



The **Regulation** and
Quality Improvement
Authority

Ardview House Residential Care Home
RQIA ID: 1573
18 The Ward
Ardglass
BT30 7UP

Inspector: Gavin Doherty
Inspection ID: IN021378

Tel: 028 4484 1093
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Announced Estates Inspection
of
Ardview House

15 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 15 April 2015 from 10.30am to 12.30pm. Overall on the day of the inspection the premises supported the delivery of 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;

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Residential Care Homes Minimum Standards (DHSSPS, 2011)

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
Total number of requirements and recommendations made at this inspection	5	0

The details of the QIP within this report were discussed with the Acting Registered Manager, Miss Cathryn Canning as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Hugh Henry McCaughey South Eastern HSC Trust	Acting Registered Manager: Miss Cathryn Canning South Eastern HSC Trust
Person in Charge of the Home at the Time of Inspection: Miss Cathryn Canning	Date Manager Registered: Application Pending
Categories of Care: RC-DE, RC-E, RC-MP(E), RC-PH, RC-TI, RC-I, RC-A	Number of Registered Places: 39
Number of Residents Accommodated on Day of Inspection: 26	Weekly Tariff at Time of Inspection: Trust Rate

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 standards have been met:

- Standard 27:** Premises and Grounds
Standard 28: Safe and healthy working practices
Standard 29: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous Estate's inspection report
- Statutory notifications over the past 12 months

During the inspection the inspector did not meet with any residents, care staff, visiting professionals or residents representatives. The inspector met the South Eastern HSC Trust's Estates Officer, Mr John Robinson.

The following records were examined during the inspection:

- Fire risk assessment
- Fire Safety service records and in-house log books
- Control of Legionella Risk Assessment and associated records
- Mechanical & Electrical Certificates and associated records
- Thorough examination certificates for lifting equipment

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 14 November 2014. The completed QIP was returned and approved by the specialist inspector.

The recommendation from this previous inspection has been reviewed by the care inspector and found to have been met.

5.2 Review of Requirements and Recommendations from *the last* Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(b)	Ensure that the source of the leak in the flat roof above the secretary's office is identified, and suitable repairs carried out.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that suitable repairs had been completed.	
Requirement 2 Ref: Regulation 14(2)(a)(c)	Ensure that the passenger lift in the home receives suitable 'thorough examination' in accordance with the Lifting Operations, Lifting Equipment Regulations (LOLER, 1999).	Met
	Action taken as confirmed during the inspection: Inspector confirmed thorough examination reports were available and up to date at the time of inspection.	
Requirement 3 Ref: Regulation 27(4)(d)	Ensure there are an adequate number of persons, at all times, who are to be responsible for supervising and controlling the operation of the emergency plan. The maximum number of resident beds permitted in each sub-compartment is: Less than two staff awake at all times – five beds Two – three staff awake at all times – seven beds Four or more staff awake at all times – nine beds Refer to NIHTM84: Fire risk assessment in residential care premises for further guidance.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this at inspection	
Requirement 4 Ref: Regulation 27(4)(d)	Ensure that the emergency lighting installation is serviced and maintained in accordance with BS5266 'Part 8: Emergency escape lighting systems'	Met

	Action taken as confirmed during the inspection:	
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Inspector confirmed suitable tests are in place and records were available and up to date at the time of inspection.

5.3 Standard 27: Premises and Grounds

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The residents' kitchen located in the Dementia Unit of the home was in poor condition and should be redecorated in a timely manner. The wall surfaces in various other communal areas and residents' bedrooms throughout the home had been damaged and were identified as requiring attention. This damage should be made good and redecorated in a timely manner.

Many of the vanity units / wardrobes and drawer units in the residents' bedrooms were in very poor condition. A survey of the bedroom furniture throughout the home should be undertaken, and a suitable time bound program prepared for the replacement of any furniture deemed to be in unacceptable condition. This program should be forwarded to RQIA for approval.

Number of Requirements	3	Number Recommendations:	0
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5.4 Standard 28: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

No issues were identified for attention by the registered manager as a result of this Estates inspection. This is to be commended.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 29: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

It is essential that the significant findings contained in the fire risk assessment undertaken in September 2014 are fully implemented and signed-off accordingly by the acting registered manager, within the stipulated timescales.

At the time of the inspection the door to the laundry was wedged open to facilitate staff in carrying out their duties. Where there is such an identified need for a fire door to be held open, then it is essential that a suitable hold open device, suitably linked to the premise's fire detection and alarm system is installed.

Number of Requirements	2	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Cathryn Canning, Acting Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Estates.Mailbox@rqia.org.uk and assessed by the inspector.

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.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27(2) Stated: First time</p> <p>To be Completed by: 08 July 2015</p>	<p>The resident's kitchen located in the Dementia Unit of the home should be redecorated in a timely manner.</p> <p>Response by Registered Manager Detailing the Actions Taken: Costings have been sought and will be sent to procurment to complete the redecoration in a timely fashion.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27(2) Stated: First time</p> <p>To be Completed by: 08 July 2015</p>	<p>Ensure that the damage sustained to wall surfaces in various communal areas and residents' bedrooms throughout the home has been made good and suitably redecorated.</p> <p>Response by Registered Manager Detailing the Actions Taken: (As above). Costings have been sought and will be sent to procurement to refresh the home and areas mentioned above.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27(2) Stated: First time</p> <p>To be Completed by: 08 July 2015</p>	<p>Undertake a survey of the bedroom furniture throughout the home, and prepare a suitable time bound program, for the replacement of any furniture deemed to be in unacceptable condition. This program should be forwarded to RQIA for approval.</p> <p>Response by Registered Manager Detailing the Actions Taken: A survey of the Bedroom furniture throughout the home, has been complete and a phased refurbishment plan is being devised and will be sent to procurement when finalised costings are complete.</p>
<p>Requirement 4</p> <p>Ref: Regulation 27(4) Stated: First time</p> <p>To be Completed by: As stipulated</p>	<p>Ensure that the significant findings contained in the fire risk assessment undertaken in September 2014 are fully implemented and signed off accordingly by the registered manager within the stipulated timescales.</p> <p>Response by Registered Manager Detailing the Actions Taken: Complete, as seen on Day of inspection.</p>
<p>Requirement 5</p> <p>Ref: Regulation 27(4) Stated: First time</p> <p>To be Completed by: 10 June 2015</p>	<p>Where there is an identified need within the home for any fire door to be held open, then it is essential that a suitable hold open device, suitably linked to the premise's fire detection and alarm system is installed.</p> <p>Response by Registered Manager Detailing the Actions Taken: This has been raised via our internal system and we are waiting for a date of installation.</p>

Registered Manager Completing QIP	Cathryn Canning	Date Completed	09/06/15
Registered Person Approving QIP	Hugh McCaughey	Date Approved	23/06/15
RQIA Inspector Assessing Response	Gavin Doherty	Date Assessed	02/07/2015

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address