

# Inspection Report

**Name of Service: Ardview House**

**Provider: South Eastern HSC Trust**

**Date of Inspection: 8 October 2024**

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	South Eastern Health and Social Care Trust
<b>Responsible Individual:</b>	Ms Roisin Coulter
<b>Registered Manager:</b>	Miss Cathryn Anne Canning  <b>Date registered:</b> 8 June 2015
<b>Service Profile:</b>  Ardview House is a registered residential care home which provides health and social care for up to 38 residents. Residents bedrooms are located over two floors and residents have access to communal dining and lounge areas. There is also a garden for residents to enjoy.	

## 2.0 Inspection summary

An unannounced care inspection took place on 8 October 2024, from 9.50 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 12 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection two areas for improvement from the previous care inspection on 12 January 2024 were assessed as having been addressed by the provider. One area for improvement was assessed as being partially met and will be stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are very good", "I love living here" and "the staff look after me so well".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance. One comment from staff was shared with the manager for their review and action.

Four healthcare professionals who were visiting the home during the inspection told us that there are good working relationships between them and staff in the home. They said that communication is good, staff are welcoming and knowledgeable about the needs of residents in the home.

Four questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Birthdays and annual holidays were celebrated and staff confirmed good relations between the home and the local community. Residents told us that they enjoyed the activities provided in the home and they had recently been to Strangford for an outing.

Observation of the planned activity, which was Halloween arts and crafts, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities or to remain in their bedroom with their chosen activity such as reading, listening to music or having visits with their relatives.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Senior care staff recorded regular progress records about the delivery of care. However; some of these evaluations lacked detail in relation to the level of support provided to residents regarding their emotional health and well-being. An area for improvement has been identified.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were mostly well decorated, suitably furnished and homely.

Although it was evident that work to upgrade parts of the home had been recently completed; there was work still required to ensure the homes environment was maintained and decorated to a good standard. For example; there was evidence of damaged ceiling tiles on the ground floor and doors, rails and skirting throughout the general residential area required attention. Items of furniture in some residents bedrooms also needed upgrading due to wear and tear.

The manager had raised the same concerns to the Trust estates department but there was no firm date for completion of these works. An area for improvement was identified.

Observations identified some concerns with environmental risk management. For example; one bathroom in the dementia unit was storing a number of items including mobility aids and laundry baskets which presented as an environmental risk to residents or others using the bathroom. An area for improvement was identified.

A review of bathrooms across the home identified that resident's personal hygiene products such as shampoo, shower gel and continence products were not being stored appropriately for personal use. This was brought to the attention of the manager who arranged for the items to be removed, this will be reviewed at a future inspection.

A review of two residents bedrooms identified steradent denture cleaning tablets easily accessible to anyone entering the bedroom. The use/storage of these items require robust risk assessment and safe storage as per Control of Substances Hazardous to Health (COSHH) guidance, in order to reduce the risk of harm to anyone using or potentially accessing them. An area for improvement has been stated for a second time.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Cathryn Canning has been the Registered Manager in this home since 8 June 2015.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents meetings were held regularly however, a review of the records highlighted that there was no agenda or actions plans created following these meetings to evidence the improvements undertaken. This is a good method to ensure tasks are completed in an achievable timescale. An area for improvement was identified.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	4

\* 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 Cathryn Canning, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) & (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> 12 January 2024	The Registered Person shall ensure that chemicals are not accessible to residents, in any part of the home, when not in use in keeping with COSHH legislation.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> All staff have been reminded and debriefed with regards to the importance of COSHH legislation. A signing in and out book for these areas has been created and a dual key used to be able to address open areas of concern.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30 January 2025	The Registered Person shall review how progress records are completed to ensure the residents records are meaningful and person centred. Care staff must be provided with guidance in relation to the completion of these records, in order to ensure a full account of the support provided to residents has been recorded.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> Guidance in relation to records recorded by Senior care assistants has been provided by the Manager, a reflective piece of work has also completed during 1:1 / group supervision. To embed the importance of full account recording for each resident. This will also be monitored as part of the governance records for individual files completed monthly .



<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2025	<p>The Registered Person shall conduct a review of the homes environment to identify refurbishments required and complete a time bound action plan to address any issues identified. This plan should be shared with RQIA for review.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>  A current programme of refurb works is being carried out by the Organisation. This programme will include timelines of works to be completed.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time <b>To be completed by:</b> 8 October 2024	<p>The Registered Person shall ensure that the home is maintained in a safe manner and any potential hazards for residents, staff and visitors are identified and removed as soon as possible.</p> <p>This area for improvement is made with specific reference to the the storage of items in the bathroom in the dementia unit.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>  All items removed on day of inspection, there is now nothing stored in this area. There is an estates capital bid completed to provide additional storage in this unit to create storage where able.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 1.5 <b>Stated:</b> First time <b>To be completed by:</b> 8 October 2024	<p>The Registered Person shall ensure that residents meeting minutes include an agenda, details of the actions agreed, who is responsible for the action and date the action is to be achieved by.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b>  The set proforma for these meetings has been amended to include actions to be carried forward and dates achieved (this also includes a signing off sheet).</p>

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The Regulation and  
Quality Improvement  
Authority

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