Unannounced Care Inspection Report
21 January 2021

Ardmaine Care Home

Type of Service: Nursing Home
Address: 8 Fullerton Road, Newry, BT34 2AY
Tel No: 028 3026 2075
Inspector: Dermot Walsh

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 nursing home registered to provide nursing care for up to 65 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Ltd **Responsible Individual:** Amanda Celine Mitchell	**Registered Manager and date registered:** Ann Begley 24/01/2013
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:** 50

4.0 Inspection summary

An unannounced inspection took place on 21 January 2021 from 10.00 to 16.40 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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	*4

*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ann Begley, Registered Manager; Karen Agnew, Regional Manager and Cherith Rogers, Peripatetic 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight patients and six staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' 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.

The following records were examined during the inspection:

- duty rota
- staff training records
- a selection of quality assurance audits
- incident and accident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- complaints / compliments records
- menu
- RQIA certificate
- monthly monitoring reports
- three patients' care records.

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 persons in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 2020. No further actions were required to be taken following the most recent inspection.

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 4.9 **Stated:** First time	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.	**Partially Met**
	Action taken as confirmed during the inspection: A review of two patients' records evidenced that this area for improvement has been partially met. This will be discussed further in section 6.2. This area for improvement has not been fully met and has been stated for a second time.	
Area for improvement 2 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.	**Met**
	Action taken as confirmed during the inspection: A daily menu had been placed on each dining table in the home offering a choice of meal.	

Area for improvement 3 **Ref**: Standard 11 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A programme of activities for week commencing 18 January 2021 was displayed in the foyer of the home identifying planned morning and afternoon activities.	

6.2 Inspection findings

Staffing

On the day of inspection 50 patients were accommodated in the home; 24 on the ground floor Bronte unit and 26 on the first floor Mourne unit. The manager confirmed the staffing arrangements in the home at the commencement of the inspection. Planned staffing levels were reflected on the duty rota week commencing 18 January 2021. The nurse in charge of the home in the absence of the manager was highlighted on the duty rota. Staff consulted during the inspection confirmed that patients' needs were met with the planned staffing levels and skill mix. Patients spoke positively on the care that they received and voiced no concerns in regards to the staffing arrangements. One told us, "Staff are very good. We are well looked after here." Another commented, "I love it here; it's great, the staff are wonderful."

Staff confirmed that they had a good understanding of one another's roles in the home. The manager confirmed that two new roles had recently been introduced; Clinical Lead and Senior Care Assistant roles. Both roles were under continuous review and development. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. Training had been provided in a variety of ways; face to face taking social distancing into consideration, electronic learning and through remote teaching via video link. An in-house manual handling trainer was identified and trained to provide moving and handling training to staff. Staff told us that when a patient was due to be admitted with a specific need that they had not encountered before; training would be provided to relevant staff prior to the patient being admitted. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

Staff spoke positively in relation to the teamwork in the home. One commented, "We all work well together here." Staff were observed to communicate well with each other during the inspection.

Care delivery

There was a relaxed environment in the home throughout the day. Staff were observed to interact with patients in a compassionate and caring manner. Patients spoke positively in relation to engagements with the staff. One told us, "The staff are so good. They're always

coming in to see me." Some patients' bedrooms required redecoration and personalisation in conjunction with patients' wishes. This will be discussed further within the report.

A programme of activities for week commencing 18 January 2021 was displayed in the foyer of the home identifying planned morning and afternoon activities. Activities included bingo, tea parties, reminiscence, puzzles, book club, knitting, golf, jigsaws, arts and crafts, baking and brain teasers. The home was actively recruiting for an activity coordinator. In the interim, care staff were rostered from the duty rota as responsible for the day's activity provision.

Indoor visiting was ongoing in accordance with the Department of Health guidelines. An indoor visiting area had been identified in the home taking IPC measures into consideration. Visitors were required to complete a self-declaration form, perform hand hygiene and wear a facemask before entering the visiting room. In addition to indoor visiting, window visits and virtual visiting was encouraged. The manager confirmed that they would normally communicate any change with residents' relatives via the telephone or via email. The publication of newsletters had been postponed due to the COVID -19 pandemic. The manager confirmed that they were open to the care partner concept but had not received any requests from patients or their representatives to progress with the role.

A number of compliments were noted and logged from thank you cards and letters received by the home, examples included:

- 'We as a family got to know a lot of the staff so well and had every confidence in their ability to deliver a high standard of nursing care in a compassionate and loving way.'
- 'Thank you so much for the care and attention you are showing in these difficult times. Take care and God bless you all.'
- 'Thank you for making it easy for us to leave. We knew … was being well cared for. The love, care and attention you all shown … has meant so much to us as a family.'

Care records

Three patients' care records were reviewed during the inspection. Two of the patients were actively having wounds treated. The wound care records had been maintained to a high standard clearly evidencing initial wound assessment, body map, wound care plan and the evaluation of the wound progress following each dressing. Referrals had been made to the tissue viability nurse and wound care records reflected recommendations made from their visits. Pressure management risk assessments had been maintained monthly for both patients. However, both patients were assessed and care planned as requiring repositioning. A review of repositioning records evidenced that only one of the patients had a repositioning chart recorded. This was discussed with the manager and an area for improvement in relation to repositioning, made at the previous care inspection, was stated for the second time. The repositioning chart which had been recorded had been completed in full consistently and contemporaneously.

During a walkaround the home we identified a patient who was subject to a restrictive practice. On review of their patient care records, there was no evidence that a risk assessment had been completed to ensure the safe use of the restraint. There was no evidence of patient consent or discussion with multi-disciplinary team prior to the implementation of the restraint. This was discussed with the manager and identified as an area for improvement.

Infection prevention and control measures

When we arrived to the home we were required to wear a facemask and have our temperature checked and recorded. Hand hygiene was available at the entrance to the home. Personal protective (PPE) equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE.

When staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with patients. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all patients on a four weekly basis. Patients' temperatures were checked four times a day as a means to detect if any were developing symptoms. We discussed the necessity to ensure that staffs' temperatures were checked twice daily during their shift. The manager confirmed that this will be implemented moving forward. The majority of staff and patients had received the second dose of the COVID – 19 vaccine.

Staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Regular hand hygiene audits had been conducted to ensure this vital practice had been conducted appropriately. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. In addition to normal domestic cleaning, care staff were allocated to clean touchpoints in the home mid-morning; mid-evening and during the night.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Corridors and stairwells were clear of clutter and obstruction. There were areas off the main corridor to facilitate the storage of equipment. Fire exits and fire extinguishers were also maintained clear of obstruction. Chairs and tables in the dining area had been adequately spaced to allow for social distancing. Doors leading to rooms which may contain potential hazards to patients had been appropriately locked when not in use.

Several areas in the home required redecoration and refurbishment. As previously stated, this included some patients' bedrooms. The regional manager confirmed that this was currently under review and agreed to submit a refurbishment plan to RQIA at their earliest convenience.

During the review of the environment we detected a malodour in an identified room which remained prevalent throughout the day. This was discussed with the manager and identified as an area for improvement.

Leadership and governance

Healthcare Ireland had taken over the organisational management of the home from 11 March 2020. There was a clear organisational structure in the home. The manager was supported by a deputy manager. During the inspection, the regional manager and a peripatetic manager from Healthcare Ireland were also present in the home.

A record of all accidents, incidents and injuries occurring in the home was maintained and any required to be reported to RQIA had been received. Accidents had been reviewed monthly for patterns and trends as a means to identify if any further falls could potentially be prevented.

A system was in place to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council and care workers with the Northern Ireland Social Care Council.

Monthly monitoring visits were conducted by a senior manager. Reports of the visits were available and included an action plan identifying any improvements required. The action plan was reviewed at the subsequent monthly visit to ensure completion.

Action plans had been developed within IPC and medicines management internal audit records identifying areas for improvement when deficits were identified. However, there was no evidence that these action plans had been reviewed to ensure completion. This was discussed with the manager and identified as an area for improvement.

A complaints file was available for review. Complaints records included the actions taken to remedy any complaint including the response returned to the complainant. The complaint we reviewed evidenced satisfaction from the complainant with the home's response to the concern identified. Complaints were audited monthly and informed Healthcare Ireland's monthly monitoring visit. We discussed that any area of dissatisfaction should be recorded as a complaint.

Discussion with staff and the manager confirmed that there were good working relationships in the home between staff and management. Staff confirmed that they would have no issues in bringing any concerns to the attention of the home's management.

Areas for improvement

Areas for improvement were identified in relation to the management of restrictive practice, recording of repositioning, management of a malodour and with auditing.

	Regulations	Standards
Total number of areas for improvement	0	4

6.3 Conclusion

The atmosphere in the home was relaxed within both units. Staff were observed attending to patients in a caring and compassionate manner. Patients have commented positively on the care that they received. Compliance with IPC had been well maintained. Staff had received IPC training and training in the use of PPE. The staffing arrangements in the home were suitable to meet the needs of patients. There was evidence of good working relationships between staff and management. Four areas for improvement were identified for improvement in relation to restrictive practice, recording of repositioning, management of a malodour and with auditing.

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; Karen Agnew, Regional Manager and Cherith Rogers, Peripatetic 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4 Criteria (9) **Stated:** Second time **To be completed by:** 21 February 2021	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. Ref: 6.1 and 6.2 **Response by registered person detailing the actions taken:** Daily monitoring of supplementary care records takes place by our Senior Care Assistants.The Home Manager reviews a selection of these records on a daily basis to validate. Significant improvement noted with staff recording in supplementary records, Home Manager to continue to monitor to sustain the improvements.
Area for improvement 2 **Ref**: Standard 18 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that when a patient is subject to a restrictive practice a record is maintained of multidisciplinary involvement in the decision making process. Ref: 6.2 **Response by registered person detailing the actions taken:** A monthly audit of restrictive practice is completed to include a review of risk assessments and care plans. Where gaps were identified the records have been updated to include multidisciplinary agreement.Moving forward the trained staff team have been advised that there must be MDT agreement prior to the introduction of any restrictive practice.
Area for improvement 3 **Ref**: Standard 44 Criteria (1) **Stated:** First time **To be completed by:** 21 February 2021	The registered person shall ensure that the malodour in the identified room is managed effectively. Ref: 6.2 **Response by registered person detailing the actions taken:** The mattress in the identified room has been replaced as precaution and the room deep cleaned including steam cleaning of the hard flooring. Staff will continue to monitor and address as required.

Area for improvement 4 **Ref**: Standard 35 **Stated:** First time	The registered person shall ensure that audit action plans created to address areas identified for improvement are reviewed to ensure completion. Ref: 6.2
To be completed by: 21 February 2021	**Response by registered person detailing the actions taken:** Action plans for Audits completed will clearly identify timescales and person responsible against all areas to be addressed . The manager has introduced a daily routine of delegation to the Senior Nurses to validate that actions are addressed and their findings are returned to the office by 4pm .The follow up of the auditing circle will be reviewed at support visits by the Peripetitic Manager and at Monthly Monitoring Visits.

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

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