



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID:** Ardview House (1573)  
**Date of Inspection:** 4 November 2014  
**Inspector's Name:** John McAuley  
**Inspection ID:** IN020839

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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## 1.0 General Information

<b>Name of Service:</b>	Ardview House (1573)
<b>Address:</b>	18 The Ward Ardglass BT30 7UP
<b>Telephone Number:</b>	02844841093
<b>Email Address:</b>	Ardview.ardview@setrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	South Eastern HSC Trust
<b>Registered Manager:</b>	Mrs Therese O'Higgins
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Grainne Higgins – Senior Care Assistant
<b>Categories of Care:</b>	RC-DE, RC-I, RC-MP(E), RC-PH, RC-TI, RC-E, RC-A Plus up to 5 day care placements
<b>Number of Registered Places:</b>	39
<b>Number of Residents Accommodated on Day of Inspection:</b>	26 plus 1 resident in hospital
<b>Scale of Charges (per week):</b>	Trust rates
<b>Date and Type of Previous Inspection:</b>	7 July 2014
<b>Date and Time of Inspection:</b>	4 November 2014 10.15am – 2.25pm
<b>Name of Inspector:</b>	John McAuley

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the Inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

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

- Discussion with senior in charge
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents and visiting relatives
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard 9: Health and Social Care.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of Service

Ardview House Residential Care home is situated a central area in the village of Ardglass County Down.

The residential home is owned and operated by the South Eastern Health and Social Care Trust. The registered manager has retired from the service the previous week and the home is in the process of appointing a new registered manager.

Accommodation for residents is provided on single room accommodation over two floors, with a designated dementia care unit.in the ground floor. Access to the first floor is via a passenger lift and stairs.

Communal lounges and dining areas are provided throughout the home.

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 39 persons under the following categories of care:

### Residential Care

I - old age not falling into any other category

E - service users who are over 65 years of age but do not fall within the category of old age

MP (E) – mental disorder excluding learning disability or dementia – over 65 years

PH - physical disability other than sensory impairment

TI - terminally ill

A - past or present alcohol dependence

Day Care – as outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of five service users per day.

## 7.0 Summary of Inspection

This secondary unannounced care inspection of Ardview House was undertaken by John McAuley on 2 November 2014 between the hours of 10:15am and 2:45pm the senior care assistant in charge, Ms Grainne Higgins was available during the inspection and for verbal feedback at the conclusion of the inspection.

The four requirements made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The one recommendation made in respect of administrative duties was not reviewed as the trust is liaising with RQIA about this matter. The detail of the actions taken by registered manager can be viewed in the section following this summary.

The focus of this inspection was on Standard 9 Health and Social care of the DHSSPS Residential Care Homes Minimum Standards. A review of this standard found that care records were recorded in detail with good account of residents' health and social care needs being met. Staff on duty confirmed good knowledge and understanding of residents' needs and prescribed interventions. Care progress records contained evidence that statements of assessed need had a recorded statement of care / treatment given and effect of same. There were processes in place to ensure the effective management of the standard inspected, and the overall standard was assessed as compliant.

During the inspection the inspector met with residents, staff, four visiting relatives and two visiting professionals, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be polite, warm, friendly and supportive.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Similar views were shared from discussions with visiting relatives. The details of these discussions are in section 10.0 of the main body of this report.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

A number of additional areas were also examined these included a review of the accident / incident reports and complaints records. Further details can be found in section 10.0 of the main body of the report. A recommendation has been made in how complaints are recorded as detailed later in this report.

No requirements and one recommendation were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, and staff for their assistance and co-operation throughout the inspection process.

### 8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 7 July 2014.

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 19 (2) Schedule 4. 22.	<p><b><u>Visitors Book</u></b> The registered manager must ensure that the visitor's book is completed by all visitors to the home.</p>	The visitors' book was located in a visible, accessible location in the entrance to the home with a notice for visitors to sign.	Compliant
2	Regulation 27 (3) (b)	<p><b><u>Fire safety</u></b></p> <p>1)The smoke room ventilation system was switched off resulting in an accumulation of cigarette smoke in this room and out into the reception area as the door was left open. Staff to ensure the ventilator is kept on and the resident smoke room fire door closed.</p> <p>2)The fire door of the staff room was propped open with a disposal bin. This practice must cease with immediate effect.</p>	<ul style="list-style-type: none"> <li>• The ventilation system to the designated smoking room was put on and there was no excessive smoke accumulating from the room.</li>   <li>• There were no fire doors wedged or propped open at the time of this inspection.</li> </ul>	Compliant

3	Regulation 27 (2) (0)	<p><b>Patio Area</b> Review on the future use of the patio should be undertaken as this area is small, un-kept, surrounded by the tall surrounding walls of the home resulting in an area which is dull with little sunlight. Immediate improvement is required.</p> <p>In keeping with the stated regulation a “secure and safe outdoor space with seating, accessible to all residents should be provided and appropriately maintained.”</p>	The patio area had been cleaned and tidied up, with suitable seating for residents to benefit from.	Compliant
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<p>4</p>	<p>Regulation 27 (2) (b)</p>	<p><b>Environment</b></p> <p>1)The ceiling tile in bedroom 6 was missing leaving an unsightly gap.</p> <p>2)The gardens to the front and side of the home were overgrown with very long grass and weeds. This was unsightly presenting as a mobility risk to residents as well as very bad reflection on the home within this neighbourhood.</p> <p>3)An unsightly plastic wall clock which was not working and very discoloured with nicotine was left abounded on the corner unit in the smoke room. This should be replaced or made good for use.</p> <p>4)The fridge in the staff room requires attention as the freezer door was missing resulting in a build- up of ice.</p> <p>5)Staff coat, one sweater and handbag were left abandoned in the bathroom in the dementia unit. The manager must ensure that staff use the staff room for storage of personal items.</p>	<ul style="list-style-type: none"> <li>• The ceiling tile in bedroom 6 has been made good.</li> <li>• The gardens to the home were well attended to.</li> <li>• This clock has been removed.</li> <li>• The fridge in the staff room has been repaired.</li> <li>• There was no inappropriate storage in any of the bathrooms.</li> </ul>	<p>Compliant</p>
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 25.4	<p><b><u>Administrative Support</u></b></p> <p>It is strongly recommended that a minimum of eighteen hours per week of administrative support is provided in order to allow care staff to focus on the provision of care in this very busy home.</p> <p>Section 10.</p> <p>Ref; RQIA - Staffing Guidance for Residential Care Homes.</p>	This recommendation was not reviewed on this occasion as the Trust is liaising with RQIA about this matter.	Not reviewed

**9.0 Inspection Findings**

<b>Standard 9 - Health and Social Care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b>  9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of residents' care records confirmed that the details of each resident's GP and aligned healthcare professionals were recorded.  Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional.	Compliant
<b>Criterion Assessed:</b>  9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussions with staff on duty confirmed that they had knowledge and understanding of residents' needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the assessments and care plans reviewed.	Compliant

<p><b>Criterion Assessed:</b></p> <p>9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, secondary health care services and social services when necessary and documented in the resident's records.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s).</p>	Compliant
<p><b>Criterion Assessed:</b></p> <p>9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.</p> <p>Added to this, discussions with visiting relatives confirmed that they were kept well informed of health care appointments and that they had good confidence in the care being provided for.</p>	Compliant

<p><b>Criterion Assessed:</b></p> <p>9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b></p> <p>9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>General observations of residents' aids, appliances and equipment found these were maintained in good order.</p>	<p>Compliant</p>

## **10.0 Additional Areas Examined**

### **10.1 Resident's Consultation**

The inspector met with ten residents individually and with ten others in a group setting. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Some of the comments received included statements such as:

"Everything is perfect"

"They are all very kind"

"We are all treated very well"

"...the cook is brilliant"

No concerns were expressed or indicated, other than one resident who raised issues to the inspector which are being investigated by the Trust.

### **10.2 Relatives/Representative Consultation**

The inspector met with four visiting relatives at the time of this inspection. All confirmed their total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

No concerns were expressed or indicated.

### **10.3 Staff Consultation**

The inspector spoke with six members of staff of various grades on duty. All staff spoke on a positive basis about their roles and duties, the teamwork and the provision of care. Staff informed the inspector that they were looking forward to the new appointment of a registered manager but in the interim were supported with aligned managers from the trust.

No concerns were expressed.

### **10.4 Visiting Professionals' Consultation**

The inspector met with two visiting professionals at the time of this inspection. Both spoke positively about the provision of care, but acknowledged that they felt there were issues of poor staff morale with disciplinary issues that had occurred in the home that had occurred in the recent past, which they had concerns about.

### **10.5 General Environment**

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were observed to be homely and personalised.

The communal lounges and dining areas were comfortable and nicely facilitated.

## **10.6 Accident / Incident Reports**

A review of these reports since the previous inspection was undertaken. These were found to be appropriately managed and reported.

## **10.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A review of the record of complaints found that this record was maintained in a folder with letters of complaint and subsequent investigations and responses. A recommendation has been made for the record of complaints to be maintained in an actual book that can reference these areas of communication, but essentially give details of the complainant, who received it, who the complaint was referred to, the nature of the complaint, the action / resolution taken and the follow up action / learning from same. This record will give ease in reviewing complaints in establishing if there are trends / patterns, which was difficult to do with the existing manner in which complaints are recorded.

## **10.8 Care Practices**

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be polite, warm, friendly and supportive. Residents were found to be comfortable, content and at ease in their environment and interactions with staff. There was a nice relaxed atmosphere in place with programmes of planned activities in place for those residents who wished to partake in.

## **11.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Grainne Higgins, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

**Ardview House**

**4 November 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Senior Care Assistant Ms Grainne Higgins either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	17.10	<p>Records are kept of all complaints and these include detail of all communications with complainants, the result of any investigations and action taken.</p> <p>Reference to this is made been made for an actual record of complaints to be maintained that can reference these areas of communication, but essentially give details of the complainant, who received it, who the complaint was referred to, the nature of the complaint, the action / resolution taken and the follow up action / learning from same. This record will give ease in reviewing complaints in establishing if there are trends / patterns, which was difficult to do with the existing manner in which complaints are recorded.</p>	One	<p>Provision has been made for all complaints to be logged on a complaints index (please see attached) and held securely. Informal complaints will be documented on an "informal complaints record form" and held electronically. Following completion at directorate office the form will be returned to the complaints department.</p> <p>All written/ formal complaints will be forwarded immediately to the complaints manager, held by complaints department and logged on the complaints index held securely within the facility.</p>	8 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Fiona Linehan
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Hugh McCaughey

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	John McAuley	26/02/15
Further information requested from provider			