included:

".... this lovely home is run superbly. My mum is so well looked after. The team should be highly praised, no complaints at all"
 "...i am very happy about my mother's care. The staff are always kind and compassionate and professional. Sometime laundry goes amiss but this has to be expected".

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the meal time experience, dignity and privacy, staff knowledge of patients' wishes, preferences and assessed needs.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management were responsive to any suggestions or concerns raised.

The certificate of registration issued by RQIA was appropriately displayed in the home. The registered manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change of management arrangements for the home. Discussion with staff evidenced that the registered 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 registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. The inspector was able to evidence actions taken in relation to complaints received.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Martina Mullan, 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>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The store room has been fitted with a lockable key as well as the key pad for extra security. Supervisions have been held with staff in relation to ensuring the door is locked at all times.</p>
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Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that a review of the storage arrangements in the home is carried out and that equipment/items are stored appropriately and safely at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The hairdressing room has been cleared of items and a lockable key has been put on the door. Other storage areas have been tidied and a number of items have been shredded. A chair stored in a shower room has been removed.</p>
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Please ensure this document is completed in full and returned via Web Portal



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