



Unannounced Care Inspection Report

11 March 2021



Ardview House

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

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.

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 residential care home registered to provide residential care for up to 39 residents.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust Responsible Individual: Mr Seamus McGoran	Registered Manager and date registered: Cathryn Canning 8 June 2015
Person in charge at the time of inspection: Cathryn Canning	Number of registered places: 39
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	Number of residents accommodated in the residential home on the day of this inspection: 17 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.

4.0 Inspection summary

An unannounced inspection took place on 11 March 2021 from 11.55 to 17.50. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- residents' care records
- governance and management.

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	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Cathryn Canning, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with four residents, a small group of residents in the lounge, one resident's representative, the manager and four staff. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received within the timescale specified. The inspector provided the manager with "Tell us cards" which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 5 March 2021 to 14 March 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- Statement of Purpose
- daily cleaning schedule
- incident and accident records
- a selection of quality assurance audits
- complaint records
- compliment records
- four residents' nutritional intake charts

- two residents' care records
- two residents' weight records
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 November 2019. One area for improvement stated for a second time was reviewed as part of this care inspection. This area for improvement has been met.

Areas for improvement from the last medicines management inspection		
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: Second time	The registered person shall ensure monthly monitoring reports are completed to meet regulations. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Monthly quality monitoring reports by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A selection of records from 30 December 2020 to 21 January 2021 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed. This area for improvement has been met.	

6.2 Inspection findings

6.2.1 The internal environment/infection prevention and control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

The manager advised that 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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. 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.

Review of a selection of records from 6 March 2021 to 11 March 2021 evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures.

On inspection of bathrooms in the home equipment such as wheelchairs were seen to be stored inappropriately. It was noted that products used for personal care, that had the potential to be shared communally were stored in bathrooms. This was discussed with the manager who advised she would address the issue. An area for improvement was identified.

It was observed in an identified bathroom that the toilet frame was rusted and could not be effectively cleaned. This was discussed with the manager who removed it immediately and replaced it with a new one.

A selection of commode chairs were checked and all were found to be clean.

Observation of two stores on the ground floor containing a number of cleaning products evidenced that they were unlocked and easily accessed. The safe storage of chemicals was discussed with the manager and an area of improvement under regulation was identified.

Information displayed in the dining room in Tower Suite and in two identified areas of the home evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager and an area for improvement was identified.

Pull cords in bathrooms throughout the home were generally observed to be covered and therefore could be easily cleaned. However, it was noted that two pull cords in an identified bathroom did not have washable sleeves fitted. This was discussed with the manager who advised she would address the matter.

Fire exits and corridors were observed to be clear of clutter and obstruction.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 5 March 2021 to 14 March 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support care staff. No concerns regarding staffing levels were raised by residents or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ardview House. We also sought the opinion of residents and their representatives on staffing via questionnaires. Four questionnaires were returned within the timescale specified. They did not indicate if the questionnaire was completed by the resident or their representative. All questionnaires returned indicated they were very satisfied that care was good, staff are kind and the home is well managed.

Two returned questionnaires included the following comments:

"No one ever thanks the manager. Cath is excellent. She knows everything and supports me my family and the staff."

"Cat (manager) is aware of everyone's needs. She cares as much for the staff. Everyone loves her. She makes time."

A relative spoken with commented: "My relation is well looked after. She is given great care. I've no concerns at all."

We observed the serving of the teatime meal in the dining room in Tower Suite. The tables were nicely set with condiments and flowers and the food served appeared nutritious and appetising. Residents wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The activity planner was displayed on the notice board in the corridor of the home to inform residents of planned activities. Residents were observed to enjoy listening to music in the lounge with staff.

Four residents spoken with commented:

- "I'm looked after well and the food's nice."
- "I'm spoiled. It's class here. The staff's nice and the food's good."

- “The staff are brilliant. I’ve no concerns.”
- “It’s very clean here and the staff are very good.”

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident’s condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

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.

6.2.3 Residents’ care records

Review of two residents’ care records regarding mobility 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.

Four residents’ nutritional intake charts were reviewed and were found to be well documented.

Monthly weight records for two residents from January 2021 to March 2021 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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (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.

6.2.4 Governance and management

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 government restrictions regarding the pandemic.

The Statement of Purpose for the service was reviewed. It was informative regarding the aim, objectives and the facilities and services offered within the home. The manager advised that the Statement of Purpose is due for issue in April 2021 and it will be made available to residents and their representatives.

Review of records for 7 March 2021 confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

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 care plans, falls, infection prevention and control (IPC) practices including hand hygiene.

We reviewed accidents/incidents records from 26 November 2020 to 20 February 2021 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

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

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 2020/2021 evidenced that staff had attended training regarding basic life support, dysphagia awareness, deprivation of liberty safeguarding (DoLS), infection prevention and control (IPC), and fire safety.

Staff spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding record keeping and communication between residents and staff.

Areas for improvement

Three new areas of improvement were identified regarding Control of Substances Hazardous to Health (COSHH) and infection prevention and control (IPC).

	Regulations	Standards
Total number of areas for improvement	2	1

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and compliance with the use of PPE. Measures had been put in place in relation to compliance in best practice with IPC to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines. Areas of improvement were identified regarding Control of Substances Hazardous to Health (COSHH) and infection prevention and control (IPC).

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cathryn Canning, 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 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 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed: Immediate action required	The registered person shall ensure toiletries and equipment are not stored in communal bathrooms. Ref: 6.1 Response by registered person detailing the actions taken: Toiletries have been placed back in individuals room and equipment has been reorganised to ensure no storage in communal bathrooms.
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed: Immediate action required	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. Ref: 6.2.1 Response by registered person detailing the actions taken: Each door (3), has had a lock installed whereby, one key fits all and this is only accessible for Patient Experience and the Care team.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed: Immediate action required	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. Ref: 6.2.1 Response by registered person detailing the actions taken: Notices displayed throughout the home have been removed or laminated as required. Each staff member has also been informed of the need to laminate notices to minimise risk and ensure IPC guidelines.

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



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