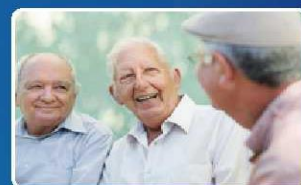




# Unannounced Care Inspection Report 11 January 2019



## Ard Cuan

**Type of Service: Residential Care Home**  
**Address: 1 Demesne View, Portaferry BT22 1QX**  
**Tel No: 028 4272 8806**  
**Inspector: Kieran McCormick**

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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 residential care home with 17 beds that provides care for residents which fall under the categories of care cited in Section 3.0 of this report.

### 3.0 Service details

<b>Organisation;</b> Ard Cuan  <b>Responsible Individuals:</b> James Caldwell William McClintock	<b>Registered Manager:</b> Frances Mullan
<b>Person in charge at the time of inspection:</b> Deborah Johnston – senior care assistant	<b>Date manager registered:</b> 21 September 2007
<b>Categories of care:</b> Residential Care (RC) RC - I (older people) RC - DE – Dementia (10 places)	<b>Number of registered places:</b> 17

### 4.0 Inspection summary

An unannounced care inspection took place on 11 January 2019 from 11.50 hours to 16.00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards, August 2011.

Evidence of good practice was found in relation to maintaining good working relationships, the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. There were also examples of good practice found throughout the inspection in relation to care records, staffing, training, supervision and appraisal, infection prevention and control and the home's environment.

An area requiring improvement was identified in relation to the review of policies and procedures for the home.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Frances Mullan, registered manager and Deborah Johnston, senior care assistant, 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 care inspection

No further actions were required to be taken following the most recent inspection on 1 May 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the registration status of the home, the previous inspection report, notifiable events, pre-inspection audit and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, the registered manager, seven residents and four staff.

Questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. The inspector provided the person in charge with 'Have we missed you cards' which were then placed in a prominent position to allow residents 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. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

During the inspection a sample of records was examined which included:

- staff duty rotas for weeks beginning the 31 December 2018 and 7 January 2019
- staff supervision and appraisal records
- staff training schedule and training records
- one staff file
- two residents' care files
- accident, incident, notifiable event records
- minutes of a residents' meeting held on 26 November 2018
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005
- policies and procedures folder
- RQIA registration certificate
- employer's liability insurance certificate
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 1 May 2018

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 1 May 2018

There were no areas for improvements made as a result of the last care inspection.

## 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 person in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff and a review of records confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided.

The person in charge advised that no staff were recruited since the previous inspection; therefore staff recruitment records were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Review of records confirmed that all care staff working in the home were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and

whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff; the registered manager was advised to ensure that the staff training matrix was kept up to date.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE) e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. We observed one shower facility that required some repair. This was discussed with the registered manager for their attention; there were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Review of staff training records confirmed that staff completed fire safety training twice annually.

Residents spoken with during the inspection made the following comments:

- “The food is excellent.”
- “The staff are fantastic, the place is spotless.”
- “I am so happy living in Ard Cuan.”
- “I feel like I am just in my own home.”
- “Frances is great and she is always around.”

There were no completed questionnaires returned to RQIA from residents, residents' visitors/representatives and staff.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, training, supervision and appraisal, infection prevention and control and the home's environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

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

Observations and discussion with the registered manager and person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care records were noted to be reviewed and/or evaluated at intervals however the frequency was not always consistent; this was discussed with the registered manager who was advised to ensure that all staff maintained a consistent approach to the review/evaluation of residents care records.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Residents were assisted to the dining room or had trays delivered to them as required. Residents indicated that they enjoyed their meal. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example reports following visits from the registered provider, annual quality review report and residents’ meeting minutes were on display or available on request for residents, their representatives and any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other interested parties.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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.**

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights; independence, dignity and confidentiality were protected.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Observations and discussion with staff and residents confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. A suggestions box was available and residents were encouraged and supported to actively participate in residents’ meetings and visits by the registered provider.



Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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**

The registered manager and person in charge outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place which supported the delivery of care; however, many of the policies and procedures sampled had not been reviewed, completed or maintained in accordance with the standards. This was discussed with the registered manager for their attention and an area for improvement under the standards was made.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. This was displayed in the home for residents and relatives to see. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

The home retains compliments received e.g. thank you letters and cards, and there are systems in place to share these with staff; a number of these compliments were displayed in the home.

A review of accidents and incidents confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration and employer’s liability insurance certificate were displayed, however the insurance certificate displayed was noted to have expired; this was discussed with the registered manager and a new certificate was displayed prior to the conclusion of the inspection.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

**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**

An area for improvement was identified in relation to the review of policies and procedures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Frances Mullan, registered manager and Deborah Johnston, senior care assistant, 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.

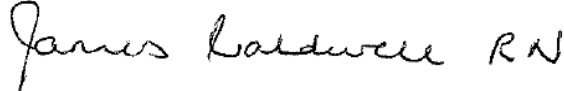
Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards, August 2011.

### **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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2019</p>	<p>The registered person shall ensure that all policies and procedures are subject to a systematic three yearly review, are signed and dated at the time of issue or review.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All policies and procedures have been reviewed (and updated where necessary) and are now subject to systematic three yearly review.</p> <p>Signed  RN</p> <p>James Caldwell <span style="float: right;">Responsible Individual</span></p> <p>Date 13 March 2019</p>

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



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