



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 16 January 2020



Ardmaine Care Home

Type of Service: Nursing Home
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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.

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 65 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Ann Begley – 24 January 2013
Person in charge at the time of inspection: Ann Begley	Number of registered places: 65 Maximum of 33 patients - Category NH-DE, Dementia Unit only; maximum of 8 patients category NH-MP.
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 patients accommodated in the nursing home on the day of this inspection: 55

4.0 Inspection summary

An unannounced inspection took place on 16 January 2020 from 10.25 hours to 18.05 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Ardmaine Care Home which provides nursing care.

The inspection assessed progress with areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management and communication between patients, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified regarding the contemporaneous recording of patient repositioning charts, that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime and that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

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 11 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 December 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

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

During our inspection we:

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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 6 to 19 January 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- two registered nurse competence and capability assessment records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 18 November to 27 December 2019
- RQIA registration certificate

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	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	Met

	<p>Action taken as confirmed during the inspection: Discussion with the manager and observation of the environment evidenced that wet floors signs were in place in order to prevent a slip hazard. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Regulation 13 (4) (a) Stated: First time</p>	<p>The registered person shall ensure that medications and oxygen are stored in a secure place.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and observation that treatment room doors were locked evidenced that medications and oxygen are stored in a secure place. This area for improvement has been met.</p>	Met
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		Validation of compliance
<p>Area for improvement 1 Ref: Standard 46 Stated: First time</p>	<p>The registered person shall ensure that work is completed in order to adhere to infection prevention and control in the toilet identified.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and observation of the identified toilet evidence that work has been completed in order to adhere to infection prevention and control. This area for improvement has been met.</p>	Met
<p>Area for improvement 2 Ref: Standard 46 Stated: First time</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>Action taken as confirmed during the inspection: Discussion with the manager, review of the cleaning schedule from 7 to 16 January 2020 and observation of a selection of wheelchairs, toilet frames and shower chairs evidenced that this area for improvement has been met.</p>	Met

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 6 to 19 January 2020 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned 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. No questionnaires were returned within the timescale specified.

Eight patient representatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

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.

Review of one staff recruitment file evidenced that it was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI 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.

Two registered nurse competence and capability assessment records were reviewed and were well documented.

We discussed the provision of mandatory training with staff. 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. Review of staff training records for 2019 evidenced that staff had attended training regarding deprivation of liberty safeguards (DoLS), adult safeguarding, control of substances hazardous to health (COSHH), first aid and fire 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 manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 13 July to 8 December 2019 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.

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, fresh smelling and clean throughout. In an identified corridor it was noted that paint was chipped on the walls. Correspondence from the manager after inspection advised that the walls have been redecorated. It was observed that a number of identified bathrooms in the home had no hand washing poster on display in order to minimise the risk of infection for staff, patients and visitors. This was discussed with the manager who advised that bathrooms had been redecorated and that new posters had been ordered. Correspondence from the manager after inspection confirmed the posters were in place.

Fire exits and corridors were observed to be clear of clutter and obstruction. An identified fire exit door on the ground floor corridor was observed to have a fault and was not closing fully. This was brought to the attention of the manager and the maintenance man in the home fixed it immediately.

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection in the safe domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Review of four patient's 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 the management of wounds and restrictive practice. Care records were well documented and 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.

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. Care plans were in place for the management of bed rails and alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. 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.

Two patient food and fluid charts reviewed evidenced that they were well documented.

Review of two patient repositioning charts who required to be repositioned every two hours and every four hours showed that there were gaps in the recording of the delivery of care. Both charts evidenced that the frequency of the repositioning of patients and the time recorded was inconsistent. This was discussed with the manager who advised she would address the matter with staff and an area for improvement was identified.

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 manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room on the ground floor. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and adequate numbers of staff were overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. Patients able to communicate indicated that they enjoyed their meal. 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. The menu for the day was not on display. The daily menu is required to be displayed in a suitable format including pictorial where necessary, in a suitable location showing what is available at each mealtime. This was discussed with the manager who advised that the chef was currently developing a new pictorial menu. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

Two areas for improvement were identified regarding the contemporaneous recording of patient repositioning charts and in relation to the patient dining experience.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

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.

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

"Thank you for making her life comfortable and bringing a smile to her face."

"A very sincere thank you for all the care, kindness and compassion you showed to our mum."

During the inspection the inspector met with five patients, small groups of patients in the dining rooms and lounges, seven patients' relatives, one patient representative, and six staff. All patients spoken with commented positively regarding the care they receive and the 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. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. No questionnaires were returned within the timescale specified.

Three patients commented:

"The staff are good. I know Ann (manager) and would be confident that any concerns would be sorted out."

"The girls are great. Really lovely. I've no concerns."

"I feel safe and am looked after well. I know Ann (manager) well."

Two relatives commented:

"We're well happy with everything and have no concerns. The staff and Ann's (manager) approachable."

"I'm very pleased with it. My wife had her hair done today and she looks a million dollars. The home manager will answer any questions. I've no concern at all."

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

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. We discussed the availability of an activity planner to be displayed in the home as it is required that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled. An area for improvement was identified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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 in maintaining the dignity and privacy of patients.

Areas for improvement

An area for improvement was identified to ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the 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.

Discussion with the 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 care plans, wound care, complaints, bed rail/alarm mats and infection prevention and control (IPC) practices including hand hygiene.

Discussion with the manager and review of records from 18 November to 27 December 2019 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. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

The manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the completion of audits and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that supplementary care records including repositioning charts are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Supplementary Care Records are reviewed through a number of means: Daily Walk About / Regulation 29 visit / Staff Nurse when completing their records; any deficits are raised at the time with staff on duty. In addition as part of Flash Meetings staff are prompted to review and check supplementary books. At present as a Home we are raising awareness with both Trained and Care Staff regarding Roles and Responsibilities. As part of this we are reiterating what is required for appropriate documentation in accordance with legislative and best practice guidance. To further support this, training regarding Documentation is to be scheduled and rolled out to all relevant staff in the Home.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Head Cook has reviewed the 3 Weekly Daily Menu, this menu was implemented for Winter. To provide a suitable format for all our patients a pictorial menu has been developed and made available in each dining room to be shared with residents as required. In addition the typed menu is displayed in each dining and changed at the beginning of each week to ensure it is reflective of what is being shared.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled.</p> <p>Ref: Section 6.5</p>
<p>To be completed: Immediate action required</p>	<p>Response by registered person detailing the actions taken: Moving forward a Programme of Activities is displayed around the units to provide both relatives and residents with a guide to what has been scheduled. The Programme is Unit specific however there are “Home Events” held when the residents and staff in both units will come together – such events are displayed on the Programme and also in Poster format throughout the Home. Some examples of activities in recent weeks have included Bingo, Arts and Crafts, Story Teller, a local DJ providing a music session and a visit from a member of the Ulster Orchestra. In addition we have a number of entertainers who attend the Home regularly throughout the year to sing for the residents.</p>

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



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