

# Unannounced Care Inspection Report 5 October 2016



## Ardview House

**Type of service: Residential Care Home**  
**Address: 18 The Ward, Ardglass, BT30 7UP**  
**Tel no: 028 4484 1093**  
**Inspector: John McAuley**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Ardview House took place on 5 October 2016 from 11:00 to 15:00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found during this inspection in relation to staff being knowledgeable and having a good understanding of adult safeguarding principles. Staff were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing

One requirement was made in relation to replacing three identified chairs in the dining room in the dementia unit.

### Is care effective?

There were examples of good practice found during this inspection in relation to the inspection of accident and incident reports confirming that referral to other healthcare professionals was timely and responsive to the needs of the residents.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found during this inspection in relation to observations of care practice found that staff interactions with residents were polite, friendly, warm and supportive.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found during this inspection in relation to the registered manager being provided with additional training in governance and leadership

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Cathryn Canning, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 28 April 2016.

## 2.0 Service details

<b>Registered organization/registered person:</b> South Eastern Health and Social Care Trust	<b>Registered manager:</b> Cathryn Canning
<b>Person in charge of the home at the time of inspection:</b> Debbie Miller – senior care assistant until 13:30 hours then the registered manager	<b>Date manager registered:</b> 8 June 2015
<b>Categories of care:</b> 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 TI – Terminally Ill A – Alcohol dependence	<b>Number of registered places:</b> 39

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection reports and accident and incident notifications.

During the inspection the inspector met with 19 residents, five members of staff of various grades and the registered manager.

The following records were examined during the inspection:

- Induction programme for new staff
- Staff supervision schedules
- One competency and capability assessment
- Staff training schedule/records

- Staff recruitment file(s)
- Three residents' care files
- Complaints and compliments records
- Accident and incident reports
- Monthly monitoring report
- Fire safety training and drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Menus
- Programme of activities
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection Dated 2 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the care inspector at the next care inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection Dated 28 April 2016

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 July 2016</p>	<p>The registered person should revise and update the adult safeguarding policy and procedure. This should take account of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015). The home also needs to establish of a safeguarding champion.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The adult safeguarding policy and procedure has been revised accordingly.</p>	

<b>Recommendation 2</b> <b>Ref:</b> Standard 35.7 <b>Stated:</b> First time <b>To be completed by:</b> 10 May 2016	The registered person should review the provision of hand gel dispensers throughout the home so that an adequate provision is maintained at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The provision of hand gels has been reviewed with adequate provision found to be in place at the time of this inspection.	

### 4.3 Is care safe?

The senior care assistant confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty:

- 1 x senior care assistant
- 5 x care assistants
- 3 x domestics
- 1 x cook
- 2 x catering assistants
- 1 x registered manager from 13:30 hours

Discussions with the registered manager confirmed that a completed induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was available for inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. An inspection of one staff member's competency and capability assessment was undertaken. This was found to be satisfactory.

Discussions with a recently appointed member of staff confirmed that they were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. These arrangements were inspected and found to be well maintained.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included a safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed that no restrictive practices were undertaken within the home. On the day of the inspection none were observed, other than the keypad entry system to the dementia unit, which was documented in the Statement of Purpose.

Inspection of staff training records confirmed that all staff had received training in infection prevention and control; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken. The home was found to be clean and tidy. Facilities were found to be comfortable and accessible for residents to avail of. There were three chairs in the dining room of the dementia which had torn upholstery. This posed a risk in terms of infection prevention and control. A requirement was made for these chairs to be refurbished or replaced.

The grounds to the home were well maintained and had good accessibility for residents to avail of.

Fire safety training was being taken place at the time of this inspection. Review of staff training records confirmed that staff completed fire safety training and fire safety drills on an up to date basis. Fire safety records also identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular basis.

One area for improvement was identified in relation to the need to refurbish or replace the three identified chairs in the dining room in the dementia unit.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three residents' care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals, such as care review meetings, meetings with aligned health care professionals, supervision and monthly monitoring visits.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Discussions with residents and observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Inspection of this was focused on one particular resident who had a high incidence of falls.

Arrangements were displayed to support and advocate for residents who required specialist support.

No areas for improvement were identified in respect of this domain during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.



The inspector met with 19 residents at the time of this inspection. In accordance with their capabilities all confirmed or indicated that they were happy with their life and care in the home. Some of the comments made included statements such as:

“I feel very safe here. I’d be lost without it”

“Everything is very good”

“Everything here is a 100%. You couldn’t find any better”

“I’d recommend the care here to anyone”

Discussion with residents confirmed that their residents’ spiritual and cultural needs were met within the home. Details of church services were displayed.

Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Observation of care practice found that staff interactions with residents were polite, friendly, warm and supportive.

Discussion with residents and staff and observations of care practices confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example at the time of this inspection there was a planned musical event activity in place for which residents who choose to partake in, enjoyed. Other residents were found to be in benefit of the company of one another, reading or watching television or resting in their bedrooms.

An appetising dinner time meal was provided found. Staff supervision and assistance was found to be organised and unhurried with time afforded to residents’ needs. The dietary menu was a rotational three weekly menu, which appeared nutritious, varied and with provision of choice. Discussions with residents about their meals found that they were very happy about the provision and choice. Many residents stated that their individual likes and dislikes would be readily catered for.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents and observations confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings, residents and representatives meetings and monitoring visits.

### Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.



The inspector met with five members of staff of various grades, as well as the registered manager. All spoke on a positive basis about the provision of care, teamwork, staff morale, provision of training and managerial support.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Discussion with the registered manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. For example the registered manager is currently undertaking the Post Graduate Certificate course on Health Service Management. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **Areas for improvement**

No areas for improvement were identified in respect of this domain during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cathryn Canning the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

Ref: Regulation 27 (2)  
(g)

Stated: First time

To be completed by:  
5 November 2016

The registered provider must refurbish or replace the three identified chairs in the dining room in the dementia unit.

#### **Response by registered provider detailing the actions taken:**

The three chairs in question were removed on the day of the inspection and replacements ordered.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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