

Inspection Report

Name of Service: Ard Cuan

Provider: Ard Cuan

Date of Inspection: 16 & 20 January 2025

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

1.0 Service information

Organisation/Registered Provider:	Ard Cuan
Responsible Person(s):	James Caldwell William McClintock
Registered Manager:	Frances Ann Mullan Date registered: 21 September 2007
<p>Service Profile:</p> <p>The home is a registered Residential Care Home which provides health and social care for up to 17 residents. Residents have a range of needs including old age not falling within any other category and dementia.</p> <p>The home is divided over two floors and includes a communal lounge, dining room, bathrooms and residents bedrooms. The home provides shared and single bedroom facilities.</p> <p>There is a mature garden including seating areas which residents can enjoy if they choose.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 16 January 2025, from 9.30 am to 2.30 pm by a care inspector and on 20 January 2025, from 11.30am to 1.30pm, by a finance inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 12 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement from the previous care inspection on 12 March 2024 were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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 super", "I feel very safe living here" and "the staff are very kind".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

One visiting professional who attended the home during the inspection told us that there were good working relationships between their team and the home. They said that communication is excellent and staff are welcoming and knowledgeable about the needs of residents.

Three questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

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.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if 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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities over the recent Christmas period which they enjoyed.

Discussion with staff confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities or to remain in their bedroom with their chosen activity such as reading, listening to music or having visits with their relatives.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However, for some residents who had been assessed as needing a Deprivation of Liberty Safeguard (DoLS) did not have a specific care plan in place to manage this aspect of care and support. An area for improvement has been identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Observations identified some shortfalls with environmental risk management. For example, damage was noted to the flooring in the laundry room, which presented as a trip hazard to staff using this room. One storage cupboard was over crowded with items which presented a potential fire risk. A storage container located in the hallway of the home identified items such as nail varnish and hair perming lotion being stored in it. The use/storage of these items require a robust risk assessment and safe storage as per Control of Substances Hazardous to Health (COSHH) guidance, in order to reduce the risk of harm to anyone using or potentially accessing them. This was brought to the attention of staff who immediately arranged for the removal and safe storage of the items. An area for improvement has been identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

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

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

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; in accordance with Regulation 29. However, a review of these records identified that the same feedback from staff/relatives/residents was recorded over a three month period. An area for improvement has been identified.

3.3.6 Finance Inspection

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies confirmed that the records were up to date. No valuables were held on behalf of residents at the time of the inspection on 20 January 2025.

Discussion with the manager confirmed that no bank accounts were used to retain residents' monies and no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Records confirmed that reconciliations (checks) between the monies held on behalf of residents and the records of monies held were undertaken on a weekly basis. The records were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

There was evidence of additional controls in place, as the manager also carried out a reconciliation of residents' monies quarterly.

Three residents' finance files were reviewed; written agreements were retained within all three files. The agreements showed the weekly fee paid by, or on behalf of, the residents. A list of services provided to residents as part of their weekly fee was also included in the agreements. The agreements reviewed were signed by the resident, or their representative, and a representative from the home.

Discussions with the manager confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the Trusts.

A sample of records of monies deposited at the home, on behalf of a resident, evidenced that the records were signed by two members of staff. Receipts were provided to the person depositing the monies.

A review of a sample of records of purchases undertaken on behalf of residents showed that the records were up to date. Two signatures were recorded against each entry in the residents' records and receipts from the transactions were retained for inspection.

A sample of records of payments to both the hairdresser and podiatrist was reviewed. The records were up to date. Good practice was observed as the hairdresser and podiatrist had signed the records, along with a member of staff, to confirm that the treatments took place.

A review of one resident's file evidenced that a property record was in place for the resident. The record was updated with additional items brought into the resident's room and when items were disposed of. The record was checked and signed by two members of staff at least quarterly. The manager was advised to ensure that the full details of the items were recorded, for example, type and make of television owned by the resident. This will be reviewed at the next RQIA inspection.

Discussion with the manager confirmed that no transport scheme was in place at the time of the inspection on 20 January 2025.

No new finance related areas for improvement were identified during the inspection on 20 January 2025.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Joan Coffey, Deputy 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 (4) Stated: First time To be completed by: 16 January 2025	<p>The Registered Person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazards.</p> <p>This area for improvement is made with specific reference to the supervision and storage of hairdressing supplies, nail care supplies, ensuring flooring in the laundry remains hazard free and ensuring all storage cupboards are well organised and tidy.</p> <p>Ref: 3.3.4</p>
	Response by registered person detailing the actions taken: <u>—All suggested improvements have been implemented.</u>
Area for improvement 2 Ref: Regulation 29 (3) (a) Stated: First time To be completed by: 1 March 2025	<p>The Registered Person shall ensure that during each monthly visit to the home, they will seek feedback from residents, relatives and staff in regards to their opinion of the standard provided in the home.</p> <p>Ref: 3.3.5</p>
	Response by registered person detailing the actions taken: <u>—Acknowledged and will be implemented from next RP visit.</u>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 December 2022)	
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by:	<p>The Registered Person shall ensure that any resident who is subject to Deprivation of Liberty Safeguards (DoLS) has an up to date care plan in place, which details the rational for the DoLS and is kept under regular review.</p> <p>Ref: 3.3.3</p>

16 January 2025

Response by registered person detailing the actions taken:

——If DoLs is applicable to a resident, then their care plan will address the DoL rationale and review details.

Signed : James Caldwell RP & Director

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