



The Regulation and  
Quality Improvement  
Authority

Ardmaine Care Home  
RQIA ID: 1460  
8 Fullerton Road  
Newry  
BT34 2AJ

Inspector: Donna Rogan  
Inspection ID: IN022013

Tel: 028 3026 2075  
Email: [ardmaine@fshc.co.uk](mailto:ardmaine@fshc.co.uk)

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**Unannounced Care Inspection  
of  
Ardmaine Care Home**

**10 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 10 March 2016 from 10.00 to 16.00.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern however some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 21 April 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with Ann Begley, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Maureen Claire Royston	<b>Registered Manager:</b> Ann Begley
<b>Person in Charge of the Home at the Time of Inspection:</b> Ann Begley	<b>Date Manager Registered:</b> 24 January 2013
<b>Categories of Care:</b> NH-MP, NH-I, NH-DE	<b>Number of Registered Places:</b> 65
<b>Number of Patients Accommodated on Day of Inspection:</b> Total 53 27 Frail Elderly Nursing 19 Dementia 8 Mental Health	<b>Weekly Tariff at Time of Inspection:</b> £593

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

#### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with approximately 25 patients, five care staff, four registered nurses, domestic staff and three relatives and two visiting professionals.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- five patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policies for communication, death and dying and palliative and end of life care.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced estates inspection dated 17 September 2015. The completed QIP was returned and approved by the estates inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 21 April 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that the issues listed in section 5.4.1 are addressed in relation to the environment.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that all the issues listed in section 5.4.1 of the previous report have been addressed.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the identified care record is updated to evidence the care delivered.</p> <p>Photography of wounds should be included in the care records to support care in keeping with best practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The identified care record was updated following the previous inspection.</p> <p>There was evidence in the care records reviewed that the use of photography of wounds is now included to support care in keeping with best practice.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 24 (3) &amp; (4)</p> <p><b>Stated:</b> Second time</p>	<p>The registered persons must ensure that any complaint made is fully recorded and the person who made the complaint is informed of the investigative process, outcome and action (if any) that is to be taken.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the complaints record evidenced that complaints are now maintained in keeping with the homes policies and procedures and in keeping with the DHSSPS guidelines.</p>	<b>Met</b>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 12 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the serving of meal times is reviewed to ensure best practice is adhered to at all times and the issues identified in 5.4.3 do not reoccur.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The lunch time meal was reviewed and it was found to be well organised the mealtime was led by nursing staff. The menu was reflective of the meal served. The meal appeared appetising and all patients spoken with were complimentary of the food in the home. Food was transported in accordance with best practice guidelines. Food was also served at the appropriate temperatures and the trollies were observed to be clean.</p>	<p><b>Met</b></p>
<p><b>Last Care Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that orientation boards, menus, seasonal cards and clocks etc are kept up to date in the dementia unit.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Orientation boards, menus, seasonal cards and clocks etc. were observed to be appropriate.</p>	<p><b>Met</b></p>

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice. This included the regional guidelines on breaking bad news. Discussion with two registered nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that 19 staff had attended training on Palliative Care on 18 January 2016. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities and communicating effectively with patients and their families/representatives.

A palliative link nurse had been appointed, however they have recently left employment. A new member of staff has been identified and will receive formal training. It is planned that they will attend the palliative link care meetings with the local Healthcare Trust. Two registered nurses and four carers spoken with were knowledgeable about the important aspects to consider when communicating sensitively with their patients. The importance of good effective communication was included in all staff inductions to the home. It is also included in the competency and capability assessments of all registered nurses taking charge of the home in the manager's absence.

A review of four care records examined evidenced that consultation with patients were conducted in regards to consultation with relatives or their representatives. A policy and procedure was available on communicating effectively which reflected current best practice. This included the regional guidelines on breaking bad news. Discussion with two registered nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that staff had attended training on breaking bad news as relevant to staff roles and responsibilities and communicating effectively with patients and their families/representatives.

### **Is Care Effective? (Quality of Management)**

The care records examined evidenced that, patients' individual needs and wishes regarding end of life care had been discussed with their General Practitioner (G.P). The care plans included reference to the patient's specific communication needs, including sensory impairment and cognitive ability.

A review of care records evidenced that where appropriate that the breaking of bad news was discussed with patients and/or their representatives; options and treatment plans were also discussed, where appropriate. The records evidenced that with patients and/or their representative's consent, information had been shared with the relevant health care professionals.

Two nursing staff consulted with demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by emphasising the need for privacy, have sufficient time and emphasised the importance of good relationships with their patients. They stated that they would use a calm voice, speak clearly yet reassuringly, allow the patient to ask questions, and display as much empathy as possible.

There was evidence within the four care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

### **Is Care Compassionate? (Quality of Care)**

Having observed the delivery of care and many staff interactions with patients it was confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a professional sensitive way.

The inspection process allowed for consultation with 20 patients. Patients consulted with all stated that they were very happy with the quality of care delivered and with life in Ardmaine Care Home. They confirmed that staff are polite and courteous and that they felt safe in the home. Four patients' relatives/representatives discussed care delivery and also confirmed that they were very happy with standards maintained in the home and the level of communication with all grades of staff.

A number of compliment cards were reviewed from past family members. All detailed a positive response in relation to their experiences of how staff communicated in a compassionate and thoughtful way throughout the end of life or palliative care process.

Discussion with ancillary staff such as those in the laundry, domestic and kitchen staff stated that nursing staff communicated regularly with them where needed regarding patients' needs. All stated that they were kept informed where required if patients' conditions were deteriorating. All staff spoken with felt that communication was exceptional regarding the theme of this inspection.

### Areas for Improvement

There were no requirements or recommendations made regarding this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

Guidance documents on the management of palliative and end of life care and death and dying are available in the home. Staff spoken with were aware of the documents and were aware of where they were held.

The registered manager, two registered nursing staff, and four care assistants were aware of the Gain Palliative Care Guidelines November 2013. A copy of the guidelines, were available and all registered nursing staff spoken with were aware where they were retained in the home.

Discussion with two registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, five staff and a review of four care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with two registered nursing staff confirmed their knowledge of the protocol.

The registered nursing staff confirmed that they are able to source a syringe driver via the community nursing team if required. It was also confirmed that all registered nursing staff were trained in the use of this specialised equipment.

### Is Care Effective? (Quality of Management)

There were no patients considered as being at end of life or receiving palliative care in the home during the inspection. A review of four care records evidenced that patients' needs for palliative care was assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration and nutrition, and symptom management. One care record was required to be updated in relation to pain management. A pain assessment should be completed to ensure pain is managed effectively. A requirement is made in this regard.

The care records reviewed included families wishes and involvement and there was consultation with the patients regarding their wishes and feelings. Detail in the records was sensitive and provided clear information regarding consultations with allied professionals, disciplinary team, relatives and clergy. Discussion with staff indicated that care plans are updated as the patient's needs and wishes change.

Discussion with the registered manager, two registered nurses, four care staff and a review of care records evidenced that environmental factors had been considered when a patient was at the end of life. Staff informed the inspector that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available, (family room) for family members to spend extended periods of time with their loved ones during the final days of life. Meals, snacks and emotional support had been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been appropriately reported.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of four care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of Do Not Attempt Resuscitation (DNAR) directives as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly of recent deaths in the home and how they had been able to accommodate and fully support the family members in staying overnight with their loved ones.

From discussion with the registered manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

No concerns were raised by relatives in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the registered manager and peer support through staff meetings.

Information regarding bereavement support services was available and accessible for staff, patients and their relatives.



## Areas for Improvement

A requirement is made to ensure that one identified care record is updated in relation to pain management. A pain assessment should be completed to ensure pain is managed effectively.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Questionnaires

As part of the inspection process we issued questionnaires to staff and patients.

<b>Questionnaire's issued to</b>	<b>Number issued</b>	<b>Number returned</b>
Staff	10	7
Patients	10	8
Patients representatives	5	2

All comments on the returned questionnaires were positive.

### Patients' Views

There were 8 questionnaires completed by patients, comments received are detailed below:

- 'Very happy with my care.'
- 'First class care, really good.'
- 'Very satisfied that I can make choices on a day to day basis.'
- 'Very satisfied that I am treated with dignity.'
- 'Staff are very good to me.'
- 'I am comfortable and I have company.'
- 'I like the staff.'
- 'I am very happy with the care and support I am getting here.'
- 'Very happy here.'

Patients spoken with during the inspection were highly commendable of the care and treatment they were receiving. The following comments were made to the inspector:

- 'The hairdressing service is great.'
- 'I couldn't ask for better everything about here is good.'
- 'There is lots to do, plenty of activity.'
- 'I think we are so well looked after.'
- 'I don't think I could ask for anything more.'
- 'The food is excellent.'

## Patients' Representatives' Views

There were three relatives visiting at the time of the inspection. All comments made were very positive regarding care and communication in the home. All representatives were positive regarding the staff in the home stating they were so caring and considerate. All stated they felt confident in leaving their representative in the home and were content that they received the care they required in a timely way.

There were 2 questionnaires completed by patients representatives, comments received are detailed below:

- 'Very happy with care provided.'
- 'Staff treat my relative with dignity and respect.'

## Staff Views

Staff spoken during the inspection expressed high level of satisfaction with care and services provided in the home. All were complimentary of the management in the home and felt communication and palliative/care of the dying was a theme which they were well trained in and were confident that they delivered well.

There were 7 questionnaires completed by staff, comments received are detailed below:

- 'Care staff are always compassionate.'
- 'Each individual needs are met.'
- 'I am very satisfied about the care provided in this home.'
- 'I really like and enjoy my job.'
- 'I received great support from my manager.'
- 'We all work well as a team.'
- 'I think it is a good place to work.'
- 'Care is good.'

## Visiting Professionals

There were two professionals visiting at the time of the inspection. Both stated that the home were very proactive in making timely referrals. They stated that care was always delivered in a professional way and that they were confident that their instructions were always carried out and recorded.

### 5.5.2 The Environment

There was a good standard of cleanliness and hygiene standards evident during the inspection. The home was spacious and communal areas were comfortable. Infection control procedures were also maintained to a good standard.

During the previous care inspection carried out 21 April 2015, plans were in place to landscape the garden area and tarmac the grounds. This should be completed to enhance the outlook for patients unable to leave their bedrooms and the home. There have been a few trip hazards identified in the corridor area on the ground floor where the carpet is required to be replaced.

The manager states that there have been further leaks identified causing the trip hazards. Information has been provided by the regional manager that works are planned to complete the landscape to the gardens and to tarmac the drive and to repair the leaks and replace the carpet. A requirement is made that above works should be carried out and confirmation should be forwarded to RQIA of the time schedule in which the work will be completed.

### 5.5.3 Care Records

Four care records were reviewed throughout all units in the home. They were found to be individualised and were reflective of the care needs of patients. They are audited monthly. However, as previously stated in section 5.4 a requirement is made to ensure that the identified care plan is updated in relation to pain management. It is also recommended that the formal monthly evaluations are reviewed to ensure they are meaningful and reflective of the care provided.

#### Areas for Improvement

A requirement has been made in relation to the environment and a recommendation has been made in relation to care records.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ann Begley, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Statutory Requirements			
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 28 April 2016</p>	<p>The registered manager shall ensure that the identified care record is updated in relation to pain management. A pain assessment should be completed to ensure pain is managed effectively.</p> <p><b>Ref 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The identified care record has been updated in relation to pain management to include the completion of the Pain Assessment Tool. As the registered manager I will continue to complete Resident Care Traca's to monitor records to ensure individual needs are identified and met.</p>		
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 September 2016</p>	<p>The registered persons shall ensure that planned works are carried out and confirmation should be forwarded to RQIA of the time schedule in which the work will be completed.</p> <p><b>Ref 5.5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The main area of corridor where trip hazards were evident during inspection have progressed, works have been completed and a new carpet is now in place. One small area is currently awaiting carpet. FSHC Estate Surveyor is currently in the process of obtaining quotations to include the tarmac and landscaping of the external grounds which will then be submitted for approval to Senior Management - a time schedule is not currently available.</p>		
Recommendations			
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 28 April 2016</p>	<p>The registered persons should ensure that the formal monthly evaluations are reviewed to ensure they are meaningful and reflective of the care provided.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All registered nurses are aware of the need for meaningful and reflective monthly evaluations in Care Files, this has been addressed among staff informally and through on-going Staff Supervisions.</p>		
<b>Registered Manager Completing QIP</b>	Ann Begley	<b>Date Completed</b>	27/04/2016
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	27.04.16
<b>RQIA Inspector Assessing Response</b>	Donna Rogan	<b>Date Approved</b>	04.05.16

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