

# Unannounced Care Inspection Report

## 28 April 2016



## Ardview House

**Address: 18 The Ward, Ardglass, BT30 7UP**

**Tel No: 02844841093**

**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 28 April 2016 from 11:00 to 15:15 hours.

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

### Is care safe?

There were two areas of improvement identified with this domain. These were in relation to the revising and updating the policy and procedure on safeguarding in line with current guidance and reviewing the provision of hand gels.

### Is care effective?

No requirements or recommendations were made with this domain.

### Is care compassionate?

No requirements or recommendations were made with this domain.

### Is the service well led?

No requirements or recommendations were made with this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The 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>	0	2

Details of the QIP within this report were discussed with Cathryn Canning, the 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.

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

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/ registered person:</b> South Eastern Health and Social Care Trust Hugh McCaughey	<b>Registered manager:</b> Cathryn Anne Canning
<b>Person in charge of the home at the time of inspection:</b> Cathryn Canning	<b>Date manager registered:</b> 08/06/2015
<b>Categories of care:</b> RC-DE, RC-E, RC-MP(E), RC-PH, RC-TI, RC-I, RC-A	<b>Number of registered places:</b> 39
<b>Weekly tariffs at time of inspection:</b> £494	<b>Number of residents accommodated at the time of inspection:</b> 27 plus 1 resident in hospital

## 3.0 Methods/ processes

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

During the inspection the inspector met with 19 residents, two visiting relatives, six staff members of various grades and the registered manager.

The following records were inspected during the inspection:

- Statement of Purpose
- Safeguarding policy and procedure
- Accident and incident notifications
- Induction records
- Staff training records
- Complaints and compliments records
- A sample of four residents' care records
- Quality assurance audits
- Monitoring reports
- Fire safety records.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 20/10/2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 20/10/2015

There were no requirements or recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

The registered manager 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. Discreet observations of care practices during this inspection found these to be undertaken in an organised, unhurried manner. No concerns were raised regarding staffing levels during discussion with residents and staff.

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

- Registered manager
- 1 x senior care assistant
- 5 x care assistants
- 2 x domestics
- 1 x laundry worker
- 1 x cook
- 1 x catering assistant.

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff. These were relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The registered manager 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.

No staff have been recently recruited to the home.

Staff recruitment records are held centrally at the Trust's human resource department. The registered manager confirmed that the human resource department there send the manager a checklist to confirm that each staff member recruited is in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Details of Enhanced Access NI disclosures were in place in the checklists issued from the human resource department. These were also viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place was dated December 2013. This policy and procedure was in need of review. The review it needs to take account of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a safeguarding champion needs established in the home. A recommendation has been made in this regard.

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, review of care records and review of complaints 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 of these were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges dining room and bathrooms. The home was clean and tidy and appropriately heated. Discussions with a domestic assistant confirmed that daily work schedules were in place.

Inspection of premises confirmed that there were wash hand basins, and disposable towels wherever care was delivered. There were a number of soap dispensers and alcohol hand rubs that were empty throughout the home. A recommendation was made for the provision of these to be reviewed to ensure there is adequate provision.

Observation of staff practice identified that staff adhered to infection prevention and control procedures.

The dementia unit is a locked facility. This is done discreetly as possible. This provision is documented in the Statement of Purpose and Resident's Guide, as well as an aligned policy pertaining to same.

There were observed to be no other obvious restrictive care practices in place at the time of this inspection.

Inspection of four residents care records confirmed that there was a system of referral to the multi-disciplinary team when required. Issues of assessed need had a recorded statement of care / treatment given with effect of same. This included referral to the appropriate healthcare professional.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. .

The registered manager confirmed that the home's fire risk assessment was completed in November 2015 and that the recommendations made from such were dealt with. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape checks were maintained on an up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

## Areas for improvement

There were two areas of improvement identified within this domain. These were in relation to the revising and updating the policy and procedure on safeguarding and reviewing the provision of hand gel to ensure there is adequate provision.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 4.4 Is care effective?

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

A review of four residents' care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs.

Observations confirmed that records were stored safely and securely in line with data protection.

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

Observations and discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of the care review meetings were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. The availability of this was displayed in a poster in the home.

## Areas for improvement

No requirements or recommendations were made with this domain.

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

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

Discussions with residents in accordance with their capabilities were all positive in respect of their life in the home, their relationship with staff and the provision of activities and the provision of meals. Some of the comments made included statements such as:

- “It couldn’t be any better. The staff are great, the care is great and so are the meals”
- “It is very comfortable here”
- “It has done me good health being here”
- “No problems, no complaints”
- “It’s very good here, no complaints”
- “I am glad to be here. It’s doing me good”

Discussions with two visiting relatives at the time of this inspection was both positive about the provision of care and the kindness and support received from staff. Both relatives declared that they felt confident about the delivery of care and expressed gratitude about this.

Observations and review of care records confirmed that residents’ spiritual and cultural needs were met within the home.

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

Observations of staff / residents interactions found that residents were treated with dignity and respect. Care interactions such as provision of choice and explanation of tasks were observed. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Observations and discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. A planned programme of activity was in place with a group of residents enjoying a game of skittles in the dining room. Other residents were observed to be relaxing or watching television. Television channels and radios were played with residents’ choice and tastes.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents confirmed that their needs were recognised and responded to in a prompt and courteous manner by staff. This was also observed in practice with the prompt response to call alarms.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

### Areas for improvement

No requirements or recommendations were made with this domain.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

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.

Review of the complaints register established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Evidence was found that expressions of dissatisfaction were taken seriously and managed appropriately.

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.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/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. Review of these audits found there was learning disseminated to staff from these. These audits included the Falls Prevention Toolkit as issued by the Public Health Agency. The registered manager reported that senior care staff were trained in this Falls Prevention Toolkit.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.



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. The report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. The last three months reports were inspected. These were recorded in good detail with evidence of governance arrangements.

There was a clear organisational structure in line with the South Eastern Health and Social Care Trust's directorate. All staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home. .

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

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.

### Areas for improvement

No requirements or recommendations were made with this domain.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Cathryn Canning, the Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 person(s) may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 16.1

**Stated:** First time

**To be completed by:**  
28 July 2016

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.

**Response by registered person detailing the actions taken:**

The Assistant Director is currently updating the Trust Adult Safeguarding policy in line with the Regional Policy

#### Recommendation 2

**Ref:** Standard 35.7

**Stated:** First time

**To be completed by:**  
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.

**Response by registered person detailing the actions taken:**

This has been actioned

*\*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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