



Unannounced Care Inspection Report

26 April 2018



Ardmaine Care Home

Type of Service: Nursing Home (NH)
Address: 8 Fullerton Road, Newry, BT34 2AY
Tel No: 028 30262075
Inspector: Gerry Colgan

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: 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 26 April 2018 from 08.25 to 16.00 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 during and 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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management, audits and reviews and communication between residents, staff and other key stakeholders. Other areas of good practice were identified in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement were identified under the standards in relation to infection prevention and control, the home's environment, daily progress notes for patients receiving wound care or subject to regular repositioning failing to mention the condition of the wound or the skin and the repositioning charts should accurately record the condition of the patients skin each time the procedure is carried out.

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

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 14 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 September 2017. There were no further actions required to be taken following the most recent 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
- 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 twenty patients, and ten staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for relatives and eight for patients were left for distribution. Staff were invited to complete an electronic survey.

The following records were examined during the inspection:

- duty rota for all staff from 16 April 2018 to 30 April 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
- three staff recruitment and induction file
- six patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners

- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports 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.

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 14 September 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 22 August 2017

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 21 Schedule 2, 5	The registered person shall ensure that details and documentary evidence of registration with an appropriate regulatory body such as NMC is maintained in the home prior to staff commencing duties.	Met
	Action taken as confirmed during the inspection: A review of records and conversation with the registered manager confirmed that details and documentary evidence of registration with an appropriate regulatory body such as NMC is maintained in the home prior to staff commencing duties.	

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p>	<p>The registered person shall ensure that all incidents pertaining to head injury or accidents caused using equipment should be reviewed and any issues arising retrospectively should be reported in accordance with policy and regulation. The identified care record should be reviewed and updated as stated in the bullet list listed in section 6.4 without delay.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of documentation and conversation with the registered manager confirmed that all incidents pertaining to head injury or accidents caused using equipment are reviewed and any issues arising retrospectively are reported in accordance with policy and regulation. The identified care record has been reviewed and updated to include all the relevant details.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 41</p>	<p>The registered person shall ensure that the staffing arrangements are discussed with staff, relatives and patients; and where necessary staffing should be altered to ensure the needs of patients are met.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Staffing arrangements are discussed with staff, relatives and patients however only one relative regularly attends the meetings so the information is included in the home newsletter. Where necessary staffing is altered to ensure the needs of patients are met.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 35</p>	<p>The registered person shall ensure that infection control audits are completed at least annually and records maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of documentation confirmed that infection control audits are completed monthly and records maintained.</p>		

Area for improvement 3 Ref: Standard 34	The registered person shall ensure the statement of purpose is kept up to date and reflective of the staffing arrangements.	Met
	Action taken as confirmed during the inspection: A review of the statement of purpose confirmed that it is kept up to date and reflective of the current staffing arrangements.	
Area for improvement 4 Ref: Standard 41	The registered person shall ensure that the registered manager's hours are included on the duty rotas and that the 24 hour clock is used to reflect staffs' hours of work on the duty rotas.	Met
	Action taken as confirmed during the inspection: A review of duta rotas confirmed that the registered manager's hours are included and the 24 hour clock is used to reflect staffs' hours of work.	

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 for weeks commencing 16 April 2018 and 23 April 2018 evidenced that the planned staffing levels were adhered to. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of three recently recruited staff records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. 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. Staff receive regular supervision, annual appraisals and competency and capability assessments as applicable.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

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. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients and staff spoken with were complimentary in respect of the home's environment. However, some areas for improvement were identified under the standards in relation to:

- replacement of floor covering in the lounge beside the stairs
- replace the frayed carpet at the ramped area
- replace or repair the hole in identified en-suite door
- secure the radiator cover in the shower room
- ensure all doors displaying a hazard sign are locked
- repaint walls on the landing at the entrance to first floor.

Infection prevention and control measures were identified:

- a toilet seat in an identified en-suite was scratched
- in identified en-suites, bathrooms and shower rooms the vinyl skirting was coming away from the walls and cannot be adequately cleaned.

These actions were discussed with the registered manager and are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement had been identified under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

Areas for improvement were identified under the standards in relation to infection prevention and control and the home's environment.

	Regulations	Standards
Total number of areas for improvement	0	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 a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. However, the daily progress notes for patients receiving wound care or subject to regular repositioning did not mention the condition of the wound or the skin. One patient with a 5cm x 5cm skin break had their care plan evaluated regularly but failed to comment on the condition of the wound. This has been stated as an area for improvement under the standards.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained however, the repositioning charts were all correctly ticked but did not reflect the condition of the patients skin at the time of repositioning in keeping with best practice guidance. An area for improvement has been stated under the standards.

Review of six patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held on a three monthly basis and records were maintained. 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 their line manager, the registered manager or regional manager if appropriate.

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

Discussion with the registered manager and review of records evidenced that patient and relatives meetings were held on a six monthly basis. Minutes were available.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients 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 audits and reviews, communication between residents, staff and other key stakeholders

Areas for improvement

Areas for improvement were identified under the standards in relation to daily progress notes for patients receiving wound care or subject to regular repositioning commenting on the condition of the wound or the skin and the repositioning charts accurately recording the patient's skin condition.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with twenty patients individually, and with others in smaller groups, confirmed that living in Ardmaine Care Home was a positive experience.

One relative completed a questionnaire and was satisfied with the care in all four domains. No comments were provided. No staff or patient questionnaires were returned.

Patients' comments at inspection included the following:

- "We are well cared for in here. The food is plentiful, variable and suitable. You have great bedclothes and the bed is comfortable for the winter. What more do you want."
- "We really can't complain. The staff are very good to us."
- "Sure we are all very happy here."

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, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

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

	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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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 and patients 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.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and review of records and observation evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced 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. Patients spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. A copy of the complaints procedure was displayed in the home. Patients were aware of who the registered manager/person was.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

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 the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

There were systems in place to ensure that risk assessments regarding the management of the environment were completed and kept under review.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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 in this 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 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 Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure the issues in relation to the environment are addressed.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Costs are being prepared for the following areas: Floor covering in Lounges in Bronte and the Corridor flooring in Mourne. The Lounges in the Bronte Unit has previously been identified as part of the current years Refurbishment programme. Costs have also been obtained for the painting of walls in the stair wells between each unit. Our Maintenance Man has secured the identified radiator cover in the shower room and checked all other shower rooms to ensure no further concerns. In addition the hole in the identified en-suite door has been repaired and all doors with a Hazard sign are secured with a Key Pad.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure the issues in relation to infection prevention and control are addressed.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The one toilet seat identified to have a scratch was replaced on the day of the Inspection. Our Maintenance Man has secured all skirtings that were coming away in all bathrooms / shower rooms and en-suites. The areas have been cleaned and a further programme of Deep Cleaning is under way to ensure this is addressed thoroughly.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>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.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This area was raised with Deputy Manager, Charge Nurse, Sister and Staff Nurses to discuss with their Care Staff on each unit. Supervisions have commenced on the subject of Documentation with further indept supervision planned on the completion of Repositioning Charts scheduled for completion on the 28th June 2018. This will be further discussed with staff at forthcoming Staff Meetings and monitored through our Quality of Life Programme with the Daily Walk About TRaCA and as part of the Regulation 29 Visit.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>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.</p> <p>Ref: Section 6.5</p>
<p>To be completed by: 30 June 2018</p>	<p>Response by registered person detailing the actions taken: This area was raised with Deputy Manager, Charge Nurse, Sister and Staff Nurses. In addition this will form part of the Agenda of the forthcoming Head of Department and Staff Nurse Meetings. On completion of the Monthly Wound Analysis Audit the Home Manager and the Deputy Manager will verify the recording by the Staff Nurses in the Progress Notes of the wound / skin condition for 10% of the residents in each unit and address any issues with staff accordingly.</p>

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



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