

# Inspection Report

11 May 2023



## Ardlough

**Type of Service: Nursing Home**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Ann's Care Homes</p> <p><b>Responsible Individual</b> Charmaine Hamilton</p>	<p><b>Registered Manager:</b> Mark Collins – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mark Collins - Manager</p>	<p><b>Number of registered places:</b> 44</p> <p>A maximum of 28 patients in category NH-MP, NH-MP (E) to be accommodated within the Evergreen Unit and a maximum of 16 patients in category NH-DE to be accommodated within the Autumn Unit. There shall be one named patient in category NH-PH (E) to be accommodated within the Evergreen Unit.</p>
<p><b>Categories of care:</b> 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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 44 patients. The home is divided into two units over two floors; The Evergreen Unit on the first floor which provides care for people with mental health disorders and the Autumn Unit on the ground floor which provides care for people with dementia. There are bedrooms, communal bathrooms, lounges and a dining room on both floors.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 11 May 2023, from 9.40am to 4.40pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Patients described living in the home as a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff during the inspection are recorded in the main body of the report.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with management team at the conclusion of the inspection.

## 4.0 What people told us about the service

We spoke with patients and staff individually and in small groups. Patients and staff were positive in their comments about life in the home.

Patients told us “they (staff) are looking after me well”, “there are plenty of staff around” and “they (staff) recognise we have personal choice”.

Staff said; “the manager is very supportive and knows the patients well”, “there is good team work” and “we are getting training and providing one to one activities”.

Questionnaires were received and residents confirmed they were satisfied or very satisfied they were receiving safe, effective, compassionate and well-led care. Comments were shared with the manager.

Responses were received from staff and a visiting professional to the on-line survey. This showed that they were satisfied that patients were receiving safe, effective, compassionate and well led care. One reply indicated that they were dissatisfied with the level of safe care. This was shared with the manager for his review.

A record of compliments received about the home was kept and shared with the staff team.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 16 November 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (2) (a) (b) <b>Stated:</b> Second time	The registered person shall ensure that risk assessments specific to smoking are kept under review in accordance with the patients care plan and revised at any time where necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall undertake an investigation and implement necessary remedial measures to ensure that the home's water system is operating correctly and in line with good practice guidance including Approved Code of Practice - 'The Control of Legionella Bacteria in Water Systems' issued by the Health &amp; Safety Executive Northern Ireland (L8).</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home which patients have access are free from hazards to their safety.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that IPC deficits identified during the inspection are addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.3.</p> <p>This area for improvement has been stated for a second time.</p>	<p><b>Partially met</b></p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> Second time	The registered person shall ensure that the manager has oversight of the recruitment process and that evidence of relevant pre-employment checks are available for inspection within the home.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.1.  This area for improvement has been subsumed into an area for improvement under the regulations.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Second time	The registered person shall ensure that where a patient requires repositioning, the patient's care plan reflects the frequency of repositioning within the recording chart.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that where a patient requires wound care the care records accurately reflect the action to be taken.</p> <p>Specific reference to ensuring that:</p> <ul style="list-style-type: none"> <li>• the type of dressing/treatment to be used is clearly and consistently recorded throughout relevant care records</li> <li>• the frequency of dressing renewal and/or skin care treatment is clearly and consistently documented throughout all relevant care records</li> </ul> <p>an assessment of the wound is completed following each dressing renewal and in accordance with the recommended frequency or dressing renewal within the care plan.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in relation to patients' nutritional needs:</p> <ul style="list-style-type: none"> <li>• that staff are knowledgeable regarding patients' dietary needs in accordance with IDDSI terminology as per SALT recommendations</li> <li>• care records contain the correct dietary needs as per SALT recommendations.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2.</p> <p>This area for improvement has been stated for a second time.</p>	<p><b>Partially met</b></p>

<b>Area for improvement 5</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that where quality assurance audits have an action plan that these are followed up to ensure that the action has been addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of recruitment records identified that not all staff had a reference from the most recent employer and the source of the reference could not always be determined. This area for improvement has been subsumed and stated under the regulations.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training compliance was at a high level and additional training was provided in catheter care, dementia care and challenging behaviours.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.



Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff told us they met at the beginning of each shift to discuss any changes in the needs of the patients.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise; music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet however not all staff were familiar with patients, special dietary requirements. This area for improvement has been stated for a second time

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Patients care records were held confidentially.

A sample of care records were reviewed and found that not all required care plans were in place and some were no longer required. This was discussed with the manager and has been identified as an area for improvement.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to patients.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally clean, tidy and however areas including furnishings, linen, equipment, bathrooms and communal rooms required cleaning or repair to prevent the spread of infection. An area for improvement has been stated for a second time.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were inviting and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

It was observed that a fluid thickener was left unattended and required locking away. This was brought to the manager's attention for action and an area for improvement was identified.

### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have family/friends in their room or one of the lounges.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff. The range of activities included poetry, storytelling, music, movies games and Sunday service.

Staff recognised the importance of maintaining good communication with families. Visiting was in place with positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

There has been a change in the manager of the home since the last inspection. Mr Mark Collins has been the acting manager in this home since 10 January 2023 and has applied to register as the permanent manager.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. More detail of trends was required for falls audits. This was discussed with the manager for action and will be reviewed at the next inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Staff commented positively about the manager and said he was supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	2*

\* the total number of areas for improvement includes two that have been stated for a second time and one which has been subsumed under the Regulations.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mark Collins, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that IPC deficits identified during the inspection are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> An environmental audit is reviewed on a monthly basis with an ongoing rolling programme to replace any compromised equipment, Decontamination records are in place and spot checking of items including resident's chairs are now included in the walkaround audit. Night staff checklist is now in place which is overseen by senior carer, night nurse and then the home manager.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Supervisions have been completed with the staff in relation to storage of medicines, specifically thickening agents. Thickening agents are stored in the treatment room within a locked cupboard. Treatment room door was addressed immediately during inspection.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21 (1)(b)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure subject to paragraph (5) he has obtained in respect of that person the information and documents specified in paragraph 1 to 7 of schedule 2; and ensure he is satisfied on reasonable round as to the authenticity of the references referred to I paragraph 3 of the Schedule 2 in respect of that person.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Three attempts were made and evidence of this for the most recent employer reference now in personnel file, the second most recent employer was obtained and evidence from the recruitment emails show this. Satisfied with the authenticity of the references in relation to the staff member,</p>

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<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure the following in relation to patients' nutritional needs: <ul style="list-style-type: none"> <li>• that staff are knowledgeable regarding patients' dietary needs in accordance with IDDSI terminology as per SALT recommendations</li> <li>• care records contain the correct dietary needs as per SALT recommendations.</li> </ul> Ref: 5.1 and 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Staff online learning in relation to nutrition is 100%. Home Manager has arranged face to face training for staff in specifically IDDSI terminology re SALT recommendations on 27/07/2023. The most up to date SALT recommendations for residents are located in the food and fluid files with a copy kept in each treatment room.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all care plans required are in place and those no longer required are removed in a timely manner.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Nurses have been advised via a supervision session to close and archive any care plans that are no longer required and also to ensure that all necessary care plans are in place. This will be monitored via a care plan auditing system.

*\*Please ensure this document is completed in full and returned via Web Portal*



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