

# Inspection Report

## 17 and 18 July 2024



## Ardmaine Care Home

**Type of Service: Nursing Home**  
**Address: 8 Fullerton Road, Newry, BT34 2AY**  
**Tel no: 028 3026 2075**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland No 2 Ltd	<b>Registered Manager:</b> Mrs Florentina Moca
<b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Date registered:</b> 21 October 2021
<b>Person in charge at the time of inspection:</b> Mrs Florentina Moca	<b>Number of registered places:</b> 65 Maximum of 38 patients in Category NH-DE, Dementia Unit only; Maximum of 8 patients category NH-MP.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category DE – Dementia MP – Mental disorder excluding learning disability or dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 55
<b>Brief description of the accommodation/how the service operates:</b> This is a registered nursing home which provides nursing care for up to 65 patients. Patients who have a dementia are accommodated in the Bronte Unit on the ground floor and general nursing care is provided in the Mourne Unit on the first floor. Patients have access to communal lounges, dining rooms and a garden space.	

## 2.0 Inspection summary

An unannounced inspection took place on 17 July 2024 from 9.30am to 4.25pm and on 18 July 2024 from 9.25am to 1.30pm by a care inspector.

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

Patients were well presented in their appearance and spoke positively when describing their experiences of living in the home. Comments received from patients, relatives and staff are included in the main body of this report.

The inspection found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manger/management team.

One area for improvement was identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager and the regional manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients told us that they were happy living in the home and were offered choice in how they spent their day. One patient said, "I am very happy in the home. The food is very good and we get plenty of it."

Staff told us that there were enough staff on duty to provide good care and that there were good working relationships between staff and the home's management team.

All relatives consulted thought the care in the home was good. One relative told us, "The staff are lovely and very good to patients. I have no concerns here. Anything I have been worried about was sorted out straight away".

There were 10 questionnaire responses received from patients and relatives. All responses indicated satisfaction with the care and support received from staff and management. Two patients requested to have more fresh fruit offered. Two additional patients shared their view on the food provision. All feedback was shared with the manager for their review and actions as appropriate.

We received eight feedback responses from the staff online survey. Four of the responses indicated that the respondents were not satisfied with the care provision or the management of the home, although, provided no qualitative rationale for their dissatisfaction. This was shared with the manager for their action and review as appropriate. The remaining four staff confirmed that they were happy working in the home and felt supported by the manager.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 16 October 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> Second time	The registered person shall ensure that contemporaneous records of supplementary care provided are recorded accurately and, where appropriate, are reviewed by registered nurses when completing daily evaluations of patients.  Any actions taken as a result of review should be clearly documented within the evaluation notes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2)(d)  <b>Stated:</b> First time	The registered person shall ensure that staff are trained on first aid.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Patients raised no concerns in regards to the staffing arrangements in the home. Staff confirmed that the number and skill mix of staff on duty met the needs of the patients. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. Staff felt that they worked well together and that the teamwork was good. They shared comments, such as, “I love it; staff are great. We have good working relationships”, and, “Staff always help each other out well and have a good respect for each other”. Observation of care delivery raised no concerns with the staffing arrangements in place.

A comprehensive pre-determined list of pre-employment checks had been completed and verified prior to any new employee commencing work in the home. All newly employed staff completed an induction to become more familiar with the homes policies and procedures. A booklet was completed to record the topics of induction completed. A list of training was identified for completion as part of the induction process. Staff confirmed that their roles in the home were clearly defined.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training topics included dementia management, human rights, patient moving and handling, adult safeguarding, deprivation of liberty safeguards and fire safety training. A system was in place to ensure staff completed their training.

Staff confirmed that they received an annual appraisal to review their performance and, where appropriate, identify any training needs. Staff also confirmed that they received recorded supervisions on a range of topics.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

All staff employed attended regular staff meetings relevant to their roles in the home. Minutes of these meeting were drafted and made available to all staff; especially to those staff unable to attend the meeting, to aid in the sharing of information.

Flash meetings were held daily Monday to Friday with nominated staff members of all disciplines to quickly identify any emerging concerns in relation to care delivery or service provision. Safety huddles, with all relevant staff, were held to communicate any changes to patients' care or service provision.

Staff were observed to work well and communicate well with one another during the inspection. Care was delivered in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles. Handover sheets were given to staff containing the pertinent patient details.

Supplementary care records were recorded to capture the care provided to patients. This included any assistance with personal care, food and fluid intake and any checks made on patients. Nursing staff completed daily progress notes to evaluate the daily care delivery.

All patients had a pressure management risk assessment completed monthly. Where a risk of skin breakdown was identified; a care plan was developed to guide staff in how to manage this risk. Where patients required to be repositioned, records of repositioning had been maintained well. Where patients had a wound, a wound care plan directed the actions to be taken to treat the wound and wound evaluations were completed at the time of wound dressing to monitor the progress of the treatment.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Incident forms were completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. Accident records evidenced that the appropriate actions had been taken following a fall in the home and the appropriate persons notified.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dietitians. Patients spoke positively on the food provision in the home. One told us, "The food is lovely and it is all homemade". Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

Charts were recorded daily to record patients' fluid intake and bowel management. The results of these were transcribed into the patients' daily evaluation records and included the actions taken where any deficits were identified within either regard.



### 5.2.3 Management of the Environment and Infection Prevention and Control

The home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms were reviewed. Patients' bedrooms were personalised with items important to them. Appropriate doors leading to rooms which contained hazards to patients had been locked. The home was warm, clean and comfortable. There were no malodours detected in the home.

It was evident that fire safety was important in the home. Staff had received training in fire safety and the manager confirmed fire safety checks including fire door checks and fire alarm checks were conducted regularly. Corridors in the home were free from clutter and obstruction as were the fire exits should patients have to be evacuated. Fire extinguishers were easily accessible. All staff had received recent fire training and had attended a fire drill within the previous 12 months.

Infection prevention and control audits and environmental audits were conducted monthly and contained action plans to address any deficits found. Audits included the use of personal protective equipment and hand hygiene. However, several staff were observed in areas where care was delivered not bare below the elbow, for example, wearing wrist jewellery which would inhibit effective hand hygiene. This was discussed with the manager and identified as an area for improvement.

### 5.2.4 Quality of Life for Patients

Patients appeared comfortable and settled in their environment. There was a pleasant atmosphere throughout the home. It was observed that staff provided care in a caring and compassionate manner. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

A new activities therapist had recently been employed to promote activity provision. A programme of activities planned for July 2024 was on display at the reception area. Seventeen patients were observed taking part in arts and crafts in the Bronte Unit. Patients spoke fondly of a 'Teddy Bears Picnic' the previous week and baking and decorating pancakes the previous day. Activities were conducted on a group basis or on a one to one basis where this was preferred. Individual records of activity engagements were recorded. These included activities which had been offered but refused. External musicians had been planned to attend the home to entertain patients.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "The staff here couldn't be improved upon. There is always plenty going on". Another patient told us, "I really love it here. The staff are very good; I couldn't manage without them".

Relatives were equally satisfied with the care provision in the home. One told us, "Patients are cared for as a person here; staff have the personal touch. They are warm, friendly and kind. Any concerns are responded too". Another commented, "I feel happy that xxx is safe and cared for when I leave here". One relative raised a concern regarding the laundry service which was shared with the manager for their review and action as appropriate.

Relatives were involved in an updated patients' life story project whereby the relatives could give a greater insight to the patients' history with such information as family, hobbies and careers which in turn would give staff interacting with them a more personalised one to one engagement and a more personalised activity provision.

Minutes were maintained of a recent relatives' meetings. Topics included visiting, life story project, safety on food and fluid intake, labelling of clothing, toiletries, upcoming events and new staff employed.

Minutes were maintained of a recent patients' meeting. Topics included food quality, staffing and activity provision.

Visiting was open for relatives to attend when they wished and patients were free to leave the home with family members if they wished.

### 5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the management arrangements. Florentina Moca has been the registered manager of the home since 21 October 2021. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager. Staff told us that they found the manager and management team to be 'approachable', 'transparent' and would 'listen to any concerns'.

In the absence of the manager, a nominated registered nurse would take charge of the home. Nurses first completed a competency and capability assessment on taking charge of the home prior to commencing this role. Staff confirmed that the management team were contactable at all times should they require assistance.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff had a good understanding of the home's organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

The manager confirmed their own internal governance practices in order to monitor the quality of care and other services provided to patients. Audits were conducted on, for example, patients' care records, restrictive practice, wound care, medicines management, staff training and the environment.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and completed reports were available for review by patients, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

A complaint's file was maintained and records kept to include the nature of any complaint and any actions taken in response to the complaint. The number of complaints made to the home was low. Any compliment's received were also kept on file and shared with staff. Compliments included thank you cards, emails of thanks and any verbal compliments recorded on receipt.



## 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Florentina Moca, Registered Manager and Julie McKearney, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (17 July 2024)	<p>The registered person shall ensure that all staff remain bare below the elbows in all areas of the home where care is provided.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Manager undertakes a Daily walkabout ensuring that all employees are adhering to Infection Control Standards and Policy. Supervision completed with all staff. Staff have been reminded through the Safe Care Huddles, daily flash meetings and staff meetings of the importance of dress code policy and bare below elbow in reducing the risk of infection transmission. Monthly infection control audit completed by Home Manager and any deficits identified will be included in an action plan.</p>

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



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