

Inspection Report

18 January 2022



Ardview House

Type of service: Residential Care Home
Address: 18 The Ward, Ardglass, BT30 7UP
Telephone number: 028 4484 1093

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)</p> <p>Registered Individual: Ms Roisin Coulter – application received.</p>	<p>Registered Manager: Miss Cathryn Anne Canning</p> <p>Date registered: 8 June 2015</p>
<p>Person in charge at the time of inspection: Miss Cathryn Anne Canning</p>	<p>Number of registered places: 39</p> <p>A maximum of 10 persons in category RC-DE and a maximum of 12 in category RC-I. A maximum of 10 persons in intermediate care in categories RC-MP (E), RC-PH, RC-E and RC-TI. The home is also approved to provide care on a day basis only to 5 persons.</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. A – Past or present alcohol dependence. TI – Terminally ill. RC-E.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 21</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 39 residents.</p> <p>Residents' bedrooms are located over two floors. Tower Suite which provides care for people with dementia is located on the ground floor. The home also provides care for up to eight residents who require a short period of rehabilitation following discharge from hospital. Residents have access to communal lounges, dining rooms and a garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 January 2022 from 10.45 am to 5.15 pm by a care inspector.

The inspection assessed progress since the last inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships.

Four areas for improvement have been identified in relation to monthly monitoring reports, display of the daily menu and infection prevention and control. The total number of areas for improvement includes one regulation that has been stated for a second time.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, a visiting professional and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection was discussed with Miss Cathryn Canning, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with five residents individually, small groups of residents in the dining room and lounges, one visiting professional and four staff. Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received three completed resident questionnaires. All returned questionnaires indicated that they were satisfied or very satisfied that the care provided was safe, effective, compassionate and well led. No staff or resident representative questionnaires were received within the timescale specified.

The following comments were recorded:

"I think Ardview is very homely and the food is lovely."

"Great friendships with other residents. Catering is superb."

Two staff members spoken with commented:

"I enjoy working here and have always worked for the Trust. I've no concerns. We have good support and training and the manager is lovely and approachable."

"I'm proud to be part of the team at Ardview and love working here. We have a good manager and a supportive staff team. That's important to me."

A visiting professional spoken with commented:

"I have a good working relationship the manager and all the senior staff. Communication is very good and I have no concerns at all."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 11 March 2021		
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: First time	The registered person shall ensure toiletries and equipment are not stored in communal bathrooms.	Not met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that toiletries and equipment were stored in identified bathrooms which had the potential to be shared communally. This area for improvement has not been met and is stated for a second time.	
Area for Improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that residents are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that all storage rooms were locked appropriately to ensure that chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that residents are protected from hazards to their health.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Observation of notices displayed throughout the home evidenced they could be wiped clean in order to minimise the risk and spread of infection.	

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager advised that the staff recruitment process and necessary checks are completed by the Trust's Human Resource Department. Review of records for a staff member evidenced that a structured orientation and induction programme was undertaken at the commencement of their employment.

Correspondence from the manager on 19 January 22 confirmed that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing employment.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2021 evidenced that staff had attended training regarding Deprivation of Liberty Safeguards (DoLS), moving and handling, delirium awareness, epilepsy awareness, infection prevention and control (IPC), basic food hygiene and fire safety.

Deprivation of Liberty Safeguards (DoLS) and restrictive practices were discussed. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff told us they were confident that they could report concerns about resident's safety and poor practice.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Three residents spoken with said:

"I have no concerns. The staff here are nice."

"We're just spoiled. The staff are very good and look after me well."

"The home manager and the staff are great. All is good."

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Residents' individual likes and preferences were reflected throughout the records.

Review of care records regarding mobility, risk of falls and catheter management evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

A review of records evidenced that care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Two residents' nutritional intake charts were reviewed and were found to be well documented.

Monthly weight records for two residents were reviewed and a system was observed to be in place to monitor patients' weight loss and weight gain. It was noted that both residents had gained weight.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

The manager advised that staff and resident meetings were held on a regular basis. Minutes were available.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the lunchtime meal for residents in the dining room in Tower Suite and noted that this meal time provided residents with an opportunity to socialise together. Staff had made an effort to ensure residents were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to residents who needed varying degrees of assistance with eating and drinking. Staff assisted residents in an unhurried manner. Residents said that they enjoyed lunch. It was noted that a menu was not displayed in Tower Suite dining room or in the main dining room so

that residents know what is available at each mealtime. This was discussed with the manager and an area of improvement was identified.

A resident spoken with said: "I had soup and a salad for lunch and really enjoyed it."

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

The manager advised that part of the first floor of the home has been closed to residents as it is currently undergoing a full refurbishment including installation of a new lift.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Pull cords in bathrooms throughout the home were generally observed to be covered and therefore could be easily cleaned in order to adhere to infection prevention and control best practice. However, it was noted that pull cords in identified bathrooms did not have washable sleeves fitted. This was discussed with the manager and an area for improvement was identified.

It was noted that equipment and products used for personal care, that had the potential to be shared communally were stored in identified bathrooms. This was discussed with the manager who advised she would address the issue. An area for improvement was identified for a second time.

A selection of commode chairs, wheelchairs and walking aids were checked and all were found to be clean.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of their time in their room and staff were observed supporting residents to make these choices.

There was a range of activities provided for residents by the activity therapist. Discussion with staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities, such as quizzes, memory games, bingo and painting.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls and reported positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered. The manager advised that day care is not provided at present due to restrictions during the pandemic.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Miss Cathryn Canning, Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding infection prevention and control (IPC) practices including hand hygiene.

It is required that the home is visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports should be made available for review by residents, their representatives, the Trust and RQIA. Not all requested reports were available to view on the day of inspection. The availability of monthly quality monitoring reports for inspection was discussed with the manager and an area of improvement was identified.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with regulation.

Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	2*	2

*The total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Cathryn Canning, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed: Immediate action required	The registered person shall ensure toiletries and equipment are not stored in communal bathrooms. Ref: 5.1 Response by registered person detailing the actions taken: This was actioned on the day of the inspection and items were removed. All residents are encouraged to take their toiletries back to their rooms and a daily check is in place to avoid / minimise a reoccurrence. The ordering of wall mounted PPE stations was completed and we are awaiting delivery.
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed: With immediate effect	The registered person shall ensure that a copy of monthly quality monitoring reports are held within the home and are made available for the inspector to view on request. Ref: 5.2.5 Response by registered person detailing the actions taken: A new rolling rota has been completed to ensure Reg 29 monitoring visits are completed and copies of monthly monitoring reports will be available in the home.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed: With immediate effect	The registered person shall ensure that the daily menu is displayed in a suitable format, in an appropriate location so that residents and their representatives know what is available each mealtime. Ref: 5.2.2 Response by registered person detailing the actions taken: A new notice board to display the 3 week menu has been erected in a visible area.
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed: Immediate action required	The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice. Ref: 5.2.3 Response by registered person detailing the actions taken: Completed. All pull cords have been replaced, they are non-porous and allow for ease of wiping, in keeping with IPC recommendations and support patient safety.

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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