

Inspection Report

19 August 2021



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>Organisation/Registered Provider: Ann's Care Homes Limited</p> <p>Responsible Individual: Mrs Charmaine Hamilton</p>	<p>Registered Manager: Mr Mark Collins - Not registered</p>
<p>Person in charge at the time of inspection: Mr Mark Collins</p>	<p>Number of registered places: 44</p> <p>To accommodate 28 in categories MP, MP (E) and 16 in category DE.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 39</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 44 patients. Patient bedrooms and living areas are located over two floors. There is a designated dementia unit on the ground floor; all other categories of care as listed above are facilitated on the first floor. Patients have access to communal lounges, dining areas and an outdoor space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 August 2021 from 9.35 am to 5.15 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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 all of the areas for improvement from the previous inspection had been met. Five new areas for improvement were identified during this inspection in relation to the management oversight of recruitment, induction, repositioning records, risk assessments specific to smoking and review of the home's domestic hot water system.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Based on the inspection findings and discussions held it was evident that Ardlough was providing safe and effective care in a compassionate manner; and that the management team had made the necessary improvements to ensure the service is well led.

The findings of this report will provide the management team 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 patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with 12 patients individually and others in groups and ten staff during the inspection. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. Four questionnaires were returned, two from patients and two which did not indicate whether they were from a relative or a patient. All respondents were satisfied or very satisfied with the service provision overall. Comments received included: "the new manager is lovely and listens to what they want" and "I love this home."

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Mark (manager) is great and very supportive." There was one response from the staff online survey stating that the staff member was satisfied and/or very satisfied with the overall provision of care within the home.

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 17 November 2020		
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: First time	The registered person shall ensure that all parts of the home to which patients have access to are free from hazards and unnecessary risks.	Met
	Action taken as confirmed during the inspection: 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.	
Area for improvement 1 Ref: Standard 12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A daily menu was displayed in the dining room within the dementia unit to reflect the meals on offer. The manager advised that a pictorial menu was in the process of being implemented.	

Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that nutritional care plans and risk assessments are reflective of the current SALT assessment.	Met
	Action taken as confirmed during the inspection: Review of a sample of patient care records evidenced that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Safe staffing begins at the point of recruitment. Review of two employee recruitment records evidenced that not all relevant pre-employment information was available. The importance of the manager having oversight of the recruitment process to ensure they are satisfied that appropriate safety checks have been completed was discussed with the manager and an area for improvement was identified.

Induction records were also unavailable and there was no evidence within the employee files to confirm if inductions had been completed. This was identified as an area for improvement. Following the inspection the manager provided written confirmation that relevant pre-employment information and inductions for both employees had been completed and that a checklist has been implemented to ensure that relevant pre-employment and induction records have been completed going forward.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Staff said teamwork was good and they were satisfied that there was sufficient staff on duty to meet the needs of the patients, however, staff did comment that staffing levels can be effected by short notice absenteeism and that there was a high turnover of staff. Discussion with the manager confirmed that where possible shifts were 'covered' with available staff and that agency staff were also blocked booked with recruitment for suitably skilled and experienced registered nurses and care assistants ongoing. Staff stated that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Patients said that they felt well looked after and that staff were attentive. One patient commented “getting well looked after” and a further patient referred to the staff as “friendly”.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

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. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to repositioning contained inconsistent information regarding the recommended frequency of repositioning as detailed within the care plan and gaps in the recording of repositioning were also evident. This was discussed in detail with the manager and an area for improvement was identified.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. Review of records showed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients’ needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required. A number of aprons used by patients during meal times were identified as worn. This was discussed with the manager who agreed to order new aprons and to monitor going forward.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient’s likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport. A menu was displayed within each dining room.

Staff told us how they were made aware of patients’ nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT.

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. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Review of a sample of patient supplementary charts evidenced that fluid intake was well maintained. There was evidence that a system for recording the daily recommended fluid intake within care plans had recently been implemented. The manager advised that this would be monitored closely to ensure that all relevant care records are updated for any patient at risk of dehydration.

Review of four patient care records evidenced that they were mostly well maintained and any identified care plans and/or records that were inaccurate were updated prior to the completion of the inspection.

Risk assessments specific to smoking had not been reviewed on a monthly basis as instructed within patient care plans. This was discussed with the manager who agreed to review all patients risk assessments specific to smoking and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges and dining rooms. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

The home was warm, clean and comfortable. A small number of patient equipment was identified as unclean; this was highlighted to staff and addressed before the inspection ended. The manager advised that painting of walls was ongoing in-house by the maintenance man and confirmed that a review of the environment was due to commence by the new provider, to ensure that identified vanity units, floor coverings and furniture with surface damage are repaired/replaced to ensure the home is well maintained.

Discussion with the manager and maintenance personnel indicated that the home's domestic hot water system was not operating correctly as a number of hot water outlets were taking longer to reach desired operating temperatures. This information was shared with the estates inspector and an area for improvement was identified.

Following the inspection the manager provided written confirmation that a legionella risk assessment and water sampling had recently been carried out within the home and that the water sample results were clear. The manager further confirmed that an assessment of the hot water system was scheduled to be carried out by a plumber and agreed to keep RQIA updated regarding the outcome of the assessment.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and infection prevention and control (IPC) guidance.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis. Whilst there was a good supply of PPE and hand sanitising gel in the home, we noted a limited supply of a specific type of glove used for personal care interventions. This was discussed with the manager and prior to the completion of the inspection relevant gloves were distributed throughout the home. The manager also said that any issues observed regarding IPC measures or the use of PPE were immediately addressed.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

Patients were observed enjoying activities which had been arranged by the activity coordinator. Patients' needs were met through a range of individual and group activities, such as reflective thoughts, reading, arts and crafts, music and games.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

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. Staff said that the manager was approachable and accessible.

There has been a change to management arrangements for the home since the last inspection. The manager said they felt well supported by the regional manager and the organisation.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy. There was evidence that incidents were reported to the local Trust appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Where deficits were identified an action plan was implemented with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements have been made. Whilst most audits were well completed, the manager recognised the need for a more robust environmental audit and agreed to review the current audit to reflect the home.

The home was visited each month by a representative of the responsible individual 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 and available for review by patients, their representatives, the Trust and RQIA. We discussed the importance of the action plan including the person responsible for completing the action and that areas identified at previous monitoring visits should not be repeatedly stated. Following the inspection written confirmation was received from the manager that this had been discussed with the regional manager and would be monitored going forward.

6.0 Conclusion

Patients were seen to be content and settled in the home and in their interactions with staff. Staff treated patients with respect and kindness. There were safe systems in place to ensure staff were trained properly; and that patient's needs were met by the number and skill of the staff on duty. Care was provided in a caring and compassionate manner.

It was also positive to note that all areas for improvement since the last inspection have been met. Five new areas for improvement were identified during this inspection in relation to the management oversight of recruitment, induction, repositioning records, risk assessments specific to smoking and review of the home's domestic hot water system.

Based on the inspection findings and discussions held it was evident that Ardrough was providing safe and effective care in a compassionate manner; and that the management team had made the necessary improvements to ensure the service is well led.

7.0 Quality Improvement Plan/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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2	3

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (2) (a) (b) Stated: First time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All risk assessments have been reviewed. The monthly care file audit now includes a section to prompt the auditor to check that the smoking risk assessment and care plan has been reviewed on a regular basis and at least monthly.</p>
Area for improvement 2 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: With immediate effect	<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 & Safety Executive Northern Ireland (L8).</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A plumber has visited the home to carry out a full investigation into the current condition of the hot water system. The current pump size and condition is satisfactory for the circuit it is servicing. It has been ascertained however that the secondary return loop for that side of the home does not travel the total length of the building resulting in the delay of hot water reaching the tap when it was turned on. All necessary remedial works have been scheduled to rectify this.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 38 Stated: First time To be completed by:	<p>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.</p> <p>Ref: 5.2.1</p>

With immediate effect	<p>Response by registered person detailing the actions taken: Recruitment is carried out in conjunction with the company's recruitment team. The Home Manager has oversight of all the pre-employment documentation before the candidate is given an offer letter. A checklist is in front all personell files for each new start to ensure that the appropriate documentation is in place.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all newly appointed staff complete an initial induction within two days of employment commencing, with the full induction carried out within three months. Induction records must be retained and available for inspection within the home.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All new staff are given an initial induction within 2 days of employment commencing. This is evidenced on an induction booklet and on the personell file checklist. This induction booklet is held within each employee's personell file.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: An amended repositioning chart is now in place where all details are included on the one document. This document is spot checked by the nurse in charge during their shift and the home manager on a weekly basis to ensure that the frequency of repositioning reflects the care plan.</p>

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



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