



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

3 March 2020



Ard Cuan

Type of Service: Residential Care Home
Address: 1a Demesne View, Portaferry, BT22 1QX
Tel No: 028 4272 8806
Inspector: Elizabeth 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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 17 residents.

3.0 Service details

Organisation/Registered Provider: Ard Cuan Responsible Individuals: James Caldwell William McClintock	Registered Manager and date registered: Frances Ann Mullan 21 September 2007
Person in charge at the time of inspection: Frances Ann Mullan	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	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 3 March 2020 from 10.10 hours to 14.40 hours.

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

The following areas were examined during the inspection:

- staffing arrangements
- deprivation of liberty safeguards (DoLS)
- meals and mealtimes
- care records
- consultation with residents, staff and visiting professionals
- governance arrangements
- the environment

Residents described the home in very positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Four areas for improvement were identified in relation care records and the home's environment.

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

The following areas were examined during the inspection:

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	4

*The total number of areas for improvement includes one regulation which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Frances Mullan, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 November 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection the inspector met with 6 residents individually and a further four residents in a group setting, four staff and two residents representatives. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to be 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.

The following records were examined during the inspection:

- incident and accident records from 14 November 2019 to 3 March 2020
- staffing rotas and NISCC registration
- staff meetings
- the care records of three residents
- a sample of reports of visits by the registered provider/monthly monitoring reports

- a sample of governance audits/records
- RQIA registration certificate
- staff training records
- cleaning schedules
- fire safety records

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not 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 previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13.-(7) Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff through monitoring of the cleaning schedules.	Partially met
	Action taken as confirmed during the inspection: Review of documentation confirmed that cleaning schedules are in place and monitored. However they require review as discussed with the manager to provide more information.	
	This area for improvement was partially met and is stated for the second time.	
Area for improvement 2 Ref: Regulation 14.-(2)(a)(c) Stated: First time	The registered person shall ensure substances hazardous to health including cleaning chemicals are stored in a locked cupboard.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the manager confirmed that substances hazardous to health including cleaning chemicals were stored in a locked cupboard.	

Area for improvement 3 Ref: Regulation 21.-1(h) Stated: First time	The registered person shall ensure any variation to the home is notified to and approved by RQIA prior to any change taking place. The removal of a bath from one of the bathrooms will be notified to RQIA immediately.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that RQIA had been notified of this change.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that the monthly reviews for care plans are consistently completed signed and dated.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that monthly reviews of care plans were consistently completed signed and dated.	

6.2 Inspection findings

6.2.1 Staffing

On arrival at the home some residents were in the lounge or their bedrooms. We could see staff respond promptly to residents call bells; assist and support residents in accordance with their individual needs in a respectful unhurried manner. Residents expressed no concerns regarding staffing levels and staff told us that staffing levels were currently satisfactory in meeting the needs of residents.

Comments included:

- “They look after me very well, girls are great.” (resident)
- “Couldn’t be better I am well looked after.” (resident)
- “Happy in the home, staff are very kind.” (resident)
- “I love working here, we are family here.” (staff)
- “Make you feel very welcome.” (visitor)

Staffing levels explained by the manager were reflected within the staff duty roster which included management, senior care staff and care assistants.

We were informed that no new staff had been appointed since the last inspection. Therefore this area was not reviewed. Recruitment was reported to be in accordance with legislative requirements. Discussion with staff and review of the staff registrations with Northern Ireland Social Care Council (NISCC) evidenced that all staff were registered as required.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and was generally maintained on an up to date basis; however, it was noted that there were a number of staff who had not completed up to date training in infection prevention and control. This area was discussed with manager who provided evidence that training had been organised for April 2020.

6.2.2 Deprivation of Liberty Safeguards (DoLS)

We were informed that there was a policy and procedure on restrictive practice/behaviours that challenge which was in keeping with current legislation and reflected best practice guidance on Deprivation of Liberty Safeguards (DoLS). In discussion with the manager it was confirmed that care staff had completed the Mental Capacity Act/Deprivation of Liberty Safeguards training level 2. The manager was attending level 3 training on 4 March 2020 provided by the trust.

The front door to the home was operated by a keypad mechanism and residents who were able to use this were aware of the code. The use of a Hydro tilt chair was observed which had been prescribed by the occupational therapist. The chair was being used to improve the resident's posture, however its use would also be considered restrictive as the tilt mechanism stopped the resident from rising from the chair. There was no care plan in place to provide guidance for staff and consent from the resident or their representative. An area for improvement under the standards was made.

6.2.3 Meals and meal times.

Menus were observed to be varied, appeared nutritious with choice provided at main meal times. The cook explained that when special diets are required the staff provide written notice to the kitchen.

Mid- morning, afternoon and evening snacks are provided. Residents told us they could have extra snack if wanted, "they only had to ask"

Dining tables were nicely set with condiments, napkins and drinks provided. We discreetly observed the serving of the midday meal. Meals were plated by the cook and served to residents by staff. Staff were familiar with residents' individual dietary needs and provided residents with appropriate meal choices. Residents were assisted to their seat when this was required. Those residents who preferred to eat in their rooms had a hot meal of their choice served to them on a tray.

The lunch time meal looked and smelt appetising and nutritious and residents were seen enjoying the food. The home displayed a food hygiene rating of 5 (very good) from Ards Borough Council. Relatives and residents told the inspector that the food was lovely and that you could not find fault with it. Comments made by residents included:

- "The meals are great, plenty to eat"
- "Good home cooking."
- "Food is good."

6.2.4 Care records

Three care records were reviewed. Records were individualised and person centred with evidence of resident involvement; and care records were regularly reviewed. In one identified care record there was no care outlined for an indwelling catheter or if the pain relief prescribed was effective. An area for improvement under the standards was made.

In the three care records reviewed it was noted that the record of residents' possessions was not reconciled at least quarterly or signed by two people.

6.2.5 Consultation with residents, staff and visiting professionals

During the inspection we met with six residents individually and a further four residents in a group setting, four staff and two residents representatives. Residents appeared to be relaxed and comfortable in their surrounding and in their interactions with others. The residents spoken with were very positive about their experience of living in the home, stating that staff were very friendly and helpful. None of the residents spoken with voiced any concerns.

We also consulted with two resident's representatives. The two representatives were very happy with the home and the care provided.

Of the 10 questionnaires left in the home, five were returned all residents indicated that they were very satisfied the home was providing safe, effective and compassionate care and that the home was well led. Comments included in the returned questionnaires are as follows:

- "The girls are great and help me with anything."
- "It's lovely here, I feel at home."
- "Every one of the staff are good, will help you when you need it."
- "I love it here, everyone is so homely, it's my home."
- "It's lovely here."

No completed staff questionnaires were submitted to RQIA following the inspection.

6.2.6 Governance arrangements

We reviewed monthly audits to assist with reviewing the quality of services delivered. Audits of, infection prevention and control, home environment, cleaning schedules and care records were undertaken. As discussed in section 6.1 cleaning schedules were an area of improvement as the previous inspection these require review and the area for improvement has been stated for the second time.

Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider's representative. Review of reports confirmed compliance with Regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and Minimum Care Standards.

Review of the record of staff meetings indicated that these are held on a regular basis and at least quarterly.

There has been no accidents or incidents recorded since the previous inspection.

Review of the estates folder found it to be extremely well organised and fire safety records were well recorded and up to date.

6.2.7 The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were well maintained, clean and tidy.

We observed that all store rooms requiring restricted access were locked with either a key or keypad.

The carpet in the corridors down stairs is light coloured and was very stained in places, the carpets of two identified bedrooms were also stained and one was raised in places which be a potential trip hazard. This was discussed with the manager who stated that raised carpet was to be replaced. An area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic about the home. Staff were knowledgeable of the needs of the residents and worked well as a team to deliver the care required.

Areas for improvement

Four areas for improvement were identified in relation to care records and the home's environment.

	Regulations	Standards
Total number of areas for improvement	0	4

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, 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 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 DHSSPS 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: Second time To be completed by: 3 April 2020	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff through the development and monitoring of the cleaning schedules.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Actioned. Cleaning schedules monitored and refined as and when necessary.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 3 April 2020	<p>The registered person shall ensure that a care plan is developed for the use of the Hydro tilt chair.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Care plan developed and in place.</p>
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 3 April 2020	<p>The registered person shall ensure that in the identified care record a care plan is developed for catheter care and that the reviews for the care plan for pain management includes whether the pain relieve was effective.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Care plan developed and in place and the pain management care plan has been revised to include a review of the effectiveness of the pain management action.</p>
Area for improvement 3 Ref: Standard 8.7 Stated: First time To be completed by: 3 April 2020	<p>The registered person shall ensure that a record of residents' possessions is reconciled at least quarterly. Two signatures should be recorded against the reconciliation.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Actioned.</p>

Area for improvement 4 Ref: Standard 27.3 Stated: First time To be completed by: 3 April 2020	The registered person shall ensure that carpets are cleaned or replaced as required. Ref: 6.2.7 Response by registered person detailing the actions taken: The carpets will be replaced in the near future. We are minimising external visits to the home during the Covid 19 emergency.
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Please ensure this document is completed in full and returned via Web Portal



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