

Inspection Report

16 January 2023



Ard Cuan

Type of service: Residential Care
Address: 1 Demesne View, Portaferry, BT22 1QX
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: Ard Cuan | Registered Manager: Mrs Frances Ann Mullan |
| Registered Person/s: Mr James Caldwell & Mr William McClintock | Date registered: 21 September 2007 |
| Person in charge at the time of inspection: Joan Coffey – person in charge | Number of registered places: 17 A maximum of 10 service users in category RC-DE |
| Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. | Number of residents accommodated in the residential care home on the day of this inspection: 15 |
| Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 17 residents. The home is divided over two floors and includes communal lounge, dining room, bathrooms and residents' bedrooms. There is a mature garden including seating areas which resident can enjoy when desired. | |

2.0 Inspection summary

An unannounced inspection took place on 16 January 2023, from 10.00 am to 3.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Residents spoke positively regarding the experience of living in the home and were well presented in their appearance.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff members are included in the report.

Observation showed that staff promoted the dignity and well-being of resident and were knowledgeable of residents' care needs to enable them to deliver safe and effective care. There was a good working relationship between staff and management.

Areas for improvement were identified and can be found in the Quality Improvement Plan (QIP) (Section 7.0).

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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 person in charge at the conclusion of the inspection.

4.0 What people told us about the service

Residents, staff and a visitor were spoken with individually and in small groups. Resident spoke positively about the care they received in Ard Cuan. Comments included "they look after us very well", "it's first class here and has always been like that" and "the food is good and there's plenty of it".

Staff said "it's like a family home", "all the residents are like my family", "staff work well together" and "there are no staff problems as everyone covers each other".

A relative's comments included "they keep me well informed", "there is plenty of entertainment" and "it's a clean and well-presented home".

There were no completed resident or relative questionnaires received following the inspection and no responses to the online staff survey.

A record of compliments received about the home was kept and shared with the staff team.

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 18 November 2021 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time | The registered person shall ensure cleaning chemicals are stored in a secure area to prevent hazards to residents' safety. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Area for improvement 2 Ref: Regulation 13 (4) Stated: First time | The registered person shall ensure that medicine administration records are accurately completed | Carried forward to the next inspection |
| | Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 3 Ref: Regulation 13(4) Stated: First time | The registered person shall ensure that a controlled drugs record book is maintained. | Carried forward to the next inspection |
| | Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |

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| Area for improvement 4 Ref: Regulation 13(4) Stated: First time | <p>The registered person shall ensure that controlled drug stock reconciliation checks are performed and recorded by two staff members at each shift handover.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | Carried forward to the next inspection |
| Area for improvement 5 Ref: Regulation 13 (4) Stated: First time | <p>The registered person shall ensure that full records of the prescribing and administration of thickeners are maintained.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 6.6 Stated: First time | <p>The registered person shall ensure the residents care plan is kept up to date and reflects the resident’s current needs in relation to moving and handling equipment, repositioning needs, food and fluid intake and recording of weight.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | Met |
| Area for improvement 2 Ref: Standard 20.10 Stated: First time | <p>The registered person shall ensure working practices are systematically audited to ensure they are consistent with the homes documented policies and procedures and action is taken when necessary.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | |

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| Area for improvement 3 Ref: Standard 32 Stated: First time | The registered person shall ensure that the temperature range of the medicine refrigerator is monitored and recorded each day. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training compliance levels were reviewed and showed a high level of attainment.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The full name of each staff member was required to be included on the rota. This was discussed with the person in charge who agreed to update the rota. This will be reviewed at the next inspection.

Staff told us that there was enough staff on duty to meet the needs of the residents. The person in charge told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, provision of activities.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. These residents were assisted by staff to change their position regularly, however care records did not accurately reflect the residents' needs in regards to repositioning. An area for improvement was identified.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and staff supervision when required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunch meal was a pleasant and unhurried experience for the residents.

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy, fresh smelling and warm. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were nicely decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as, snacks and drinks available and paintings and pictures of local areas of interest to residents.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times, however use of PPE was not always carried out in accordance with the regional guidance. This was discussed with the person in charge and an area for improvement was identified.

Residents said they were satisfied that the home was kept clean and tidy and they had no concerns about cleanliness.

5.2.4 Quality of Life for Residents

Observation of the daily routine and discussion with residents confirmed that they were able to choose how they spent their day, when they got up and if they wanted to participate in the programme of activities.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. As said previously residents had helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families. Staff assisted residents to make phone calls and contacted relatives regularly to provide updates. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Frances Ann Mullan has been the manager in this home since 21 September 2007.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents and a relative spoken with said that they knew how to report any concerns and said they were confident that the manager would address this. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered person to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/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) (Version 1:1)**.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 5* | 1 |

* the total number of areas for improvement includes four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Joan Coffey, Person in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect | The registered person shall ensure that medicine administration records are accurately completed Ref: 5.1 |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |
| Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: With immediate effect | The registered person shall ensure that a controlled drugs record book is maintained. Ref: 5.1 |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |
| Area for improvement 3 Ref: Regulation 13(4) Stated: First time To be completed by: With immediate effect | The registered person shall ensure that controlled drug stock reconciliation checks are performed and recorded by two staff members at each shift handover. Ref: 5.1 |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |
| Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect | The registered person shall ensure that full records of the prescribing and administration of thickeners are maintained. Ref:5.1 |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |

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| Area for improvement 5 Ref: Regulation 13(7) Stated: First time To be completed by: With immediate effect | The registered person shall ensure the infection prevention and control issues identified in the report are addressed. Ref: 5.2.3 |
| | Response by registered person detailing the actions taken: The infection control issue identified by the inspector has been resolved and will be monitored on an ongoing basis. |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1) | |
| Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: With immediate effect | The registered person shall ensure that residents who required repositioning have an up to date and accurate record of kept in the home. Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: All residents who require repositioning have up to date and accurate records maintained in the home and checked daily. |

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



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