

Inspection Report

Name of Service: Ardlough

Provider: Ann's Care Homes

Date of Inspection: 11 December 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mr Mark Collins
Service Profile:	
<p>This home is a registered Nursing Home which provides nursing care for up to 44 patients. A maximum of 28 patients within the Evergreen Unit on the first floor providing nursing care in mental health over and under 65 years of age and a maximum of 16 patients in dementia nursing care accommodated within the Autumn Unit on the ground floor. Patients have access to communal lounges, dining areas and an outdoor space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 December 2024 from 9.45 am to 5.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 May 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; safe use of wheelchairs, care records, the environment, medicines management and infection prevention and control (IPC).

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Getting good care here", "The staff are doing a great job", "I am more than happy here", "The staff are all looking after me well" and "I feel safe here".

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested. One patient said: "(The) staff are very respectful that this is my home".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records were generally well maintained.

Examination of care records and discussion with management confirmed falls were well managed and referrals were made to other healthcare professionals as needed.

A number of wheelchairs did not have two footrests and whilst lapbelts were attached to wheelchairs, these were not being used when transferring patients from one area of the home to another. Details were discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. A menu was on display offering a choice of two meals and a mealtime co-ordinator was allocated to oversee the correct delivery of meals to patients.

Patients commented positively about the food provided within the home with comments such as: "The food is very nice", "The food is very good here", "Plenty of choices" and "The food is nice".

The importance of engaging with patients was well understood by the manager and staff. An activity schedule was on display within the home offering a range of individual and group activities such as floor games, knitting, hairdressing, bingo and trips out.

The activity therapist was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in activities. During the inspection bingo was provided with prizes for the winners; patients appeared to enjoy the activities provided. Some

patients were also engaged in their own activities such as; watching television, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Review of a sample of patients' care records evidenced that care plans regarding relevant medical conditions were not in place for a number of patients and an area for improvement has been stated for a second time.

3.3.4 Quality and Management of Patients' Environment

Whilst the home was warm and comfortable and patients' bedrooms were personalised with items important to the patient, some surface damage was evident to identified floor coverings, furniture and sanitary ware; the foam density of cushions on a number of armchairs were worn and over sink light pull cords were stained and not covered to aid in effective cleaning. These and any other environmental related issues were discussed in detail with the management team who agreed to have these reviewed. Following the inspection, written confirmation was received of the action taken to address these issues along with the estimated time frames for completion. Progress with this will be reviewed at a future inspection.

A malodour was evident within an identified bedroom. The manager confirmed that this had already been identified and that they were in the process of having this addressed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Prescribed supplements were observed unattended on top of a medicines trolley accessible to patients; and a tablet was identified under the cushion of an armchair within a communal lounge. This information was shared with the pharmacist inspector and areas for improvement were identified.

A fire risk assessment was completed on the 5 December 2024; the manager advised that they had only received the report and were in the process of addressing any recommendations listed. Confirmation was received on the 19 December 2024 that all recommendations had been signed off by the manager as completed.

Three staff were not bare below the elbow in keeping with infection prevention and control (IPC) and an area for improvement was identified. Other IPC issues identified in relation to staff practices were discussed in detail with the management team who had these issues addressed and agreed to monitor going forward.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Mark Collins has been the manager in this home since 8 August 2023.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

A review of the records of accidents and incidents which had occurred in the home found that these had been reported to all relevant persons.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	5*

* The total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 25 December 2024</p>	<p>The registered person shall ensure that all care plans required are in place and those no longer required are removed in a timely manner.</p> <p>Ref: 2.0 and 3.3.3</p> <p>Response by registered person detailing the actions taken: Named nurses have been advised to review all current resident's care plans, ensuring that they reflect the resident's medical diagnosis and any medication prescribed for same. They have also been advised to ensure care plans are in place for all new admissions to the home. This will be monitored via care file audits.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2024</p>	<p>The registered person shall ensure that wheelchairs have two footrests and a lapbelt, that are utilised when transferring patients in accordance with the patients' assessed needs.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: All wheelchairs have been checked and have two footrests and a lapbelt in place. Supervisions have been held with staff - advising the use of lapbelts and foot rests when residents are in transit. The Maintenance Man will check the wheelchairs on a monthly basis and the Home Manager, Deputy Manager and nurses will monitor the use of the footrests and lapbelts on a day to day basis.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2024</p>	<p>The registered person shall ensure that prescribed supplements are securely stored.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: A supervision session has been held with all nurses in relation to ensuring that prescribed supplements are locked within the medication trolley whilst carrying out the medicine round. This will be monitored by the Home Manager, Deputy Manager and Regional Manager during walkabout audits.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2024</p>	<p>The registered person shall ensure that prescribed medication is administered in accordance with legislative requirements.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: All nurses had been advised via a supervision session to ensure that all residents fully swallow their medication at each medication round. Also advised to discuss with the resident's GP if there are any identified problems with compliance.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46.11</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2024</p>	<p>The registered person shall ensure that hand hygiene is a priority within the home. With specific reference to ensuring that staff are bare below the elbow.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been reminded of their responsibility in relation to infection control within the care home via a supervision session and in particular ensuring that they are bare below the elbows. This will be monitored via walkabout audits and Handwashing audits.</p>

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