

# Unannounced Care Inspection Report 18 October 2017



## Ard Cuan

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

[www.rqia.org.uk](http://www.rqia.org.uk)

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home which is registered with RQIA to accommodate a maximum of 17 residents; within this number the home can accommodate a maximum of ten places for people with dementia.

### 3.0 Service details

<b>Organisation;</b> Ard Cuan  <b>Responsible Individuals:</b> James Caldwell & William McClintock	<b>Registered Manager:</b> Frances Ann Mullan
<b>Person in charge at the time of inspection:</b> Frances Ann Mullan	<b>Date manager registered:</b> 21 September 2007
<b>Categories of care:</b> Residential Care RC -1 (older people) DE – (10 places)	<b>Total Number of registered places:</b> 17

### 4.0 Inspection summary

An unannounced care inspection took place on 18 October 2017 from 10.25 to 16.30 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 inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home including listening to and valuing residents and taking account of the views of residents. The overall governance arrangements and associated good standards in regard to safe, effective, compassionate and well led care is to be commended.

Residents gave very positive feedback in regard to the provision of safe, effective and compassionate care; which was very well led. One resident explained how the manager and staff were “very thoughtful, good fun and always asked us how we liked things to be done”. Another resident advised that the care was “second to none” and that residents were always “treated with respect”.

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

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Frances Mullan, Registered Manager, as part of the inspection process. Details can be found in the main body of the report.

## 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 27 March 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous care inspection report
- Notification of accidents / incidents
- Correspondence

During the inspection the inspector met with the registered manager, responsible person, all residents and 3 care staff.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questioners were returned to RQIA within the timescale requested.

The following records were examined during the inspection:

- RQIA registration certificate
- Indemnity Insurance certificate
- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedule
- Two competency and capability assessments
- Staff training schedule/records
- Two staff recruitment files
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits
- Accident/incident/notifiable events register
- Annual Quality Review report
- Recent residents' meetings/representatives' / other
- Annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire safety records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures relevant to this inspection

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 March 2017.

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 27 March 2017

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27.-(2)(b) <b>Stated:</b> First time	The registered provider shall ensure cupboard doors and work tops in the utility room are replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Utility room units and work top were replaced as required.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 29(3) <b>Stated:</b> First time	The registered provider shall ensure monthly monitoring visits are completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records examined evidenced that visits were undertaken and monthly reports written.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager confirmed that the staffing levels for the home were satisfactory and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, one representative or staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programmes were in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that Enhanced Access NI disclosures were viewed by her for all staff prior to the commencement of employment. Personnel records reviewed confirmed that Access NI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included; the registered manager's name as the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good

understanding of adult safeguarding principles. Staff were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that no suspected, alleged or actual incidents of abuse had occurred since the last care inspection to the home.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

Discussion and review of the home's policy and procedure on restrictive practice/behaviours, review date 27 July 2015, confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised that the restrictive practices employed within the home included; keypad entry systems and one stair gate. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager advised there was a risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety and moving and handling.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. Aids provided by the commissioning Health and Social Care Trust, (HSCT) to promote residents' independence were observed to be in good state of repair.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were clean wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. Residents explained that staff always wear their aprons and gloves when assisting with personal care needs and that they wash their hands.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. The registered manager explained that plans to construct a conservatory were at an early stage of development and that RQIA were notified and residents' care would not be compromised while work was proceeding. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to minimise risk.

The home had an up to date fire risk assessment which was dated 17/05/17 with two recommendations made relating to information purposes only. This was signed off as actioned by the registered manager. The Fire and Rescue Service (Northern Ireland) conducted an audit on 25 September 2017. This audit included fire risk assessment, fire precautions log book, staff training, fire drills, records of testing and maintenance of fire safety. One recommendation in regard to fire drill had been addressed and recorded.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and monthly as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Care staff spoken with during the inspection made the following comments:

- "I feel the care here is very safe as we are kept up to date through the provision of ongoing training including mandatory and additional training such as dementia awareness"
- "We get very good support from our manager and we have the resources to provide safe care"

Residents who spoke with the inspector described their level of satisfaction with this aspect of care as "very satisfied".

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.



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

## 6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Throughout the inspection all residents were observed to be relaxed, comfortable with their personal care needs attended. There was no evidence of aimless wandering around the home.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments. For example; manual handling, oral health, nutrition and falls risk assessments. Risk assessments held within care records examined were reviewed on a regular basis or as changes occurred.

The care records examined reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident. Discussion with staff confirmed that a person centred approach underpinned practice. For example; each resident participates in the development and review of care plans. Preferences and choice is always acknowledged.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits conducted included, for example; risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, medication, infection prevention/control were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an "open door policy" to everyone in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of residents' meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents and one resident’s representative spoken with during the inspection made the following comments:

- “Always enough staff around to assist when needed”
- “Staff are there for us and we don’t have to wait for help”
- “We are extremely well care for, I would not want to move from here”
- “My relative is very well cared for and I have no issues or concerns about the care here”

Staff members commented:

- “We would always go the extra mile for residents to ensure that they are satisfied with the care provided”
- “We have the necessary resources to provide a good standard of care”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 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 registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents confirmed that residents’ spiritual and cultural needs, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care record.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager, residents advised that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and was able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents explained that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents or their representatives were sought and taken into account in all matters affecting them. For example residents' meetings, suggestion box, annual reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, observation of care practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example; quiz, arts and craft work, bingo, knitting and singalongs. Arrangements were also in place for residents to maintain links with their friends, families and wider community. For example; though outings with family members, access to telephone and an open door to visitors with no visiting time restrictions.

Residents and one representative spoken with during the inspection made the following comments:

- "Staff always treat us with dignity and respect"
- "If I have pain the staff always see that I get some medication and come and ask if it has worked"
- "My visitors can come at any time and are always made welcome by the staff"
- "I am made welcome when I visit the home and staff keep me fully informed"
- " Staff are very thoughtful, good fun and always asked us how we liked things to be done"
- " Care is second to none and we are always treated with respect"

Staff member commented:

- "We always treat our residents and their visitors with respect, seeking their choice and preferences is paramount, after all its their home"

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 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**

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. A wide range of audits were undertaken. For

example; care record documentation, accidents / incidents, complaints, medication, fire safety and environmental audits.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example; dementia awareness.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. Reports dated, July, August and September were examined and found to reflect information as required.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose ( 8 April 2017) and Residents Guide ( 8 April 2-017). Discussion with the registered provider/s identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered providers were kept informed regarding the day to day running of the home as they visited daily and met with the registered manager, staff and residents.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered providers respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- “I feel the home is very well managed, the manager is always out and about the home, meeting and talking to everyone”
- “We are fully informed about everything; daily handover reports, staff and resident together meetings, supervision, good communication and great team working”
- “Our manager is great she is a good listener and takes action to address anything we would raise”
- “Issues raised by staff would always be taken seriously by our manager”

Residents commented:

- “Yes I am aware of who our manager is and also the owners”
- “I feel that everything is well organised here and we are getting the best care because that staff are well trained and care about us”
- “If I was not happy about something I would tell the manager and she would sort things for me”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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