



Unannounced Care Inspection Report 7 June 2018



Ardview House

Type of Service: Residential Care Home
Address: 18 The Ward, Ardglass, BT30 7UP
Tel No: 028 4484 1093
Inspector: Patricia Galbraith

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 39 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Hugh McCaughey	Registered Manager: Cathryn Canning
Person in charge at the time of inspection: Siobhan Baker, Senior Carer	Date manager registered: 8 June 2015
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 TI – Terminally Ill A - Alcohol dependence	Number of registered places: 39 comprising: RC-DE - 10 RC-I - 12 RC-MP (E),RC-PH,RC-E, RC-TI - 10 Day service for 5 persons

4.0 Inspection summary

An unannounced care inspection took place on 7 June 2018 from 07.15 to 14.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care 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 training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas requiring improvement were identified in relation to weekly fire checks.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Siobhan Baker, Person in Charge, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, 22 residents, and six staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), complaints, environment, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings/representatives' meetings/ other
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 June 2018

The most recent inspection of the home was an unannounced medicines management inspection

6.2 Review of areas for improvement from the last care inspection dated 25 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 2 (c) Stated: Second time	The registered provider shall ensure the drawers are replaced. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Drawers had been purchased and delivery date received.	
Area for improvement 2 Ref: Regulation 30 (1) Stated: First time	The registered person shall all notifications should be forwarded to RQIA in a timely manner to meet regulations. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Notifications had been forwarded to RQIA to meet regulations.	

Area for improvement 3 Ref: Regulation 27(2) b (4) (f) Stated: First time	The registered person shall ensure the following areas are improved: <ul style="list-style-type: none"> • The heating in the identified unit needs fixed • The identified items are removed from grounds • Fire checks need to be completed on regular basis Ref: 6.4	Partially met
	Action taken as confirmed during the inspection: <ul style="list-style-type: none"> • The heating in the identified unit had been fixed • The identified items had been removed from the grounds • Not all fire checks had been completed on regular basis this will be stated for a second time 	
Area for improvement 4 Ref: Regulation 29.-(5)(a) Stated: First time	The registered person shall ensure monthly monitoring reports are available. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Monthly monitoring reports were available.	

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.

The person in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Bank staff were used in the home. The person in charge stated that the use of bank staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the person in charge and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

The person in charge advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The person in charge advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the person in charge, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The person in charge stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The person in charge advised there were restrictive practices within the home, notably the use of locked doors, lap belts, bed rails, management of smoking materials etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were not described in the statement of purpose and residents' guide. In discussion with the person in charge it was agreed the statement of purpose and residents' guide would be amended to include restrictive practices in the home.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken in relation to hand hygiene and the environment action plans developed to address any deficits noted.

The person in charge reported that any outbreaks of infection within the last year had been managed in accordance with the trust's policy and procedures. The outbreak had been reported to the Public Health Agency and RQIA with appropriate records retained.

The person in charge reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The Dementia care area had full refurbishment and staff members organised fund raising to help complete soft furnishings for the area. This is to be commended.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The person in charge advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety and smoking etc.

The home had an up to date Legionella risk assessment in place dated 23 January 18 and all recommendations had been actioned.

It was established that two residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plan had not been completed in relation to smoking.

The person in charge advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 13 February 2018 and all recommendations were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that not all weekly fire checks had been completed. This will be stated for a second time as an area for improvement. Fire-fighting equipment, emergency lighting and means of escape had been checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No new areas for improvement were identified during the inspection. The weekly fire checks had not been completed this will be stated for a second time in the QIP.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with the person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with the General Data Protection Regulation. A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, one resident likes to get to the shop and staff ensure this is accommodated.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Breakfast was served in an unhurried manner and residents were able to have a choice of cooked breakfast or cereal. Residents stated the food and choices they had were very good and meals were well presented. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the person in charge and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to address any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The person in charge advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents (including falls, outbreaks), complaints, and the environment, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The person in charge advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection reports, annual satisfaction survey report, Annual Quality Review report, resident meeting minutes were available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The person in charge reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Comments received from residents and staff were as follows:

- “They always communicate my plan of care to me.” (resident)
- “Amazing staff.” (resident)
- “Great place I always get what I want.” (resident)
- “We always try to get what they need.” (staff)
- “Residents can have what they want when they want it.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The person in charge advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The person in charge and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and confidentiality were protected. For example information was passed on in a discreet manner in the office about individual resident’s needs.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain. Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents’ meetings, suggestion box and visits by the registered provider.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents enjoyed listening to music and watching old films. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents reported their family and friends could visit any time. Residents were also able to go out with family members.

Comments received from residents were as follows:

- “Staff are brilliant so caring.”
- “Great people, great place, great care.”
- “Staff are about all the time.”
- “Staff are always about cannot say enough about how good they are every last one of them so attentive.”
- “I am so grateful to how well I am looked after I would have been lost without here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents 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

The person in charge outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The person in charge stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. The person in charge advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the person in charge confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The person in charge stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The person in charge advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The person in charge reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The person in charge advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The person in charge described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home did collect equality data on residents and the person in charge was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Comments received from residents and staff were as follows:

- “The manager is so good always about.” (resident)
- “The staff and manger are great.” (resident)
- “Manager is supportive.” (staff)
- “Managers door is always open.” (staff)
- “Good support, good team work I love my job.” (staff)
- “Really good place to work and we work hard to make sure residents get what they need it’s their home.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, 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 Siobhan Baker, senior carer, 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 residential care 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 QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (f)</p> <p>Stated: Second time</p> <p>To be completed by: 8 June 2018</p>	<p>The registered person shall ensure</p> <ul style="list-style-type: none"> • Fire checks need to be completed on regular basis <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Fire checks have additionally been added to the Senior Night duty checklist to ensure compliance and governance in this area. This will be monitored by the manager.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)