

Unannounced Care Inspection Report 20 November 2020



Ard Cuan

Type of Service: Residential Care Home (RCH)

Address: 1 Demesne View, Portaferry, BT22 1QX

Tel No: 028 4272 8806

Inspector: Alice McTavish

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 residential care home registered to provide 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: Deborah Johnston, Senior Care Assistant	Number of registered places: 17
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. A maximum of 10 service users in category RC-DE.	Number of residents accommodated in the residential home on the day of this inspection: 15

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection took place on 20 November 2020 between 10.30 and 16.30 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to establish whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that staff were attentive and treated them with kindness.

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
Total number of areas for improvement	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Deborah Johnston, person in charge, 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.

5.0 How we inspect

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

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with nine residents, two care staff and the cook. Ten questionnaires were 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 person in charge with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- duty rotas
- staff recruitment and inductions
- staff registration with professional body
- a selection of quality assurance audits
- complaints and compliments
- incidents and accidents
- two residents' care records
- resident forum meeting minutes
- staff meeting minutes
- annual quality survey
- annual quality review report
- Statement of Purpose and Resident Guide
- Fire risk assessment and fire safety checks
- reports of visits by the registered provider.

The following records were submitted after the inspection:

- staff training
- supervision and appraisal
- competency and capability assessments
- cleaning audits

Areas for improvement identified at the last care inspection were reviewed and 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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 3 March 2020. No further actions were required to be taken following the most recent 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: Second time	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.	Met
	Action taken as confirmed during the inspection: Inspection of the cleaning schedule confirmed that this was developed; we saw evidence that cleaning was regularly monitored.	
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 Stated: First time	The registered person shall ensure that a care plan is developed for the use of the Hydro tilt chair.	Met
	Action taken as confirmed during the inspection: Inspection of care records identified that this was addressed.	

Area for improvement 2 Ref: Standard 6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspection of care records identified that these areas were addressed.	
Area for improvement 3 Ref: Standard 8.7 Stated: First time	The registered person shall ensure that a record of residents' possessions is reconciled at least quarterly. Two signatures should be recorded against the reconciliation.	Met
	Action taken as confirmed during the inspection: Inspection of care records identified that this was addressed.	
Area for improvement 4 Ref: Standard 27.3 Stated: First time	The registered person shall ensure that carpets are cleaned or replaced as required.	Met
	Action taken as confirmed during the inspection: Inspection of the premises identified that this was addressed.	

6.2 Inspection findings

6.2.1 Infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Anyone entering the home had a temperature check completed; staff had temperature checks completed twice on each working shift and residents had their temperatures monitored twice daily.

Staff had been trained in the correct way to don and doff Personal Protection Equipment (PPE) and there was a dedicated space for staff to put on PPE before commencing duties.

PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We saw that staff cleaned all touch points throughout the home and that the home was maintained to a high level of cleanliness.

Staff told us that a vapour machine was also used to ensure that bedrooms and communal spaces were thoroughly disinfected.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge, kitchen and dining area and storage areas.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

We noted, however, that some wardrobes were not secured to the walls; this may present a risk of injury to residents if the furniture was to topple. We also found that the linen storage room on the lower ground floor was in a state of untidiness and some items of linen were placed on the floor. These were identified as an area for improvement.

6.2.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all worked together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management. We saw that regular staff meetings took place.

We spoke with the manager after the inspection. The manager submitted evidence that staff competency and capability assessments were completed for staff who were left in charge of the home when she was not on duty. We also reviewed the records of mandatory staff training and found that all training had been kept up to date. We also saw that staff were provided with regular supervision and an annual appraisal.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was evident that staff knew the residents well; staff spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly. Staff told us how the residents were consulted about the running of the home and had an active voice in matters which were important to them; we saw that there were written records of the resident forum meetings.

Some comments made by residents included:

- “The staff are very good to me, they are always available day and night and I only have to use my call bell to let them know I need something. They also check in on me every hour during the night - this makes me feel safe. My room is comfortable and I can go outside and look after my potted plants...the girls (staff) help me down the steps and help me to take care of the plants. The staff are kind and I am able to have good chats with them. Although they are not nurses, they are also very knowledgeable about medical matters and they work well with the local doctors and the district nursing team.”
- “It’s great here, they treat us very well.”
- “I love the food, we always get plenty.”
- “This is a great place to live.”
- “We were doing our armchair aerobics this morning and we’re going to have a sing along later – that’s always good fun!”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted residents to make phone calls, use Facetime or communicate with their families using the portal in order to offer reassurance to relatives. Some window visits continued and a monthly newsletter was sent to relatives to keep them informed about events taking place in the home.

The person in charge described how the manager, the cook and a small group of care staff had moved into the home for several weeks in the early stages of the Covid-19 pandemic to ensure that residents were protected, as far as possible, from the risk of infection. More recently, the manager had moved into the home for a shorter period to provide one to one care for a resident who needed to be isolated. This level of commitment and dedication within the staff team was to be commended.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. The dining room, being small, could not be arranged so that residents could take meals whilst maintaining social distance. We discussed this with the person in charge and made suggestions about how this could be achieved.

A menu was displayed and there was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents. The cook and care staff were able to demonstrate that they were familiar with the individual food preferences of each resident. The cook described the range of food options available for residents: “This is like a wee family. If someone wants something different, they get it. I’d like to think if that’s what I needed in future, someone would do that for me”.

6.2.5 Care records

We reviewed the care files of two residents which evidenced that comprehensive pre-admission information was received and detailed care plans were in place to direct the care required.

There was evidence within care records of care plans and associated risk assessments being completed. Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

We saw that some records were not appropriately signed and dated. This was identified as an area for improvement. We also saw that not all individual written agreements were up to date. This was also identified as an area for improvement.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

There was a system of audits which covered areas such as complaints and compliments, IPC, care records, activities and the home's environment. This helped to ensure that the manager had effective oversight of care delivery to residents. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We examined a selection of the reports of the visits by the registered provider and found these to be comprehensive and robust. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

We saw that an annual satisfaction survey was conducted. Residents indicated a high level of satisfaction with the quality of the care and services in the home. An annual quality review report was also completed for the period 2019-2020.

We examined the system in place to manage any complaints received; discussion with the person in charge provided assurance that complaints would be managed appropriately and that the manager viewed complaints as an opportunity to learn and improve.

Areas of good practice

Good practice was evident throughout this inspection in relation to the infection prevention and control precautions taken by staff, the warm, supportive interactions between residents and staff and the communication between the home and residents' relatives.

Areas for improvement

Three areas for improvement were identified during this inspection. These related to aspects of the home's environment, care records and individual written agreements.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy. Staff in the home supported residents to remain in contact with their relatives and there was good communication between home management and residents' families. Residents told us that they were very satisfied with the standard of care being provided. We were satisfied that the care was safe, effective and well led and that residents received compassionate care.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deborah Johnston, person in charge, 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.5 Stated: First time To be completed by: 31 December 2020	The registered person shall ensure the following: <ul style="list-style-type: none"> • an audit is undertaken of all large items of freestanding furniture and corrective action is taken, where necessary • the linen storage room on the lower ground floor is tidied and no items are stored on the floor. Ref: 6.2.2 Response by registered person detailing the actions taken: Freestanding furniture now removed and replaced. Linen room now kept tidy and no items stored on the floor.
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that all care records are appropriately signed and dated. Ref: 6.2.5 Response by registered person detailing the actions taken: All care records dated and signed.
Area for improvement 3 Ref: Standard 4.6 Stated: First time To be completed by: 31 March 2021	The registered person shall ensure that all individual written agreements are kept up to date. Ref: 6.2.5 Response by registered person detailing the actions taken: All individual agreements are now and will be kept up to date. All signed and dated.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care