Ardmaine Care Home
RQIA ID: 1460
8 Fullerton Road
Newry
BT34 2AY

Inspector: Donna Rogan
Inspection ID: IN022014

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Unannounced Care Inspection
of
Ardmaine Care Home

21 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 21 April 2015 from 10.00 to 15.30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

The focus of this inspection was continence management which was underpinned by selected criterion from:

Standard 4: Individualised Care and Support; Standard 6: Privacy, dignity and Personal Care; Standard 21: Heath care and Standard 39: Staff training and development.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 9 October 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	1

The details of the QIP within this report were discussed with Ann Begley, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons/Dr Maureen Royston	**Registered Manager:** Ann Begley
Person in Charge of the Home at the Time of Inspection: Ann Begley	**Date Manager Registered:** 04/03/2015
Categories of Care: NH-MP, NH-I, NH-DE	**Number of Registered Places:** 65
Number of Patients Accommodated on Day of Inspection: 48	**Weekly Tariff at Time of Inspection:** £593

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

Standard 4: Individualised Care and Support, criteria 4 and 8
Standard 6: Privacy, dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21: Heath care, criteria 6, 7 and 11
Standard 39: Staff training and development, criterion 4

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager.
- Discussion with patients.
- Discussion with staff.
- Discussion with relatives/representatives.
- Review of care records.
- Observation during a tour of the premises.
- Evaluation and feedback.

The inspector met with twenty patients individually and with others in groups, eight care staff and three patients' relatives/visitor/representatives.

Prior to inspection the following records were analysed:

- Notifiable events submitted since the previous care inspection.
- The registration status of the home.
- Written and verbal communication received since the previous care inspection.
- The returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year.

- The previous care inspection report.

The following records were examined during the inspection:

- Staff duty rotas.
- Staff training records.
- Four care records.
- A selection of policies and procedures.
- Guidance for staff in relation to continence care.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 9 October 2014. The completed QIP was returned and approved by the inspector. The findings of this inspection are outlined in section 5.2.

5.2 Review of Requirements and Recommendations from the last care inspection

Previous Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 20 (1) (c) (i)	Ensure all staff receive mandatory training, this includes, safeguarding vulnerable adults, food hygiene, first aid and infection control. Registered nursing staff managing wound care should receive up to date training.	**Met**
	Action taken as confirmed during the inspection: A review of the training records evidenced that since the previous inspection that staff received up to date safeguarding vulnerable adults, first aid, food hygiene and infection control training. Training is monitored by the registered manager to ensure all staff complies with their mandatory training needs.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 **Ref**: Regulation 15	Ensure the following issues are addressed; • A full assessment of patients' needs should include nutritional and fluid intake/output management. • Ensure fluid balance charts contains all relevant information which includes the target amount of fluids alongside the action to take when the target is not met.	
	Action taken as confirmed during the inspection: A review of four care records evidenced that a full assessment of patients' needs was conducted and that they included evidence of the patients' nutritional and fluid intake/output management. A review of the fluid balance charts evidence that they contained information relevant to the patients' needs. The information included the target amount of fluids and the action taken when the target set was not met.	**Met**

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref**: Regulation 16 (2) (b)	The registered person must ensure that care plans/care records are kept under review in relation to the following: • The prevention of pressure ulcers. • Type of pressure relieving equipment is based on the outcome of a validated pressure ulcer risk assessment and clinical judgement. • The frequency of re-positioning patients should be recorded in care plans in accordance with assessed need and this should be accurately reflected on repositioning chart records. • Patients mobility aids should be included in the care plan. • Re-assess one identified patient's moving and handling needs (while seated) in conjunction with the occupational therapist. • Ensure a record is maintained of monitoring arrangements in place for the use of lap	**Met**

	straps.	
	Action taken as confirmed during the inspection: Following a review of four care records it was evident that three were up to date and included appropriate information in relation to pressure ulcer management. One care record was required to be updated. A requirement is made to ensure it is updated. There were no patients identified that required the use of a lap strap during the inspection.	
Previous Inspection Statutory Requirements		**Validation of Compliance**
Requirement 4 **Ref**: Regulation 30 (1) (d)	The registered person must ensure that notification is submitted to RQIA of the occurrence of all pressure ulcers grade 2 or above.	**Met**
	Action taken as confirmed during the inspection: The inspector confirms that notifications have been made to RQIA of the occurrence of pressure ulcers grade 2 or above.	
Previous Inspection Statutory Requirements		**Validation of Compliance**
Requirement 5 **Ref**: Regulation 24 (3) & (4)	The registered person must ensure that any complaint made is fully recorded and the person who made the complaint is informed of the investigative process, outcome and action (if any) that is to be taken	**Not Met**
	Action taken as confirmed during the inspection: The inspector could not validate this requirement the complaint record was not made available to the inspector during the inspection.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 6 **Ref**: Regulation 18 (2) (j)	The registered person must ensure that the offensive odour is addressed in the identified bedroom **Action taken as confirmed during the inspection**: There were no malodours detected on the day of inspection. The registered manager confirmed that the identified carpet from the previous inspection has been replaced.	**Met**
Previous Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 27	It is recommended that the policy relating to nursing records management is updated to reflect only current guidance (not UKCC) and be localised to reflect/reference The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Nursing Homes Minimum Standards (2008). **Action taken as confirmed during the inspection:** A review of the policy relating to nursing records has been updated to reflect current guidance and was reflective of The Nursing Home Regulations (Northern Ireland) 2005.	**Met**
Previous Inspection Recommendations		**Validation of Compliance**
Recommendation 2 **Ref**: Standard 28	It is recommended that all staff are continued to be supported with training commensurate with their roles and responsibilities in relation to the following until 100% compliance is achieved: • Record keeping. • Skin care and prevention and management of pressure ulcers. • Wound care (registered nurses). • Management of nutrition. • Management of dysphagia. **Action taken as confirmed during the inspection:** A review of the training records evidenced that staff continue to receive training as appropriate in relation to the above. Staff confirmed this during	**Met**

	discussion.	
Previous Inspection Recommendations		**Validation of Compliance**
Recommendation 3 **Ref**: Standard 25.11	It is recommended that audit of nursing records is further developed to ensure the sample size is proportionate to the number of patients accommodated in the home and that re-audit evidences that action is taken to address any deficits or areas for improvement identified through the audit process. **Action taken as confirmed during the inspection:** The registered manager confirmed that the auditing of care records has recently been reviewed and the amount audited is in proportion to the number of patients accommodated in the home. The audits reviewed included the action taken to address any deficits or areas identified for improvement.	**Met**
Previous Inspection Recommendations		**Validation of Compliance**
Recommendation 4 **Ref**: Standard 28.1	It is recommended that the following identified issues pertaining to induction of staff are addressed: • A final statement of competency is signed off by the acting manager and retained on file. • Any identified issues raised by staff/identified through the inspection regarding induction are followed up by the acting manager. **Action taken as confirmed during the inspection:** A review of staff induction evidenced that an overall statement of competency is signed of following completion. Any issues identified were followed up.	**Met**

5.3 Continence Care and Management

Is Care Safe? (Quality of Life)

There were up to date policies in place for continence care and management and care of urinary catheters. The following recommended guidelines were in place and available for staff:

- RCN continence care guidelines.
- British Geriatrics Society Continence Care in Residential and Nursing Homes.
- NICE guidelines on the management of urinary incontinence.
- NICE guidelines on the management of faecal incontinence.

Discussion with the registered manager and review of induction records confirmed that a number of staff had received continence training on induction. The registered manager also confirmed that registered nursing staff were trained and competent in male and female catheterisation. Discussion with care staff confirmed that they had received training in continence care. All staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Is Care Effective? (Quality of Management)

Review of four patients' care records evidenced that bladder and bowel continence assessments were undertaken for all four patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans.

There was evidence in four patients' care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The care plans reviewed addressed the patients' assessed needs in regard to continence management.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken as required and patients were referred to their GPs as appropriate. Arrangements were in place to obtain advice and support from external health professionals and services.

Review of four patients' care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.

Monthly quality monitoring also takes place within the home including an audit of care records which incorporates continence care.

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Compassionate? (Quality of Care)

During the inspection staff were observed to treat the patients with dignity and respect. Good relationships were very evident between patients and staff. Staff were observed to respond to

patients' requests promptly. Patients confirmed that they were content and happy in the home. They stated that staff were kind and attentive and their needs were responded to in a timely way.

Areas for Improvement

There were no requirements or recommendations made regarding continence care and management.

Number of Requirements	**0**	**Number Recommendations**:	**0**

5.4 Additional Areas Examined

5.4.1 Environment

An inspection of the premises identified improvements in this area has continued and there is a refurbishment/redecoration programme in place. The registered manager informed the inspector that there are plans to renew the carpet to the upstairs corridors and that they are currently planning to landscape the gardens and tarmac areas in the grounds of the home in the very near future. The home was observed to be clean and tidy and the inspector commended the domestic staff on duty in relation to the cleanliness of all areas.

The following issues were identified to be addressed in relation to the environment;

- Repair/replace the identified chest of drawers.
- ensure the repairs are carried out to the identified bathroom in order to ensure it is brought back into commission.
- repair/replace the wallpaper in the cinema room.

A requirement has been made regarding the environment.

It is also recommended that all information such as orientation boards, menus, seasonal cards and clocks are kept up to date in the dementia unit.

5.4.2 Care records

Four care records were reviewed. Improvements were observed regarding the overall management of care records. Three of the four care records reviewed were up to date and were reflective of patients' needs. One patient's care record required to be updated in relation wound care management. The wound care observation chart had not updated from 13 April 2015 to 19 April 2015 to state that the wound had been redressed. There was reference to the wound in the daily records. However there was insufficient information regarding the state of the wound at that time. The care record stated that the wound had increased in size from 13 April 2015 to 19 April 2015. The registered manager agreed to ensure this matter was addressed during staff supervision. A requirement is made in this regard.

It is recommended that wounds are supported by up to date photography in keeping with current best practice. A recommendation is made in this regard.

5.4.3 Meal times

The inspector observed the lunch time meal being served alongside the registered manager. It was agreed that the meal time is reviewed. The following issues were observed, two patients informed the inspector and registered manager that they could not eat the steak provided for lunch as it was too tough. Two patients also informed the inspector and registered manager that they could not eat the alternative to the steak which was vegetable roll as it was also too tough. The menu displayed was not reflective of the meal offered and staff were not aware of what meat was being served for the pureed meal. Staff were also not aware of what the planned dessert menu was. The serving of the meal is required to be reviewed as assistance was not always provided to patients in a timely was. Food was allowed to go cold and left uncovered. Staff were observed to transport food uncovered and without trays to patients in their bedrooms. Two registered nurses were observed to administered medicines during the serving of the lunch time meal and were not available to direct staff during the lunch time meal. The hot food trolley is required to be thoroughly cleaned after each meal time. A requirement is made that meal times are reviewed in order to ensure the above issues do not reoccur.

5.4.4 Discussion with staff

The inspector spoke with approximately eight members of staff during the inspection. All were positive in their responses regarding care in the home. All stated they attended regular staff meetings and felt they could approach the registered manager if needed. The following comments were made to the inspector.

“I am happy to be part of the care team here in Ardmaine.”
“The care is good here we work well together.”
“We are well trained; we are expected to update our training annually.”
“I think we do a good job here”.

5.4.5 Discussion with patients

The inspector had discussion with approximately 20 patients, both individually and in groups. With the exception of those patients expressing dissatisfaction with the food, those who were able to have discussion with the inspector were very positive about their daily life in the home. Comments included:

“I’m content here and I feel safe”
“My family live close by and someone visits me everyday”
“We are well looked after”
“Staff are very king and they always come when I press my buzzer.

5.4.6 Discussion with patients’ representatives

RQIA spoke with three visiting relatives who commented that the food was good, the staff friendly and the care very good. One relative commented to the inspector, “I am here every day from 10.00 and do not leave until 20.30 and I can tell you that the compassion that I observed from staff have for patients in the here is unbelievable”

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ann Begley, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (2005).

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 27 **Stated:** First time **To be Completed by:** 30 June 2015	The registered persons must ensure that the issues listed in section 5.4.1 are addressed in relation to the environment. **Response by Registered Manager Detailing the Actions Taken:** The identified chest of drawers has been repaired by the Maintenance Man. Issues in the identified bathroom have been resolved and the room is back in commission. Re-decoration of the Cinema Room has commenced and will be completed by 11/06/2015.
Requirement 2 **Ref:** Regulation 15 (2) **Stated:** First time **To be Completed by:** 18 May 2015	The registered persons shall ensure that the identified care record is updated to evidence the care delivered. Photography of wounds should be included in the care records to support care in keeping with best practice. **Response by Registered Manager Detailing the Actions Taken:** Identified Care Record has been updated. All SN's adviced to revisit NMC and NIPEC Guidance on Record Keeping to ensure best practice is being met. Supervisions on-going with SN's regarding Wound Care Documentation and Recording of Wounds to ensure all care is in keeping with best practice.
Requirement 3 **Ref:** Regulation 24 (3) & (4) **Stated:** Second time **To be Completed by:** 18 May 2015	The registered persons must ensure that any complaint made is fully recorded and the person who made the complaint is informed of the investigative process, outcome and action (if any) that is to be taken. **Response by Registered Manager Detailing the Actions Taken:** Four Seasons Health Care Policy and Procedure in place and now being followed accordingly. Complaint is logged; letter of acknowledgement forwarded; investigaion or follow up completed and the compiaintant advised of the outcome; any actions required are documented and disemminated to staff.
Requirement 4 **Ref:** Regulation 12 (4) **Stated:** First time **To be Completed by:** 18 May 2015	The registered persons shall ensure that the serving of meal times is reviewed to ensure best practice is adhered to at all times and the issues identified in 5.4.3 do not reoccur. **Response by Registered Manager Detailing the Actions Taken:** Dining Practice Reviewed to ensure staff are allocated appropriately to dining areas to ensure residents are assisted accordingly. SN's reminded that we encourage "Protected Meal Times" whereby relatives are discouraged to visit and there should be no administration of Medications at Lunch Time or Tea Time unless there is specific requirement from a GP. Menus currently being revised by Head Chef and will incorporate resident

	suggestions raised from "Food Questionnaires". FSHC Quatily Dining Audit is completed twice per year or mote frequently when requried as a tool to highlight any furhter areas for improvement.
Recommendations	
Recommendation 1 **Ref:** Standard 25 **Stated:** First time **To be Completed by:** 18 May 2015	The registered persons shall ensure that orientation boards, menus, seasonal cards and clocks etc are kept up to date in the dementia unit.
	Response by Registered Manager Detailing the Actions Taken: PAL - Personal Activities Leader is maintaining Orientation Boards; Seasonal Cards; Clocks . Where a resident requests to keep Cards throughout the year - staff will facilitate; PAL to assist with Individualised Display Boards in rooms where required. Kitchen Staff are maintaining menu boards; ensuring they are updated in a timley manner through the day.

Registered Manager Completing QIP	Ann Begley	**Date Completed**	08/06/2015
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	10.06.15
RQIA Inspector Assessing Response		**Date Approved**	

Please ensure the QIP is completed in full and returned to service type email address from the authorised email address

MANAGING DIRECTOR
12/6/15

The Regulation and Quality Improvement Authority

RQIA Inspector Assessing Response	**Donna Rogan**	**Date Approved**	23 June 2015