



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 14 November 2019



## Ard Cuan

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

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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.

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

<b>Organisation/Registered Provider:</b> Ard Cuan  <b>Responsible Individuals:</b> James Caldwell William McClintock	<b>Registered Manager and date registered:</b> Frances Ann Mullan 21 September 2007
<b>Person in charge at the time of inspection:</b> Frances Ann Mullan	<b>Number of registered places:</b> 17  A maximum of 10 service users in category RC-DE
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 16

### 4.0 Inspection summary

An unannounced inspection took place on 14 November 2019 from 08.45 hours to 15.30 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, adult safeguarding, risk management, fire safety, governance arrangements and communication between residents, staff and other key stakeholders. We also evidenced good practice in relation to , the culture and ethos of the home and in maintaining residents' privacy, dignity and choice, and

Areas requiring improvement were identified regarding infection prevention and control, storage of substances hazardous to health, care record reviews and submission of variation to RQIA.

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

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Frances Mullan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 11 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the 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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas from 1 to 22 November 2019
- staff training schedule and training records
- staff appraisal records
- registration checks for staff
- statement of purpose
- service user guide
- minutes of residents' meetings
- minutes of staff meetings
- one staff induction record
- three residents' records of care

- complaint records
- compliment records
- a sample of governance audits/records
- a sample of accident and incident records
- a sample of monthly monitoring reports
- RQIA registration certificate
- the home's fire risk assessment dated 17 May 2019
- a sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance was recorded as either 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 the last care inspection dated 11 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of policies and procedures evidenced that this area for improvement was met.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The home was warm, well lit, free from malodours and well-presented throughout. All rooms were well decorated and communal areas were uncluttered and tidy. Residents looked well and were appropriately dressed. Clothing was laundered to a high standard and personal care had

been undertaken. The outside area of the home was well maintained, tidy and accessible to residents. Residents said:

- “The staff are very nice”
- “They Hoover and tidy all the time”
- “They keep the place very nice”

We saw that changes had been made to one bathroom. Review of records confirmed that RQIA had not been notified of the changes in advance of the work being undertaken. An area for improvement was made and the homes estates inspector informed.

We observed personal protective equipment (PPE) to be readily available throughout the home and that staff adhered to infection prevention and control measures as they cared for residents throughout the day. Inspection of the environment identified areas where attention was required with domestic cleaning. An area for improvement was made.

We observed a cupboard in the hallway to be unlocked which contained cleaning chemicals. This was discussed with care staff and these were removed immediately and locked away. An area for improvement was made.

The manager confirmed that staffing levels and skill mix within the home were determined through regular monitoring of residents’ dependency levels. A review of the duty rota from 1 to 21 November 2019 which confirmed that the planned staffing levels were maintained. No concerns were raised with staffing levels during discussion with residents or staff on the day of inspection. The hours worked by the manager were clearly recorded on the rota and the person in charge was identified for each shift.

Review of one staff member’s recruitment records confirmed that staff were recruited safely.

A record of all training completed by staff was maintained in the home and was kept up to date by the manager. Staff spoke positively in relation to the provision of training in the home. Staff confirmed that they were encouraged by the manager to complete all mandatory training requirements. Staff said:

- “I love it here”
- “I get all my mandatory training”
- “I get fire training every six months”
- “I get a lot of training”

A copy of the home’s Adult Safeguarding Policy was inspected and found to be up to date and consistent with regional guidelines. Staff spoken with were familiar with the policy and had a good knowledge of the procedures.

We review the care records for three residents. Records were individualised and person centred with evidence of resident involvement; and care records were regularly reviewed. However, monthly review of care plans were not being signed and dated by the person undertaking the review. An area for improvement was made.

All fire exits inspected were free from obstacles and accessible for residents. Inspection of fire records confirmed that an up to date fire risk assessment was in place along with documented weekly fire alarm testing and fire alarm servicing every six months. Records also evidenced that fire drills were taking place on a monthly basis. There was a personal evacuation plan in place for every resident and this was up to date and signed.

### Areas for improvement

The following areas were identified for improvement in relation to risk management, care record monthly reviews and notification of variations to the home's environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

#### 6.4 Is care effective?

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

Residents were observed to be receiving the right care from staff who were familiar with their care needs. For example, residents were assisted when mobilising and with cutting their food at mealtimes.

Staff were observed working well as a team and communicating with each other regarding the residents and their needs.

During the lunch time meal resident's choice was taken into consideration. Residents were asked regarding their preference of drink and meal. Staff spoken with were fully aware of residents' dietary needs including those on modified diets. Staff were seated to assist those residents who required assistance with their meals.

We spoke with two visiting professionals who said:

- "The staff here are attentive and observant"
- "Staff keep good contact with us regarding residents"
- "Staff are proactive with any change of condition"
- "I have recommended this home to other clients"

Staff spoke enthusiastically about working in the home. They described residents' individual personalities and how they were familiar with their needs and preferences. Staff said:

- "I absolutely love it here"
- "The care is above and beyond any I have seen before"
- "This is like a home from home for me"
- "The residents are treated as individuals"

### Areas for improvement

No new areas for improvement were identified in this domain.

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

### 6.5 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 dining experience was observed at lunch time. The menus was displayed on the menus board in an easy read format. Staff chatted to residents throughout in a kind and caring manner. A reassuring tone was used and residents responded to staff positively. Staff were polite and asked residents about their preference of meal and drink.

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.

Activities were observed on the day of inspection which included singing and a quiz. The residents were happy to be participating and spending time with each other. Residents told us how much they enjoyed the activities and this was evident by the photographs displayed on throughout the home of residents enjoying a variety of activities throughout the year.

There was a relaxed atmosphere in the home with residents and staff chatting and interacting. Staff were observed knocking resident's doors and asking permission before entering. The residents were enjoying the keyboard which was being played by a resident of the home. At other times background music was playing in the home.

Photographs of staff on duty and their names were clearly displayed on the wall. There was also a supply of suggestion forms displayed for residents and their relatives to use if required.

Residents were observed to be treated with dignity and respect throughout the day of inspection. Residents were responded to in a timely and caring manner and were observed to be happy and cheerful in the home.

We reviewed a number of compliments and thank you cards from received from relatives and residents some comments recorded were:

- "The place is spotless"
- "I can't find fault"
- "They are excellent here"

### Areas for improvement

No new areas for improvement were identified in this domain.

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

## 6.6 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.**

Interaction between the manager and staff was observed to be relaxed and respectful. For example staff and the manager discussed resident care and the daily activities. Staff and residents comments to us included:

- “The manager is very supportive and trustworthy”
- “The manager is approachable”
- “The manager is a really nice person”

A review of the home’s accidents and incident records identified that one incident had not been reported to RQIA as required. This was discussed with the manager who agreed to send us in the notification as soon as possible.

There was a robust complaints procedure in place which documented the details, outcome and follow up to any complaints received. An audit of complaints was noted to have been carried out every three months. Following discussion with the manager it was agreed that learning from complaints would be added to the staff meeting agenda.

The responsible individuals’ monthly quality monitoring reports were available in the home. We reviewed a sample of these reports and found that any areas for action identified were followed up during the next visit to ensure the action had been addressed.

### Areas for improvement

No areas for improvement were identified in this domain.

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

## 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, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13.-(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Cleaning schedules are monitored regularly to ensure the risk of cross infection is minimised.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14.-(2)(a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure substances hazardous to health including cleaning chemicals are stored in a locked cupboard.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Hazardous substances now stored at all times in a locked cupboard.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21.-1(h)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> The removal of the bath has been notified. Should further variations be considered, we will seek approval from RQIA in advance.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure that the monthly reviews for care plans are consistently completed signed and dated.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All care plans are reviewed monthly and evidenced by dating and signing by the reviewer.</p>

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



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