

Inspection Report

25 November 2022



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 (SEHSCT)</p> <p>Registered 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, Manager</p>	<p>Number of registered places: 38</p> <p>A maximum of 10 persons in category RC-DE in the Dementia unit on the ground floor. A maximum of 28 persons to be accommodated in the other units in categories RC-MP (E); RC-PH; RC-I; RC-E; RC-A and RC-TI. This includes a 9 bedded unit for persons with delirium. Bedroom 33 within the delirium unit has been repurposed as a dining room temporarily reducing the total number of beds to 38. RQIA must be notified prior to this room reverting to a bedroom. 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. PH – Physical disability other than sensory impairment. A – Past or present alcohol dependence. TI – Terminally ill. RC-E.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 22</p>

Brief description of the accommodation/how the service operates:

This home is a registered Residential Home which provides social care for up to 38 residents.

Residents' bedrooms are located over two floors. Tower Suite which provides care for people with dementia is located on the ground floor. The home also provides care for residents who require a short period of rehabilitation following discharge from hospital. A repurposed nine bedded unit for persons with delirium is located on the first floor. Residents have access communal lounges, dining rooms and a garden area.

2.0 Inspection summary

An unannounced inspection took place on 25 November 2022 from 10.00 am to 5.30 pm by a care inspector.

The inspection assessed progress since the last 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 care delivery and maintaining good working relationships.

Two areas for improvement have been identified regarding staff training and development plans and the redecoration of Tower Suite.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

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.

Comments received from residents, a residents' relative, visiting professionals and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 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 and 'Tell Us' cards 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 Miss Cathryn Canning, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with three residents individually, small groups of residents in the dining room, a residents' relative, seven staff and three visiting professionals.

A residents' relative spoken with commented: "I have no issues at all. I'm very happy with staff and staffing levels. The care's good. Mum's always well turned out and communication is good as I receive regular updates regarding her care. The manager is very approachable and any concerns are sorted straight away."

Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role. Three visiting professionals were complimentary regarding the manager and staff and the care residents' received.

Following the inspection we received three completed questionnaires. Two returned questionnaires were received from residents and one questionnaire did not indicate if it had been completed by a resident or their representative. All returned questionnaires indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

Comments recorded included:

“This is an amazing residential home. Staff and management are brilliant and the food is superb.”

“Excellent care. Great staff. Good food. First class.”

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“Thank you for all your care and kindness during my stay at Ardview. I have made many friends who I will miss.”

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 18 January 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure toiletries and equipment are not stored in communal bathrooms. Ref: 5.1	Met
	Action taken as confirmed during the inspection: Observation of a selection of communal bathrooms evidenced that toiletries and equipment are not inappropriately stored.	
Area for improvement 2 Ref: Regulation 29 Stated: First time	The registered person shall ensure that a copy of monthly quality monitoring reports are held within the home and are made available for the inspector to view on request. Ref: 5.2.5	Met
	Action taken as confirmed during the inspection: Review of monthly quality monitoring reports evidenced they are held within the home and are made available for the inspector to view on request.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format, in an appropriate location so that residents and their representatives know what is available each mealtime. Ref: 5.2.2	Met
	Action taken as confirmed during the inspection: Review of the provision of the daily menu evidenced that it is displayed in a suitable format, in an appropriate location so that residents and their representatives know what is available each mealtime.	
Area for improvement 2 Ref: Standard 35 Stated: First time	The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice. Ref: 5.2.3	Met
	Review of a selection of pull cords throughout the home evidenced that they are fitted with washable covers in order to adhere to infection prevention and control best practice.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory and there were enough staff on duty to meet the residents' needs. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

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 2022 evidenced that staff had attended training regarding delirium awareness, Deprivation of Liberty Safeguards (DoLS) and fire safety. Review of a selection of staff mandatory training records showed that not all staff had completed refresher training regarding adult safeguarding, moving and handling and infection prevention and control (IPC). An up to date training and development plan was unavailable to view to reflect the training needs of individual staff. This was discussed with the manager and an area of improvement was identified.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A resident spoken with said: "Staff are very nice and nothing is a bother to them. There are enough staff on duty. When I press my call bell for assistance, they come to me quickly."

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed 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.

Review of care records regarding mobility, falls and weight 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.

There was evidence that residents' weight was checked at least monthly to monitor weight loss or gain. The manager advised that dieticians from the local Trust complete a virtual ward round in order to review and monitor the weight of all residents in the home.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed by the SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The cook told us all food including scones and shortbread is home cooked.

We observed the serving of the lunchtime meal in the dining room and noted that this mealtime provided residents with an opportunity to socialise together. Staff wore aprons and the daily menu was displayed in the dining room showing residents what is available at each mealtime. A choice of meal and drinks was offered and staff had made an effort to ensure residents were comfortable throughout lunch. The food was attractively presented and smelled appetising and staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said they enjoyed lunch.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout. Review of the daily cleaning schedule confirmed that tasks had been documented and signed by staff on completion. Equipment such as walking aids were seen to be clean and well maintained.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting them to make these choices. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Observation of Tower Suite evidenced that improvements are required as paint on doors/door frames, skirting boards, handrails in the corridors, the walls in corridors and in identified bedrooms was chipped and marked. This was discussed with the manager and an area for improvement has been made.

Store rooms, the sluice room and the domestic store were observed to be appropriately locked.

A Fire Risk Assessment dated 11 May 2022 was reviewed. It was noted all actions identified during the assessment had been signed to advise they had been completed. The manager advised that the fire alarm was tested regularly. Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

Discussion with residents and staff evidenced that arrangements were in place to meet their social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities, such as memory games, bingo, skittles, painting and reminiscence sessions. Residents told us they were offered the choice of whether to join in or not and advised that they sometimes declined to take part in activities as they like to plan their own time.

Review of the activity folder evidenced that a record is kept of all activities that take place, the names of the persons leading each activity and the residents who take part. Records showed that staff discuss and observe residents' preferences for involvement in activity.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Miss Cathryn Anne Canning has managed the home since 8 June 2015. 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 restrictions during the pandemic.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Miss Cathryn Canning, Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

A staff member spoken with told us they had a good induction at the beginning of their employment in the home. Review of records showed a structured induction and orientation had been completed and signed and dated by both the staff member and the manager.

The manager advised supervision is ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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

Review of the home's complaints record evidenced that systems were in place to ensure that complaints were managed appropriately. Residents, relatives and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The manager advised that staff meetings were held on a regular basis. Minutes of meetings were available.

Residents and staff spoken with commented positively about the manager and described her as supportive and approachable.

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 (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Cathryn Canning, 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 27 (2) (d) Stated: First time To be completed by: 24 March 2023	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: An application will be made to enable a redecoration scheme to be completed to meet best practice in relation to infection control.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 23.7 Stated: First To be completed by: Immediate action required	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager will ensure that there is a training and development plan, which will be kept under regular review, for all staff in Ardview.

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



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