

Inspection Report

12 January 2024



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</p> <p>Responsible Individual: Ms Roisin Coulter</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: 38</p> <p>A maximum of 19 persons in category RC-DE accommodated in either the 10 bedded Dementia unit on the ground floor or the 9 bedded dementia unit on the first floor. Bedroom 33 within the first floor dementia unit has been repurposed as a dining room temporarily reducing the total number of beds from 39 to 38. RQIA is to be notified of the decision on the permanent use of this room on or before 1 June 2024. 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. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. A – Past or present alcohol dependence. TI – Terminally ill. E - Service users who are over 65 years of age but do not fall within the category of old age</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 24</p>

Brief description of the accommodation/how the service operates:

This home 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. A garden overlooks the sea.

2.0 Inspection summary

An unannounced inspection took place on 12 January 2024 from 9.35am to 5.20pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

All residents were well presented in their appearance and were settled and content in their environment. Comments received from residents, relatives and staff are included in the main body of this report.

The staff on duty engaged well with residents in a caring and compassionate manner. It was clear through these interactions that they knew one another well and were comfortable in each other's company. There was a good working relationship between staff and management.

Areas for improvement were identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report. RQIA were assured that the delivery of care and service provided in Ardview House was safe, effective and compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 previous areas for improvement issued, 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 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 were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with residents, relatives, a visiting professional, the manager and the staff on duty. Residents spoke positively when describing their experiences of living in the home. They appeared happy and were able to choose how they spent their day. One told us, "It's powerful here; the staff are 110 percent. I just push the button and they come. They can't do enough for you. I am spoiled". Another commented, "This is a very good home; the staff are great. The food is lovely and we get a good choice". The staff told us they felt that they were trained well and enjoyed working in the home and interacting with the residents. A relative told us, "The care is exceptional". The visiting professional was satisfied that any instructions left were followed.

We received no questionnaire responses or any response from the staff online survey.

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 5 October 2023		
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) (d) Stated: First time	The registered person shall ensure that the premises are well maintained in order to remain suitable for their stated purpose and that Tower Suite is redecorated to meet current infection control best practice.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 23.7 Stated: First time	The registered person shall ensure that all mandatory training is up to date and there is a robust written training and development plan that is kept under review and is updated at least annually to reflect the training needs of individual staff.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that, when residents are prescribed medicines for administration on a “when required” basis for the management of distressed reactions, the care plans provide information to direct staff on the use of these medicines.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for working with the residents. An induction booklet was completed to capture the topics covered during the induction. Inductees completed an induction evaluation at the completion of their induction. Staff consulted confirmed that they thought the induction process was good.

Regular checks were made to ensure that care staff applied to and maintained their registrations with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were well trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, fire safety and infection prevention and control (IPC). The manager confirmed that 98 percent of staff were compliant with mandatory training requirements. Staff told us that they felt well trained to perform their roles in the home.

Staff confirmed that they were further supported through staff supervisions and appraisals. A system was in place to ensure that staff received, at minimum, two supervisions and an appraisal conducted annually.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Staff consulted confirmed that they were happy that residents' needs were met with the staffing level and skill mix allocated to work in the home. Discussions with residents and observation of working practices identified no concerns in relation to the staffing arrangements.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the person in charge of the home when the manager was not on duty.

Staff spoke positively on the teamwork in the home. One told us, "It's brilliant; everyone works well together", and another commented, "We always know where each other are". Staff members were observed to work well and communicate well with one another during the inspection. Staff utilised communication books as a method of sharing information with one another in the home.

Staff meetings were conducted regularly and minutes of the meetings were drafted and shared with staff unable to attend to detail the discussions had and any decisions made.

5.2.2 Care Delivery and Record Keeping

Staff received a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. Care was provided promptly in a caring and compassionate manner. One resident told us, "We are taken care of well here". Another said, "The staff are brilliant; I'm very comfortable here".

When residents were admitted, staff completed a range of assessments including a 'Helping us Get to Know You' assessment. This allowed staff to become more familiar with residents' family details, life history and aspects of care such as food preferences and preferred retiring and rising times. Additional more in-depth assessments of need were also completed. Following these assessments, care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Care plans were reviewed regularly to ensure that they were current and reflective of up to date care. The visiting professional confirmed that they felt staff in the home were very 'attentive' and 'responsive' to residents' needs.

The majority of residents' care records were maintained electronically. Where this was not possible, a written record was maintained. Care records were held confidentially.

A daily evaluation of the care provided was recorded after each shift and included detail, such as and where appropriate, how the resident was feeling, any personal care provided, continence management and how residents were eating and drinking.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was good availability of food and fluids identified during the inspection. Residents were weighed regularly to monitor for weight loss or weight gain.

Residents dined together in the dining room. The food served appeared nutritious and appetising and portion sizes were appropriate for the residents to whom the food was served. The mealtime was well supervised. Residents told us that they enjoyed the mealtime experience. One described the food provision as, “Superb” and another commented, “The food is class”.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home’s environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Residents’ bedrooms were personalised with items which were important to them. A unit on the first floor, currently not in use, planned for enhanced dementia care was in the final stages of refurbishment. The Tower Suite on the ground floor had also recently been redecorated. Attention was required to the general residential unit on the ground floor as some of the skirting and architraves were in need of repainting due to multiple chippings in the wood. This was discussed with the manager and will be reviewed at a subsequent inspection.

Fire safety measures were in place and to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. A record of visitors to the home was maintained. However, two stairwells were observed to contain flammable materials and one in particular was cluttered. This was discussed with the manager and identified as an area for improvement.

Areas in the home were identified where unattended cleaning products, which could be harmful to residents if ingested, were found accessible to residents. An area for improvement was identified to ensure compliance with Control of Substances Hazardous to Health (COSHH) legislation.

Several uncovered radiators within residents’ bedrooms and communal areas in the home were hot to touch with the potential of an accidental burns risk should a resident fall against one. This was discussed with the manager and identified as an area for improvement.

Monitoring of the environment within the facility was completed on a weekly basis. A more in-depth environmental audit had been completed during November 2023. The findings from this inspection should be taken into consideration when completing future environmental audits. There was good compliance with infection control identified during the inspection. There were good supplies of personal protective equipment and hand hygiene products. Separate hand hygiene audits were conducted to monitor this practice. Cleaning charts were completed to evidence the cleaning conducted in the home.

5.2.4 Quality of Life for Residents

Residents could choose how they spent their day and staff supported residents with their choices. All residents were well presented in their appearance and told us that they liked living in the home. There was a relaxed atmosphere throughout the day in the home. Residents engaged well with one another and with staff.

Activity assessments were completed with residents on admission to take into account their mobility needs, any visual impairments, any hearing or other communication difficulties and any allergies they may have. Following the assessment, a list of the resident's activity interests was compiled; this is good practice. Each resident had an activity care plan developed.

The activities programme was displayed in the home. Activities included bingo, painting, beauty therapy, knitting, current affairs, music, baking memory games, sing-a-longs and movie nights. Outside of the home there was seating areas with raised garden beds where residents could assist with gardening a variety of plants / herbs. There was an enclosed sensory garden outside of the dementia unit. Pictures of residents enjoying activities were displayed on the corridors in the home. Care assistants assisted the activities therapist in providing activities. Completed activities were recorded within the residents' care records. Ways of enhancing this recording was discussed with the manager.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Visiting was open and visits could take place at the residents' preferred visiting area; including their bedrooms. Residents were free to leave the home with their relatives if they wished to go out. Relatives told us that they were always made to feel welcome in the home. One told us, "Every one of the staff is fantastic. We are always kept well informed of the care given and we feel that we are part of the care".

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no changes to the management arrangements. Miss Cathryn Canning has been the Registered Manager of the home since 8 June 2015. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management. Staff told us that they found the manager to be 'approachable' and 'understanding'.

The person in charge of the home, in the absence of the manager, first completed a competency and capability assessment on taking charge prior to commencing in the role.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Areas audited included restrictive practice, care records, mealtimes, the environment and residents' finances.

All accidents and incidents occurring in the home were reviewed on a monthly basis to ensure that the correct actions had been taken and the appropriate referrals made. Any rationale for falls in the home was also included as part of the review.

A complaint's file was maintained to detail the nature of any complaints received and the corresponding actions made in response to any complaints. The number of complaints received in the home was low. A compliments file was maintained and all compliments received were shared with staff.

Staff told us they were confident about reporting any concerns about residents' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

The home was 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. The reports of these visits were completed in detail and were available for review by residents, their representatives, the Trust and RQIA; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

7.0 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 (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Cathryn Canning, Registered 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 14 (2) (a) and (c) Stated: First time To be completed by: 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: 5.2.3
	Response by registered person detailing the actions taken: Safe storage of chemicals in keeping with COSHH legislation was discussed at a staff meeting held on the 29.01.24

	A key coded lock has been installed to restrict access by residents to the laundry and cleaning store area within Ardview Hous. Photograph of lock has been forwarded to inspector on 17.01.24 as requested.
Area for improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: First time To be completed by: 31 March 2024	The registered person shall ensure that radiators in the home are maintained at a low heat, otherwise, covered to minimise the risk of accidental burns. Ref: 5.2.3
	Response by registered person detailing the actions taken: Discussion has taken place with Estates department regarding maintaining radiators at a lower heat.A Hot Surface Risk Assessment is presently being undertaken to identify specific radiators that may require a covering to reduce risk of accidental burns
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 29.2 Stated: First time To be completed by: 12 January 2024	The registered person shall ensure that stairwells remain free from clutter and do not contain any flammable materials. Ref: 5.2.3
	Response by registered person detailing the actions taken: All items have been removed from under stairwells. Signage Posters have been displayed to ensure staff are aware the area must remain free from clutter. Senior staff will monitor complaince during daily and weekly fire checks and also when completing weekly Health and Safety

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