

Inspection Report

12 March 2024



Ard Cuan

Type of Service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ard Cuan Registered Persons James Caldwell William McClintock	Registered Manager: Frances Ann Mullan Date registered: 21 September 2007
Person in charge at the time of inspection: Frances Ann Mullan	Number of registered places: 17
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: 16
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 a communal lounge, dining room, bathrooms and resident's bedrooms. There is a mature garden including seating areas which residents can enjoy when desired.	

2.0 Inspection summary

An unannounced inspection took place on 12 March 2024, 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.

It was evident that staff had a good understanding of residents needs and treated them with kindness and respect. Residents looked well care for and said that living in the home was a good experience. Staff were respectful and promoted the dignity of the residents in all their interactions with them.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Comments received from the residents and staff are included in the main body of the report.

Areas for improvement were identified in relation to staff supervision, Control of Substances Hazardous to Health (COSHH) and effective action planning following staff and resident's meetings.

Based on the inspection findings RQIA were assured that the delivery of care and service provided in Ard Cuan was safe, effective, compassionate and well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are excellent", "I feel at home here" and "we all enjoy a sing song together".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us there was a lovely atmosphere working in the home, team work is good and they feel well supported in their roles.

One visiting professional told us that communication from the home was excellent, the staff team are approachable and residents are well cared for.

One relative spoke highly of the care provided in the home stating that staff were excellent and their loved one was very happy and content living in the home.

Following the inspection, eight questionnaire responses were received from residents and family members and they all confirmed they were satisfied with the care provided in the home.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 January 2023		
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 the infection prevention and control issues identified in the report are addressed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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 Stated: First time	The registered person shall ensure that residents who required repositioning have an up to date and accurate record of kept in the home.	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. A review of staff records confirmed that all staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home. There were enough staff in the home to respond to the needs of the residents in a timely way.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

Review of the staff supervision matrix highlighted that staff had not received supervision in line with the required minimum standard of twice per year. An area for improvement has been identified.

All staff received an annual appraisal and records were maintained.

There were systems in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). However; the current record used to monitor staff registrations did not capture the date that staff were due to renew their registration. This was discussed with the manager who has agreed to review the current record used. This will be reviewed at the next care inspection.

Staff spoke positively about teamwork and confirmed that management support them to fulfil their role and that communication between staff and management was good.

Observations, discussion and review of records confirmed that the staffing arrangements in place met the assessed needs of the residents.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, preferred daily routines and likes/dislikes.

Staff were observed to respect resident's privacy and dignity, they knocked on doors before entering bedrooms and were responsive to requests for assistance.

Review of care records confirmed that residents' needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet residents' needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team (SALT).

Care records were well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input provided by family where appropriate. Residents care records were held confidentially.

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

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

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. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Some residents had been assessed as not having capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and residents care plans reflected this.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff; these records were well maintained and person centred.

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 for residents to socialise, music was playing and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and the dining experience. Staff made sure residents were comfortable, had a pleasant experience and 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 a choice of meals offered, the food was attractively presented and looked appetising. There was a daily menu available for residents and their representatives to view.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and warm for residents. Bedrooms were clean, tidy and personalised with photographs and other personal belongings. Communal areas were nicely decorated, suitably furnished and comfortable. There were no malodours detected in the home.

It was evident that carpet throughout the home, particularly in the lower ground area, was worn, stained and needed replaced. This was discussed with the manager and assurances received that this work will be completed soon. This will be reviewed at the next inspection.

The laundry room door was unlocked meaning residents could potentially access hazardous substances such as laundry and cleaning chemicals that require a secure storage facility as per Control of Substances Hazardous to Health (COSHH) guidance. This was brought to the attention of the manager who arranged for the door to be locked immediately. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The Fire Risk Assessment for the home was last completed on 11 May 2023 and any required actions had been completed within the necessary timeframes.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supplies of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spend their day. For example, residents could have a lie in, spend time in their bedrooms, in the communal lounge, go for a walk in the local area or have a visit with family and friends.

Staff offered choices to residents throughout the day, for example food and drink options and where they wished to spend their time.

An activity board was available for residents and their representatives to view in the communal lounge. Activities offered included, exercise classes, movie nights, beauty treatments, religious activities and arts and crafts. Residents told us that they enjoyed the activities offered in the home, particularly the sing songs and festive activities.

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 their relatives 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 and residents' meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. This was discussed with the manager and an area for improvement was identified.

The home was visited each month by the registered provider 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 (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Frances Ann Mullan, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 12 March 2024	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to residents and others and how to report, reduce and eliminate the hazard.</p> <p>This area for improvement is made with specific reference to ensuring the laundry room door remains locked and cleaning chemicals securely stored.</p> <p>Ref: 5.2.3</p>

	<p>Response by registered person detailing the actions taken: Management have completed one to one training with staff to ensure staff are aware of the dangers of exposing residents to laundry facility, and to ensure door is locked after each use.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person shall ensure that all staff receive individual, formal supervision no less than every six months.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Management complete supervision at least every six months, however, the last session of supervision was not completed in the time frame due to a covid out break and staff illness. The reason was noted on the supervision matrix, management will ensure all further supervision will be within the time frame.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.5 & 25.8</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person shall ensure that action plans are created following staff and resident's meetings which include details of the actions agreed and plan to address any areas of concern, who is responsible for the action and date the action is achieved by.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Action plan with all areas advised by the inspector has been added to both staff and residents meetings.</p>

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