



Unannounced Care Inspection Report

11 December 2018



Ardmaine Care Home

Type of Service: Nursing Home (NH)
Address: 8 Fullerton Road, Newry, BT34 2AY
Tel No: 02830262075
Inspector: Linda Parkes

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 65 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: Ann Begley
Person in charge at the time of inspection: Ann Begley	Date manager registered: 24 January 2013
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia.	Number of registered places: 65 Maximum of 33 patients - Category NH-DE, Dementia Unit only; maximum of 8 patients category NH-MP.

4.0 Inspection summary

An unannounced inspection took place on 11 December 2018 from 10.25 to 17.25 hours.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff provision and training, adult safeguarding, risk management, audits and reviews, care records and communication between patients, staff and other professionals. Good practice was also identified in relation to the culture and ethos of the home, dignity and privacy, governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified in relation to health and welfare and adherence to best practice in infection prevention and control.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. No concerns were expressed by patients during the inspection and patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

A patient sitting in the lounge said, "I like it here and enjoy the company."

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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Ann Begley, registered manager, 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 26 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 26 April 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with five patients, patients in small groups in the lounge and dining room in the general unit, two patients' relatives and six staff. Questionnaires were also left in the home for patients and patients' representatives for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 3 December to 10 December 2018
- 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 from 11 June to 10 December 2018
- two staff recruitment and induction files
- six patient care records
- two patient reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports from June to December 2018 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 26 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken 26 April 2018. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 26 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered person shall ensure the issues in relation to the environment are addressed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the environment confirmed that the floor covering in both Bronte and Mourne units had been replaced and the refurbishment plan to redecorate both lounges and stairwells will commence in the initial six months of 2019. The radiator cover has been secured in the identified shower room, the hole in the identified ensuite door has been repaired and all doors with a hazard sign have been fitted with a key pad. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure the issues in relation to infection prevention and control are addressed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the secured skirting throughout the home confirmed this area for improvement has been met.	
Area for improvement 3 Ref: Standard 23 Stated: First time	The registered person shall ensure that when repositioning patients care staff accurately document the condition of the patients skin each time they complete the procedure.	Met
	Action taken as confirmed during the inspection: Review of two patient's repositioning charts and discussion with the deputy sister confirmed this area for improvement has been met.	

Area for improvement 4 Ref: Standard 23 Stated: First time	The registered person shall ensure that the daily progress notes for patients with or at risk of pressure damage accurately reflect the condition of the patient's skin or wound.	Met
	Action taken as confirmed during the inspection: Review of three patient's daily progress notes and discussion with the deputy sister confirmed this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 3 December to 10 December 2018 evidenced that the planned staffing levels were adhered to. 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.

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 spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. A staff member said, "We are well staffed and the staff are also well trained to ensure that our residents receive excellent care." We also sought staff opinion on staffing via the online survey; we had no responses within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ardmaine Care Home. We also sought the opinion of patients on staffing via questionnaires. Two patient questionnaires were returned and both indicated that they were very satisfied that there was enough staff on duty to care for them.

We also sought relatives' opinion on staffing via questionnaires. Two questionnaires were returned and both relatives indicated that they were very satisfied that staff had 'enough time to care'. A relative said, "The care is excellent. I have no concerns at all."

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. The registered manager has a robust system in place to enable her to advise and monitor that staff have completed any outstanding e-learning training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report. The registered manager is identified as the safeguarding champion.

Review of six patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 11 June to 10 December 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records from June to November 2018 confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the deputy manager, registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, their representatives and staff spoken with were complimentary in respect of the home's environment. It was noted on inspection that the toilet in the old building and corridors and door frames throughout the home are in need of redecoration. This was discussed with the registered manager who advised that this has been identified in the refurbishment programme planned to commence early 2019. Carpets in the corridors were identified as requiring to be deep cleaned. The registered manager advised on discussion that these will be replaced in 2019. The radiator valve in an identified bedroom was noted to be on the floor. This was discussed with the registered manager who advised that the maintenance man would fix it during his work schedule. On observation, the fabric on the chair in the nurse's office on the first floor, was stained and ripped causing the foam to be exposed. This was brought to the attention of the registered manager who agreed to

remove and replace the chair. In an identified toilet on the ground floor it was noted that the right tap required to be replaced as the top is exposed and the grout around the wash hand basin needs to be replaced. This was discussed with the registered manager as it does not adhere to infection prevention and control. An area for improvement was identified.

On inspection of the ground floor it was observed that the caution wet floor signs were not displayed at the end of the corridor and in three bedrooms after the staff member had mopped the floors. An area for improvement under regulation was identified.

The inspector was able to open the door of the treatment room on the ground floor and gain access where supplements and oxygen was stored. The key pad to lock the room had not been activated. This was discussed with the registered manager. An area under regulation was identified.

It was observed that a number of wheelchairs, toilet frames and shower chairs in the home were not effectively cleaned. An area for improvement was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to. The manager had an awareness of the importance to monitor the incidents of HCAI's and when antibiotics were prescribed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

Four areas for improvement were identified in relation to health and welfare and infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of six patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, falls and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and 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 the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager advised that patient and staff meetings were held on a regular basis. Minutes were available. She also advised that daily 'flash meetings' were held with staff in order to update them on current events and announcements within the home. The home produces a quarterly newsletter which is made available to patients, their representatives and staff to read.

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning, record keeping, audits and reviews, communication between residents, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.25 hours and were greeted by staff who were helpful and attentive. Staff were responding to patient's needs and requests promptly and cheerfully. Patients were observed in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water 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. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The home has an activity room where patients can spend time with the patient activity leader participating in their chosen activity.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal in the general unit. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Two patients commented:

"The food's lovely. You always have a few choices on the menu."

"If there's something that you don't like the staff will make you something that you have asked for instead."

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.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thanks to you all for the special care and attention you gave to my dad while in your care."

"We really can't put in words our thanks for everything you did for...and the dignity with which you treated him."

All patients spoken with commented positively regarding the care they receive and the caring and kind attitude of staff at Ardmaine Care Home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Three patients said:

“I am very happy here and love all the staff.”

“The staff are great and they treat me very well. Ann the manager is good. I would talk to her if I had a concern.”

“I couldn’t fault the care. I really love it here and I’m happy here.”

Questionnaires were provided for patients and their representatives across the four domains. Two patients and two patient’s representatives completed and returned questionnaires within the specified time frame. Comments received were positive with responses recorded as ‘very satisfied’ regarding safe, effective, compassionate and well led care.

Two relatives commented:

“I am content with my wife’s residence at Ardmaine.”

“The care my mum gets is one hundred percent. She is very happy in Ardmaine and I am very happy also that my mum’s needs are met every day.”

Staff were asked to complete an on line survey; we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and the patient dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on the service users and the registered manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition robust measures were also in place to provide the registered manager with an overview of the management of falls, infections and wounds occurring in the home.

Discussion with the registered manager and review of records from June to December 2018 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. A staff member said, "I really enjoy working here. I've been here for fourteen years. It's like belonging to a big family."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Ann Begley, registered manager, 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	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed: Immediate action required	The registered person shall ensure in relation to health and welfare that wet floors in the home are signed at all times in order to prevent a slip hazard. Ref: Section 6.4
	Response by registered person detailing the actions taken: The registered person has completed a supervision with the Housekeeper who was on duty the day of the Inspection. The requirement for Wet Floor Signs to be in place has been reinforced at a meeting with the Domestic Team on the 22.01.2019. Additional stock of signs has also been purchased to compliment existing availability of signage.
Area for improvement 2 Ref: Regulation 13 (4) (a) Stated: First time To be completed: Immediate action required	The registered person shall ensure that medications and oxygen are stored in a secure place. Ref: Section 6.4
	Response by registered person detailing the actions taken: The Key Pad on the Treatment Room door has been checked and does not require to be replaced. While the staff do keep this door locked they have been asked to ensure the door closes securely behind them when leaving the Treatment Room area. A memo was issued for the attention of all staff to highlight the importance and a sign is also in place as a reminder.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed: Immediate action required	The registered person shall ensure that work is completed in order to adhere to infection prevention and control in the toilet identified. Ref: Section 6.4
	Response by registered person detailing the actions taken: The identified tap on the day of the inspection has been replaced and the maintenance man has addressed the poor condition of the grout at the sink area.

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that the cleaning schedule is monitored and adhered to in order to maintain the decontamination of wheelchairs, toilet frames and shower chairs in the home in relation to best practice regarding infection prevention and control.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Decontamination Schedules are in place in the Home in keeping with Four Season Health Care. The importance of adhering to these schedules will be reinforced in forthcoming staff meetings. In addition supervisions will be completed for staff concerned and a clear schedule outlined for staff.</p>

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



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