

Unannounced Inspection Report

20 November 2019



Ardview House

Type of Service: Residential Care Home
Address: 18 The Ward, Ardglass, BT30 7UP
Tel No: 028 44841093
Inspector: Paul Nixon

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 provider 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 registered residential care home which provides care for up to 39 residents including 10 beds which are registered for residents who live with dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust Responsible Individual: Mr Seamus McGoran	Registered Manager and date registered: Miss Cathryn Anne Canning 8 June 2015
Person in charge at the time of inspection: Miss Cathryn Canning	Number of registered places: Total number 39 comprising: 12 – RC - I 10 – RC - DE 10 – RC – MP (E) 5 places for day service
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 PH (E) - Physical disability other than sensory impairment – over 65 years A – Past or present alcohol dependence. TI – Terminally ill.	Total number of residents in the residential care home on the day of this inspection: 20

4.0 Inspection summary

An unannounced inspection took place on 20 November 2019 from 09.50 hours to 13.10 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections and 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 the management of medicines, the environment and the dining experience.

One area requiring improvement from the previous care inspection, relating to monthly monitoring reports, was stated for a second time.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them, healthcare professionals and staff during and after the inspection, are included in the main body of this report.

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	1*	0

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

The area for improvement and details of the Quality Improvement Plan (QIP) were discussed with Miss Cathryn Canning, Registered Manager, 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.

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 19 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

During the inspection we met with seven residents, one resident's representative, three visiting healthcare professionals, the registered manager and eight members of staff.

Questionnaires and 'Have We Missed You?' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- medicine records
- monthly monitoring reports

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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 June 2019

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care and medicines management inspection dated 4 June 2018

There were no areas for improvements made as a result of the last medicines management inspection.

Areas for improvement from the most recent care inspection dated 19 June 2019		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure monthly monitoring reports are completed to meet regulations.	Not met
	Action taken as confirmed during the inspection: There was evidence that monthly monitoring reports had been completed on 19 June 2019, 9 August 2019 and 1 October 2019. There was no evidence of monthly monitoring reports for July and September.	
	This area for improvement is stated for a second time.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: First time	The registered person shall ensure the menu offers residents a choice of meal at each mealtime or when the menu offers only one option and the resident does not want this, an alternative meal is provided. A choice should also be offered to those on therapeutic or specific diets.	Met
	Action taken as confirmed during the inspection: The menu offered residents a choice of meal at each mealtime. If the resident did not want this, an alternative meal was provided.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We arrived in the home at 09.50 hours and were greeted by the registered manager and staff who were helpful and attentive. Some residents were seated in the lounges whilst others remained in bed, in keeping with their personal preference or their assessed needs.

Observation of the delivery of care evidenced that staff attended to residents needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by residents.

A sample of personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and for medicine changes. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues.

We reviewed the lunchtime meal experience in both the general unit and the dementia unit. Lunch commenced at 12.15 hours. Residents dined at the main dining areas or at their preferred dining area such as their bedroom. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Residents who required to have their meals modified were also afforded choice of meal. Food was served from a heated trolley when residents were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to residents' dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. Residents consulted spoke positively of the food provision.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the admission process, the timely availability of newly prescribed medicines, communication between residents and staff and the encouragement/assistance provided by staff to ensure that residents enjoyed a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with seven residents confirmed that living in the home was a positive experience. Comments included:

- "Everything is perfect."
- "Food is first class."
- "Staff are excellent; they couldn't do any more."
- "The food is as good as you'd get in a hotel, good and wholesome."
- "I am looked after well."
- "I am cared for very well."
- "Staff are very, very good."

One visitor stated that their relative was getting great care and that management and staff were very welcoming. Three visiting professionals spoke in positive terms about the home.

Of the questionnaires that were issued, three were returned from relatives. The responses indicated that they were very satisfied with all aspects of the care. Comments included:

- "Ardview is a safe place."
- "The care team are amazing."
- "The manager is caring, organised and knows her job, she loves her staff."

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff/others.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All staff spoken to stated that they enjoyed working in the home. Comments included:

- “I love my work. Everyone is professional; there is good teamwork.”
- “The manager is excellent and the senior staff are very supportive.”
- “I enjoy my work; there is a good team of staff.”
- “The manager is very good; she will listen to any comments and take them on board.”
- “There are good training opportunities.”

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

There were robust arrangements in place for the management of incidents. Staff confirmed that they knew how to identify and report incidents. Medicines related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Cathryn Canning, Registered Manager, 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 nursing 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 via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 Stated: Second time To be completed by: 31 December 2019	<p>The registered person shall ensure monthly monitoring reports are completed to meet regulations.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: There is a system in place to ensure compliance with this regulation. Managers are required to report to the Operations Manager if there is a difficulty in completing this visit as we have trained a small number of staff to cover in these instances. A discussion has taken place with the relevant manager who is not compliant to ensure this is addressed and does not happen again.</p>

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



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