



Unannounced Care Inspection Report

19 June 2019



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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

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

Organisation/Registered Provider: South Eastern Health and Social Care Trust Responsible Individual: Mr Hugh Henry McCaughey	Registered Manager and date registered: Cathryn canning 8 June 2015
Person in charge at the time of inspection: Cathryn Canning	Number of registered places: Total number 39 comprising: 12 – RC - I 10 – RC - DE 10 – RC – MP (E) 5 places for day service
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years A – Past or present alcohol dependence. TI – Terminally ill.	Total number of residents in the residential care home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 19 June 29 from 07.15 to 15.00.

This inspection was undertaken by the 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.

Evidence of good practice was found in relation to care records, training, communication and care records.

Two areas for improvement were identified in relation to residents having a choice at the lunch time meal and the completion of monthly monitoring reports

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

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Cathryn Canning, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 19 October 2018.

The most recent inspection of the home was an unannounced care inspection undertaken on 19 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

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

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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

- staff duty rotas 6 June 2019 to 20 June 2019
- staff training schedule and training records
- supervision and appraisals
- recruitment records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of monthly monitoring reports
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

6.2 Inspection findings

6.3 Is care safe?

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

The registered manager and staff on duty confirmed that staffing levels were safe in the home and were kept under review. We could see the duty rota accurately reflected all the staff working within the home all staff who were to be on duty were present and were carrying out their duties.

We could see there was sufficient staff in the home to quickly respond to residents' needs, to provide the correct level of support to residents with a range of activities.

We spoke with staff and they advised they had a good induction in the home and had been well supported by senior staff and the registered manager. The staff advised they had supervision regularly and records reviewed confirmed this.

All senior staff had an assessment of their competency and capability completed by the manager to ensure they can take charge of the home in the absence of the registered manager

We looked at training records to ensure staff had been given their core training. We discussed with the manager the benefit of producing a schedule to oversee staff training records. The manager agreed to complete this.

The registered manager and staff were able to describe how residents in the home were protected from abuse and harm. The organisation had a safe guarding champion.

Staff we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations. Staff were aware of the home's whistle blowing policy and were able to describe what they should do if they witnessed poor practice by colleagues.

The registered manager and staff were able to describe how safe guarding referrals would be made to the trusts, who would be contacted, what documents would be completed and how they would co-operate and assist in any investigations.

We walked around the home saw it was kept clean and warm. There is an ongoing improvement plan in place and one side of the top floor of the home is currently being renovated. We looked in a number of residents' rooms which had personalised items. There were no malodours.

There were lounges for residents to sit in and watch television and participate in activities, there was also a dining room for meals. All fire exits were free from obstruction.

The registered manager and staff told us about the arrangements in place to make sure that the home was kept clean and free as far as possible, from any outbreaks of infection. We could see from training records staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. There were ample supplies of gloves and aprons available for staff.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

From our observations we could see that residents were getting the right care they needed and staff knew the residents well. Staff were able to describe individual care needs of residents and how these were met in the home. One resident reported “the staff are always at hand and I am well cared for.” Staff reported that there was good communication between management, staff, residents, professionals and relatives.

The manager described a robust assessment and admissions process before residents could be admitted to Ardview. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. If, for example, a resident has dementia, this might include the use of a locked external door. The manager described how there was good working relationships between professionals to identify and manage the care needs of residents.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager completes an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or trust staff.

The manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

The care records for residents were kept securely to ensure that they were confidential. The records were written in a clear, precise way and used language which was respectful of residents. The records also incorporated Human Rights considerations.

We saw how staff in the home shared what was in the records with residents, the care records were signed and dated by residents. If a resident was unable to sign their next of kin had been made aware of the care plan in place.

We also saw how a care review was completed with the resident, their family, care staff and multidisciplinary team.

We spoke with the cook who told us that all food was made fresh on the premises and this included all baked items. The cook was able to describe in detail the dietary needs and preferences of residents, including one resident who needed additional support with food and fluids. The cook reported that kitchen and care staff had completed training in the preparation and use of textured foods and thickeners for fluids as recommended by a Speech and Language Therapist.

The kitchen can be accessed by staff when the catering staff are not on duty so that residents who want drinks or snacks in the evenings or during the night can have these. The cook also makes meals for special occasions, for example, Christmas, Easter and Halloween and bakes birthday cakes for residents. The cook had worked in the home for many years and described the care provided to residents as ‘brilliant’.

We saw that there was a very relaxed breakfast service with residents still entering the main dining room throughout the morning. Staff told us that there was no set time for breakfast and that residents could choose when they wished to come for this meal; a small number of residents preferred to take breakfast in their own room and this was facilitated by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

We arrived at the home at 07.15 and were met by staff who offered us assistance. The morning hand over was given in a very precise, efficient, and informative way. Some residents were up but the majority of residents were in their rooms.

The atmosphere in the home was warm and welcoming and respectful for the time of day as some residents were still sleeping. The interaction between residents and staff was positive, residents were conversing and some had an early morning cup of tea. Residents appeared content and able to converse openly with staff. Staff were attentive to residents needs and responded promptly to call bells.

We could see that residents wishes, interests and preferences were reflected in care records for example there was information on what activities each resident liked to do and residents' daily routines were recorded.

Staff told us about the range of activities available and how the staff worked to ensure each resident could have access to meaningful past times, hobbies crafts or outings. On the day of the inspection the residents were playing bingo. A programme of daily activities was displayed on a notice board in a central part of the home residents reported they could also request different activities.

“I like to get out for my walks and I can come and go as I please.”
 Residents said they enjoyed the activities provided. A resident stated: “I love it here. The staff are great, they can’t do enough they try to take time and talk and have a wee joke.”

Other residents stated: “they are amazing I can’t say enough good things about them. The meals everyday are good but a choice at lunch time would be nice.” “ I like to get out for my walks and I can come and go as I please.”

The serving of the midday meal was observed in the smaller unit in the home. The dining room was bright and airy and the atmosphere was jovial and conversations were taking place with residents. Residents who required assistance were given their meal in a discreet and respectful manner. The tables were set and condiments were in place. Residents’ during this meal reported the menu had been changed and a choice was no longer available at lunchtime. This was discussed with the registered manager who advised the menu had been reviewed to reflect the needs of SALT requirements and the cook was unable to order ingredients other than those set out in the menu. The need to ensure the menu offers residents a choice of meal at each mealtime or when the menu offers only one option and the resident does not want this, an alternative meal should be provided was discussed. A choice should also be offered to those on therapeutic or specific diets.

Comments received from returned questionnaires included:

- Ardviv is a home from home.
- I am happy here.
- The staff are good and caring.
- The boss is very good and helps everyone. Each individual is looked after so well. Finely managed by Cathryn and her team do a wonderful job.
- Comfortable very clean place. I am very happy.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to residents’ choice of meals at lunch time.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 registered manager is the person responsible for the day to day running of the home, and was knowledgeable of her role with regards to regulations and notifying RQIA of events. The registered manager ensures robust systems are in place to ensure the safe practice of the home and does this by completing a range of monthly audits. Areas for audits include staff

practices with hand washing, accidents and incidents, care records and the cleanliness of the home. Where deficits are found a plan of action is put in place to ensure improvement.

Staff in the home reported that they had good support from their manager who was supportive approachable and fair and gave constructive feedback to them. The registered manager reported that the staff team were flexible, committed, dedicated, reliable and always had the best interests of each individual resident.

The manager told us she felt it was important to spend time working on the floor so she could make sure the care delivered to the residents by the staff was good; this also allowed her to get to know the residents well.

The registered manager also spends time completing a range of tasks to make sure she is satisfied that the home runs well. The manager makes sure that staff are properly supported to do their jobs and that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We saw the current fire safety risk assessment was in place and the significant findings were being addressed in a timely manner. The fire risk assessment was under taken by the trusts fire risk assessors.

A complaints procedure was displayed in the home and provided advice on how to make a complaint there was also leaflets available on how to make a complaint. The records reviewed showed that all complaints had been dealt with and the outcome recorded. The registered manager then discussed complaints with staff and used the information to improve the service.

The registered manager also shared compliments received from residents and their families to ensure staff were given positive feedback in their deliverance of care.

The registered manager made sure there were regular staff meetings and the information was disseminated to the staff team when there were issues. There was written handovers exchanged between staff and a communication book was also in place which staff could read if they had been off for a number of days, if there was a change in residents care needs this was also passed on during the hand over.

We reviewed the monthly monitoring reports and found that reports for April and May 2019 had not been completed. This was identified as an area of improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incident, and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in relation to monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	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 Cathryn Canning, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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	
Area for improvement 1 Ref: Regulation 29 Stated: First To be completed by: 30 July 2019	<p>The registered person shall ensure monthly monitoring reports are completed to meet regulations.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Monthly Monitoring will be a rolling theme for monthly supervisions as a secondary check for assurance of compliance. This has commenced.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 12.3 Stated: First time To be completed by: 14 September 2019	<p>The registered person shall ensure the menu offers residents a choice of meal at each mealtime or when the menu offers only one option and the resident does not want this, an alternative meal is provided. A choice should also be offered to those on therapeutic or specific diets.</p> <p>Response by registered person detailing the actions taken: A meeting pertaining to the Menu took place on 27th June 2019, to discuss changes to the menu to include additional choice and list of alternative meals and snacks available. Menus update to reflect. Complete.</p>

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



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