

Unannounced Follow Up Care Inspection Report 15 October 2019



Ardlough

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

www.rqia.org.uk

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.

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 DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 44 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Anne Martina Mullan 13 February 2014
Person in charge at the time of inspection: Anne Martina Mullan	Number of registered places: 44
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 patients accommodated in the nursing home on the day of this inspection: 43

4.0 Inspection summary

An unannounced inspection took place on 15 October 2019 from 11.00 hours to 16.30 hours.

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.

It was positive to note that seven out of the eight areas for improvement that had been identified at the last care inspection have been met. One area for improvement which has been stated for a second time is in relation to post fall management. There were no new areas for improvement identified during this inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

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	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anne Martina Mullan, Registered Manager and Mark Collins, Clinical Lead, 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 25 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 25 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 July 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 7 October 2019 to 20 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four patient care records
- three patient care charts including food and fluid intake charts
- a sample of governance audits/records
- complaints record
- a sample of monthly monitoring reports from August 2019

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that chemicals were securely stored during the inspection in keeping with COSHH legislation.	
Area for improvement 2 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the environmental and infection prevention and control issues identified at the previous inspection had been suitably addressed.	
Area for improvement 3 Ref: Regulation 13 (1) (b)	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.	Not Met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: On review of a sample of patient care records it was identified that post falls observations had not been maintained as per current best practice. This is discussed further in 6.2.5.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a refurbishment plan is implemented in relation to the environment to include the repair or replacement of identified patient equipment and the refurbishment of floor coverings in multiple rooms.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that a refurbishment plan had been implemented in relation to the environment and the replacement of floor coverings in multiple rooms. Identified patient equipment had also been repaired or replacement where necessary.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • window blinds and curtain tie backs • storage of food thickening agents and toiletries including razors • <p>Action taken as confirmed during the inspection: The inspector confirmed that food thickening agents were secured within the treatment rooms and locks had been installed to patients' vanity units for the storage of toiletries including razors. Window blinds and tie backs had also been reviewed and removed where necessary.</p>	Met

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> • Any correspondence/recommendations from a health care professional must be documented within the patients care records. • When recommendations have been made from other professionals this must be reflected within current care plans and where care plans are no longer relevant they should be archived to avoid confusion. • Directions within patients care plan regarding recommended fluid consistency must be consistently transferred across to all relevant documentation. • Any changes or alterations to a patients' care plans are made in such a way that the original entry can still be read. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the above area for improvement has been suitably addressed as discussed in 6.2.3.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: Second time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that equipment/items were stored appropriately and safely during the inspection.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to:</p>	<p>Met</p>

	<ul style="list-style-type: none"> • Care records • IPC • Hand hygiene • Environment 	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed a number of governance audits which evidenced that robust quality assurance audits were being maintained to assess the delivery of care in the home.</p>	

6.2 Inspection findings

6.2.1 The Patient Experience

We arrived in the home at 11.00 hours and were greeted by staff who were helpful and attentive. Patients were seated within one of the lounges or in their bedroom, as per their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

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.

Discussion with patients and staff and review of the activity programme displayed in the main corridor and in the lounges evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. On the day of the inspection the activity coordinators were able to discuss the provision of activities and the current arrangements within the home to facilitate community involvement. The patients appeared to enjoy the interaction between the staff and each other.

Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment whilst recognising that there is ongoing refurbishment. This is discussed further in 6.2.4.

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. The menu was on display within the dining areas and offered a choice of two main meals. The dining rooms were well presented with condiments and drinking glasses available at each table and staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed assisting patients with their meal appropriately and wore aprons when serving or assisting with meals. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience.

Consultation with 11 patients individually, and with others in small groups, confirmed that living in Ardlough was a positive experience.

Patient comments:

- “I am very happy here.”
- “Girls are great here.”
- “Really like the activities.”
- “Staff are looking after me well.”
- “They are all great.”

Representatives’ comments:

- “Well looked after.”
- “Very neat and tidy here.”
- “Staff are very good.”

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.2 Staffing provision

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 7 October 2019 and 14 October 2019 were reviewed and evidenced that the planned staffing levels were adhered to on most occasions. Discussion with the manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. 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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients but also stated that this is effected occasionally due to short notice absenteeism. Staff also stated that they felt supported by management. Comments included:

- “Great place.”
- “Very supported by manager.”
- “Great team work.”

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. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ardlough.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.3 Management of patient care records

Review of four patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We also reviewed the management of nutrition, patients' weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate.

A system was also in place to audit patient care records and each patient had a key worker. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals and care plans identified as no longer relevant had been archived appropriately to avoid confusion.

Supplementary care charts in relation to fluid intake were reviewed which evidenced that directions within the patient's care plan regarding recommended fluid consistency had been consistently transferred across to all relevant documentation. This was identified as an area for improvement at the previous inspection which has been suitably addressed.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.4 General environment

As discussed in 6.2.1 a review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout. On inspection of patient bedrooms it was observed that a number of wardrobes had dust evident to the tops of them. This was discussed with the manager and the tops of wardrobes were cleaned during the inspection. The manager agreed to monitor wardrobes during daily walk arounds and include this to the monthly environmental audits.

We identified two mattresses that were stained and no longer appropriate for use. The mattresses were replaced during the inspection and a detailed review of all mattresses was scheduled to be undertaken following the inspection with ongoing audits to be initiated to ensure that standards are maintained and mattresses are replaced where necessary.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.5 Management and Governance of the home

Since the last inspection the registered manager who had been supporting another nursing home within Four Seasons Health Care has returned to the home full time. A review of the duty rota evidenced that the manager's hours, and capacity in which these were worked were recorded.

A number of audits were completed on a monthly basis by the manager clinical lead and/or registered nurses to ensure the safe and effective delivery of care. IPC, care records, hand hygiene and environment audits were reviewed which evidenced that there was a clear action plan detailing the time frame and the person responsible for addressing any deficits identified. There was also a clear record of the date that the issue was addressed and signed off by the person carrying out the audit. This was commended by the inspector, however, in order to maintain this, the manager was asked to review the frequency of these checks in order to sustain improvements and to include high dusting and mattress checks to the monthly environmental audits.

As mentioned in 6.1 post falls management was being monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall and whether the appropriate observations had been commenced. On review of the most recent falls it was evident that the post fall head injury observations had not been fully completed in line with best practice. This was discussed with the manager who agreed to communicate this with relevant staff and acknowledged the importance of maintaining a more vigilant oversight of post fall management until fully addressed. This area for improvement has not been met and has been stated for a second time.

On the day of the inspection bedrooms were being redecorated as part of the homes action plan to address the identified area for improvement in relation to the environment. Chemicals were labelled and stored in accordance with control of substances hazardous to health (COSHH) regulations, toiletries within patient ensembles were securely stored and locks had been installed to storage areas to reduce the risk of patients accessing chemicals. The care inspector had noted a significant improvement in this area from the last care inspection and commended the manager and staff for their commitment in driving this improvement.

There were no new areas for improvement identified during the inspection in this domain.

	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 and Mark Collins, Clinical Lead, 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 13 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: All qualified nurses have undergone supervision, in relation to recording of neurological observations as per Four Seasons Health Care Policy. The Clinical Lead and Home Manager will monitor compliance through the completion of internal audits. All falls with potential head injury will have a Falls TRaCAs completed to ensure compliance is maintained.</p>
---	--

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)