

**Unannounced Care Inspection  
of  
Ard Cuan**

**28 April 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 28 April 2015 from 10.00 to 15.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

The details of the QIP within this report were discussed with the care inspector. The timescales for completion commence from the date of inspection.

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> James Caldwell & William McClintock	<b>Registered Manager:</b> Frances Mullan
<b>Person in Charge of the Home at the Time of Inspection:</b> Frances Mullan	<b>Date Manager Registered:</b> 21 September 2007
<b>Categories of Care:</b> RC-I, RC-DE	<b>Number of Registered Places:</b> 17
<b>Number of Residents Accommodated on Day of Inspection:</b>	<b>Weekly Tariff at Time of Inspection:</b> £473

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.**

**Theme: Residents Receive Individual Continence Management and Support.**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Discussion with

- Discussion with staff and residents
- Discussion with the registered manager
- A review of care notes
- Staff training records
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## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 28 March 2015. The completed QIP was returned and approved by the pharmacy inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 13 (8) (a)</b>	The registered person must ensure that the window covering in bedroom 1 is reviewed in consultation with the resident and the home's fire safety assessor.  <b>(standard 1.1)</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed with the registered manager and the resident that no changes needed to be made to the window in the resident's room.	
<b>Requirement 2</b>  <b>Ref: Regulation 27 (2) (c)</b>	The registered person must ensure that clarification is sought from the Trust regarding the maintenance of the Quick Move equipment and that checks are in place to ensure it remains in good working order.  <b>(standards 27.10 &amp; 28.3)</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed with the registered manager and looked at record of checks. These were up to date at the time of inspection.	
<b>Requirement 3</b>  <b>Ref: Regulation 6 (a)</b>	The registered person must ensure that the statement of purpose and the residents guide are reviewed to include the stipulation that a maximum of 10 residents with a diagnosis of dementia may be accommodated.  <b>(standards 20.6 &amp; 20.9)</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed this had been completed. The home's Statement of Purpose had been amended.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 10.3</b>	The registered person is recommended to ensure the identified care plans have been updated to detail the use of equipment where it has been assessed as necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed these had been completed for all residents who used equipment. Care records inspected contained details of equipment used by individual residents.	
<b>Recommendation 2</b>  <b>Ref: Standard 10.7, 20.6 &amp; 20.9</b>	The registered person is recommended to update the statement of purpose and residents guide to make reference to availability of the keypad codes and the process regarding the use of restrictive practices in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed the statement of purpose had been amended. We reviewed this and found it was up dated to include the use of key pad codes.	
<b>Recommendation 3</b>  <b>Ref: Standard 13.9</b>	The registered person is recommended to review the recording of activities to include the duration and the name of the person leading the activity.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The activities record we inspected was up to date and included appropriate information.	
<b>Recommendation 4</b>  <b>Ref: Standard 23.3</b>	The registered person is recommended to ensure that annual updates in mandatory training for challenging behaviour, vulnerable adults and first aid are provided in accordance with the RQIA training guidance and good practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> On the day of inspection we reviewed mandatory training records and confirmed they were up to date to meet regulations.	

<b>Recommendation 5</b>  <b>Ref: Standard 10.1 &amp; 10.7</b>	The registered person is recommended to update the 'Responding to Residents Behaviour' policy and procedure and the policy on restraint.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the home's policy and procedure on Responding to Residents Behaviour and confirmed it had been up dated.	

### 5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

#### Is Care Safe? (Quality of Life)

The registered manager confirmed residents can and do spend their final days in the home. This is unless there is a documented health care need that prevents this.

The manager of the home confirmed they liaise with GP's in every aspect of residents' care. They work alongside community nurses who have helped to ensure residents can stay in the home.

Residents' spiritual needs are addressed by Eucharistic ministers who attend the home weekly. A retired priest says mass once a month for those in the home who wish to attend. Other religious leaders visit the home on a regular basis.

#### Is Care Effective? (Quality of Management)

Residents can and do spend their last days in the home unless there are documented health care needs to prevent this.

If a resident is diagnosed as terminally ill the home has a multi-disciplinary team meeting and a plan of care is developed. The care plan details issues pertaining to medical conditions, diagnosis and the views of the resident and their next of kin.

We reviewed residents' care notes and could confirm that they contained details of end of life care and arrangements for their spiritual care.

#### Is Care Compassionate? (Quality of Care)

The home has policies and procedures in place pertaining to death and dying and end of life care. These policies and procedures guide and inform staff on this area of care.

In discussion with staff they could demonstrate they had knowledge and understanding how to care for this area of need. Staff also confirmed that there was a supportive ethos with the management in the home, in helping staff deal with death and dying.

## Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered it to be compassionate, safe and effective.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Theme: Residents Receive Individual Continence Management and Support

### Is Care Safe? (Quality of Life)

We were advised that staff have received training in continence management. On discussion with staff they demonstrated knowledge and understanding in this area.

We reviewed residents care records which reflected that an individualised assessment and plan of care was in place. Issues of assessed need were referred to district nursing services.

The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

Through our observations we could confirm that there was an adequate supply of aprons gloves and hand washing dispensers.

### Is Care Effective? (Quality of Management)

The home has policies and procedures pertaining to the management of continence. Staff advised us that they can discuss any problems with district nursing who are very supportive to staff. The district nurses carry out reviews regularly.

Staff confirmed they had received continence training and found it to be very informative.

### Is Care Compassionate? (Quality of Care)

Through our discreet observations of care practice we found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet private manner. There is a good standard of continence management in the home. Practice was noted to be person centred and underpinned by informed values.

## Areas for Improvement

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## **5.5 Additional Areas Examined**

### **5.5.1 Residents' Views**

We met with residents in the home at time of inspection. In accordance with their individual capabilities, all expressed or indicated they were happy with their life in the home.

Some of the comments made included statements such as;

- 'Staff are great'
- 'my life here is so good I would be lost without them'
- 'staff can't do enough for you'

### **5.5.2 Relatives' Views**

We met with two relatives they were very complimentary about the provision of care, kindness and support received from staff.

### **5.5.3 Staff Views**

We met with three members of staff of various grades on duty at time of inspection. All the staff spoke positively to us about their roles and duties, staff morale, team work and managerial support. Staff informed us that they felt a good standard of care was provided and that they had the necessary resources and skills.

### **5.5.4 General environment**

The home was clean and tidy with good housekeeping arrangements in place. The flooring in the main hallway had just been replaced and the registered manager confirmed there is an ongoing maintenance plan. A copy of maintenance plan is on view in the entrance hall.

The general décor and furnishings were in good order.

### **5.5.5 Care practices**

Through our discreet observations of care practices we could confirm residents were being treated with dignity and respect. Care duties were organised at an unhurried pace, with time afforded for interactions with residents. Staff interactions with residents were polite, warm, friendly and supportive.

The atmosphere was homely with residents being comfortable, content and at ease. Residents were reading, watching television and some had gone out for a walk.



### **5.5.6 Fire safety**

We noted that fire safety training including fire safety drills were maintained to meet with regulations.

At the time of inspection there were no obvious risks observed in the environment.

### **5.5.7 Complaints**

We reviewed the complaints records and noted that they had been appropriately managed.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

<b>Registered Manager</b>	frances mullan	<b>Date Completed</b>	30/06/15
<b>Registered Person</b>	James Caldwell	<b>Date Approved</b>	30/06/15
<b>RQIA Inspector Assessing Response</b>	<b>Patricia Galbraith</b>	<b>Date Approved</b>	<b>01/07/15</b>

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

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