

# Unannounced Care Inspection Report 17 November 2020



## Ardlough

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

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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.

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

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Anne Martina Mullan - 13 February 2014
<b>Person in charge at the time of inspection:</b> Anne Martina Mullan	<b>Number of registered places:</b> 44  To accommodate 28 in categories MP/MP (E) and 16 in category DE.
<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. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 41

### 4.0 Inspection summary

An unannounced inspection took place on 17 November 2020 from 10.15 to 17.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- care delivery
- communication
- care records
- Infection Prevention and Control (IPC) measures
- the home's environment
- leadership and management arrangements.

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
<b>Total number of areas for improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anne Martina Mullan, 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.

## 5.0 How we inspect

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

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
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 9 November 2020 and the 16 November 2020
- three patients' daily reports and care records
- record of staff mandatory training
- three patient care charts including food and fluid intake charts and repositioning charts
- complaints ledger
- incident and accident records
- a sample of governance audits/records
- two staff recruitment and induction files
- monthly quality monitoring reports from September 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- registered nurses competency and capability assessments for taking charge of the home in the absence of the manager
- fire risk assessment
- hot and cold water temperatures
- water sampling test results

- a sample of maintenance records specific to twice weekly flushing of infrequently used water outlets.

An area for improvement identified at the last inspection was reviewed and an assessment of compliance was recorded as 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

The most recent inspection of the home was an unannounced care inspection undertaken on 15 October 2019.

Areas for improvement from the last care inspection		
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 13 (1) (b) <b>Stated:</b> Second time <b>To be completed by:</b> With Immediate effect	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.  <b>Action taken as confirmed during the inspection:</b> Review of a sample of patient care records and accident/incident documentation evidenced that this area for improvement had been met.	<b>Met</b>

### 6.2 Inspection findings

#### 6.2.1 Staffing

On arrival to the home at 10.15 hours we were greeted by the manager and staff who were helpful and attentive. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with patients.

The manager advised us of the daily staffing levels within each unit and how these levels were reviewed regularly to ensure the assessed needs of the patients were met. On review of the staff duty rotas the planned staffing levels had been adhered to. Student nurses were recorded on the duty rota over and above the regular staffing levels; however, their surname was not

included. This was discussed with the manager who agreed to include students' full names going forward.

Discussion with staff confirmed that they were satisfied with current staffing arrangements. Comments from staff included:

- "Management very supportive."
- "We all work really well as a team."
- "Lots of training."
- "I love my work."
- "I really enjoy working here."
- "Good induction."

Staff were also asked to complete an on line survey to provide their views electronically to RQIA regarding the quality of the service provision. Four responses were received from staff. Comments included: "I think Ardrough care home is a great place to work and is managed very well", "I couldn't be more happy being part of the team" and "love my job and wouldn't work anywhere else." Three staff indicated that they were very satisfied with the service provision. One staff member indicated that they were very unsatisfied with the service provision; however, the comments received did not indicate any concerns. This was shared with the manager for their information and to action as required.

The manager confirmed that staff had completed training specific to the Mental Capacity Act (Northern Ireland) 2016 Deprivation of Liberty Safeguards (DoLS) relevant to their role and that staff who have recently commenced employment would also be required to complete this training. Staff demonstrated a general knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place.

### **6.2.2 Care delivery**

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. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and of how to provide comfort if required.

Patients told us that they were well looked after by the staff and felt safe and happy living in Ardrough nursing home. Comments from patients included:

- "I could live forever here."
- "Staff are looking after me well."
- "Great place."
- "Food is great here."
- "Staff are all lovely here."

Seating and dining arrangements had been reviewed by the management of the home to encourage social distancing of patients in line with COVID-19 guidance. The dining room on the ground floor was not being used by patients following a risk assessment by the manager and portable tables were provided within the lounge areas during meal times. The manager advised that this was a temporary measure during the COVID-19 pandemic and provided

written confirmation following the inspection that the dining room would return to its normal function when assessed as appropriate.

We observed the delivery of meals and/or snacks throughout the day and saw that staff attended to the patients' needs in a prompt and timely manner. Staff wore the appropriate personal protective equipment (PPE) and sat beside patients when assisting them with their meal. A menu was displayed offering a choice of two main meals outside the dining room on the first floor; however, there was no menu on display within the dementia unit on the ground floor. This was discussed with the manager and stated as an area for improvement.

### **6.2.3 Communication**

Discussion with staff and patients confirmed that systems were in place to ensure good communications between the home, the patient and their relatives during the COVID-19 visiting restrictions. Some examples of the efforts made included; video calls, telephone calls, visits to the window and onsite visits in accordance to COVID-19 visiting guidance.

Discussion with patients and the personal activity leaders (PAL's) evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the PAL discussed the provision of activities and the current arrangements within the home to facilitate patient involvement in accordance with social distancing restrictions. During the inspection a number of patients were taking part in making Christmas decorations and appeared to enjoy the interaction between the staff and each other.

### **6.2.4 Care Records**

Review of six patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. However, on review of an identified patient's care records specific to nutritional care needs and dietary recommendations; there was inconsistent and conflicting information regarding the recommended diet/fluid type which had been assessed by the Speech and Language Therapist. We discussed this patient's nutritional care with staff and were satisfied that the patient was receiving the correct nutritional care. Details were also discussed with management during feedback and the manager agreed to reiterate the importance of updating care records following recommendations from health care professionals. This was stated as an area for improvement.

Review of a sample of patient supplementary charts evidenced that fluid intake was well maintained; however, the daily recommended fluid intake was not recorded within any of the care plans reviewed. Staff said that they aim for a daily target of 1,500 ml for all patients, which is totalled over 24 hours and submitted to the registered nurse for review at the end of each shift. Staff further advised that if they had any concerns regarding a patient's fluid intake they would communicate this to the nurse in charge of the unit. The manager advised that the average fluid intake for patients would be reviewed and that daily targets would be included in relevant care plans. This will be reviewed at a future inspection.

### **6.2.5 Infection Prevention and Control (IPC) measures**

There was an adequate supply of PPE and hand sanitising gel at the entrance to the home and within each of the units. Staff demonstrated an awareness of the various types of PPE and were observed applying and removing PPE correctly within designated areas. The manager advised

that both vinyl and nitrile gloves are available for staff depending on the intervention required. We observed one member of staff wearing a wrist watch and discussed the importance of staff being bare below the elbow with the manager. The manager agreed to monitor this practice during daily walk arounds and hand hygiene audits and action as necessary.

We were advised by staff that temperature checks were being completed on all patients and staff twice daily and that any concerns or changes were reported to the manager and/or nurse in charge.

Staff spoken with were knowledgeable regarding the symptoms of COVID-19 and how to escalate any changes in a patient's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance.

Discussion with the manager and review of staff training records confirmed that staff had completed mandatory training specific to IPC measures. Management were monitoring progress with overall mandatory training to ensure full compliance.

A colour coded system was in place for the use of cleaning equipment and the national colour coding poster was laminated and on display within the domestic store room. However review of the equipment and discussion with staff evidenced that yellow coloured equipment was not available. We discussed this with the manager and following the inspection written confirmation was received that the relevant equipment had been received into the home.

### **6.2.6 The home's environment**

The home was fresh smelling and clutter free. Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. The manager advised that painting of walls was ongoing in-house by the maintenance man and that a request had been submitted to the estates manager to replace a number of vanity units which were identified as having surface damage.

Whilst the majority of the environment and equipment within the home was well maintained it was observed that a floor covering around the base of an identified toilet was stained. The manager advised that this had been replaced the previous year but that they were unable to effectively remove the stain. The manager agreed to discuss this with the estates manager for the company to repair and/or replace the floor covering as necessary. This will be reviewed at a future inspection.

A small number of patient equipment/furniture were identified as unclean and/or damaged. This was highlighted to the manager and most of the issues were addressed before the inspection ended. The manager provided further written confirmation following the inspection that the remaining deficits had been addressed.

A number of vanity units within the dementia unit were unlocked within access to toiletries and razors. This was a potential risk to patients. The nurse in charge of the unit advised that there was a fault with the locking mechanism of these units which had been reported to the maintenance person for review. The nurse and the manager advised that any items assessed as a potential risk would be removed and alternative storage arrangements implemented whilst awaiting the repair of the vanity unit locks. This was identified as an area for improvement.



An over bed table in the door way of a bedroom was obstructing the fire door within the bedroom. We brought this to the immediate attention of staff who removed the table. These findings were discussed with the manager who agreed to monitor these practices during daily walk around and monthly audits.

The fire risk assessment had been reviewed on the 10 November 2020. The manager outlined the remedial works to address the action plan of the assessment and that these were almost complete. Following the inspection the manager provided written confirmation that the actions had been addressed.

Window blinds within a lounge on the ground floor were identified as a potential ligature risk due to the length and nature of the cord suspended to the side of the blind. Following the inspection the manager provided written confirmation that required action had been taken to secure the cord.

We identified three hot water outlets within the dementia unit where the water was cold and required a period of time to heat up. The manager and maintenance person advised that relevant temperature checks of all water outlets were recorded monthly. We reviewed a sample of maintenance records which confirmed that regular checks of hot and cold water and twice weekly flushing of infrequently used outlets were well maintained.

The manager further advised that a legionella risk assessment and water sampling had recently been carried out within the home and they were awaiting the report. Following the inspection the manager provided written confirmation that the water sample results were clear including a copy of the test report, and there were no actions as a result of the risk assessment.

A lounge on the ground floor was being used as a temporary staff dining area. The importance of rooms being used for the purpose that they are registered for was discussed with the manager. Following the inspection, the manager provided written confirmation that this was a temporary measure during the COVID-19 period.

### **6.2.7 Leadership and management arrangements**

Since the last inspection there has been no change in management arrangements. The duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

Review of two staff recruitment files evidenced that appropriate employment checks had been carried out in line with best practice. Induction records were also reviewed and maintained within employee files.

We discussed the management of patients' money and valuables with the manager specific to identified patients who lack capacity and where the home is the managing authority. The manager provided specific details for one identified patient in accordance with DoLS which were forwarded to the finance inspector within RQIA.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager. Copies of the report were available for patients, their representatives, staff and trust representatives and provided

detailed and robust information in relation to the conduct of the home. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

### Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Robust governance and management systems were in place.

### Areas for improvement

Three new areas were identified for improvement. These were in relation to the safe storage of toiletries including razors, appropriate display of the daily menu within the dementia unit and care records to reflect SALT recommendations.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and patients appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of patients and how to access relevant services to ensure that the needs of patients are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

## 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, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all parts of the home to which patients have access to are free from hazards and unnecessary risks.</p> <p>With specific reference to ensuring that identified locks to vanity units are repaired and that toiletries including razors are stored securely where a risk has been identified.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>            All locks have been repaired and keys are available. This has been communicated to staff to ensure that all vanity units are kept locked and to report if any locks are faulty.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that a daily menu is displayed in a suitable format and in an appropriate location to reflect the meals on offer within the dementia unit.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            As the dining room is not currently being used the menu display board from the dining room has been temporarily relocated to the seating area in the Autumn unit.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that nutritional care plans and risk assessments are reflective of the current SALT assessment.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The care file identified during inspection with conflicting information in relation to nutritional and dietary needs has been reviewed and care plan re-written to reflect most the recent SLT recommendations. All care files are being audited to ensure compliance and staff reminded of the importance of updating care records following recommendations from health care professionals.</p>

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



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