

GENERAL INFORMATION

Name/Type of Home: Ard Cuan Residential Home

Address: 1 Demesne View
Portaferry
BT22 1QX

Telephone Number: 028 427 28806

**Registered Person/
Organisation-in-Control:** Mr Jim Caldwell, Mr Billy McClintock

Registered Manager: Mrs Frances Mullan

Categories of Care: Elderly and Infirm

Scale of Charges: £390 - £420

Number of Registered Places: 18

**Number of residents on day of
inspection:** 15 (1) in hospital

Type of Inspection: Annual Announced Inspection

Dates and times of Inspections: 22 May 2007 (10.30 am - 3.30 pm)
23 May 2007 (10.30 am - 3.00 pm)

Date and time of last inspection: 3 January 2007 (12.15 pm – 2.45 pm)

Unit Inspector: Miss S Kennedy

Specialist Inspectors:

Estates Officer	<input type="checkbox"/> No	Not required on this occasion
Principal Pharmacist	<input type="checkbox"/> Yes	Mr P Nixon
Finance Officer	<input type="checkbox"/> No	Not required on this occasion
Lay Assessor	<input type="checkbox"/> No	Not required on this occasion

INTRODUCTION

The Regulation and Improvement Authority is empowered under The Health and Personal Social Services (Quality, Improvement and Regulations (Northern Ireland) Order 2003 to inspect Nursing Homes and Residential Care Homes. A minimum of 2 inspections per year are required and these may be announced or unannounced and may be undertaken at any time of the day or night.

The aim of the inspection is to measure the services being provided against current standards, which together reflect the quality of life of the people living in the home.

EACH SECTION OF THE INSPECTION FORMAT IS MEASURED AGAINST A SPECIFIC STANDARD. THESE STANDARDS ARE AS FOLLOWS -

1. **Quality of Care** - All care for residents is tailored to meet the residents' individual needs and wishes.
2. **Quality of Life** - Residents regard the home as a good place to live, where their preferred way of life is accommodated in accordance with the core values of rights, independence, choice, privacy, dignity and fulfillment.
3. **Quality of Management** - Managers have the resources to fulfill their managerial responsibilities particularly in relation to the quality of life of the residents within the home.
4. **Quality of the Environment** - The person registered shall, having regard to the size of the home and the number, age, sex and condition of the residents, provide an adequate physical environment which is clean, comfortable, homely, safe and which maintains independence in so far as is possible.
5. **Handling and Administration of Medicines** - Residents can be assured that the person registered has made adequate arrangements for the recording, safekeeping, handling and disposal of medicines, in accordance with the legislative requirements and guidelines issued by the registering authority.
6. **Finances** – Residents pay accommodation fees as required by the home's Scale of Charges and have the opportunity to look after their own personal monies. Any arrangements for the administration of personal finances are to the satisfaction of the residents, relatives or advocates and a complete record of transactions is maintained.

This report details the extent to which these standards have been met. Requirements/recommendations are made as a result of any deficits and to promote best practice. These are followed up during subsequent inspections.

FRAMEWORK FOR INSPECTION

A. Standards

Standard Sources referenced include:

- Homes are for Living In - HMSO
- Creating a Home from Home - A Guide to Standards Residential Forum
- Guidance on Standards for Residential Homes for Elderly People
- Guidance on Standards for Residential Homes for People with a Physical Disability
- Guidance on Standards for the Residential Care Needs of People with Learning Disabilities/Mental Handicap
- Guide to Good Practice
- Nursing Midwifery Council Standards
- EHSSB Medicine Guidelines
- HTM 84

B. Methods/Process

- Agenda and process of inspection discussed and agreed with Mrs Frances Mullan, Manager
- Tour of the home
- Review of records required to be kept in a residential care home
- Review of pre inspection documentation
- Inspection of health care records and care plans
- Discussions with 12 residents
- Discussions with 6 members of staff, the proprietors and manager, 2 relatives, and a care manager who was visiting the home.
- Comments via correspondence from a care manager
- 5 members of staff were asked to complete questionnaires - 4 were returned
- Questionnaires were sent to health professionals who visit the home
- Feedback was provided at the conclusion of the inspection.

PEN PROFILE

Ard Cuan is a large detached residence set in its own extensive grounds in Portaferry, Co Down. The home provides care and accommodation for eighteen older persons in single and twin bedrooms. Covering two floors there are ample bathing and toilet facilities with a large lounge and dining room on the entrance floor. The lounge has panoramic views over the surrounding countryside yet the home is within walking distance of the village.

Gardens and ample car parking spaces surround the home.

Community Services provided by this Home:

- Day Care
- Domiciliary Care
- Other

No
No
No

PREVIOUS INSPECTION

A. Summary of Requirements/Recommendations and Outcomes

Requirements have been satisfactorily actioned or are in progress. Those not actioned are restated. Some required guidance from RQIA which has just been issued.

Summary of how the Requirements made during the previous Management of Medicines Inspection had been addressed:

The four requirements that were made during the previous medicines management inspection (date 31st May 2006) had been addressed.

SUMMARY

This summary provides an overview of life in the home at the time of inspection.

The inspection took place over two days. The first day gave the Inspector the opportunity to examine records required to be kept in the home and the second day the Inspector was able to ascertain the views of residents and staff about the homes' facilities and services and care received/provided.

Matters arising from the previous inspection have been satisfactorily actioned or are in progress. Some require guidance from RQIA which has just been issued.

Since the last inspection the improvements to the home are as follows:-

- 2 bedrooms have been re-carpeted and an ensuite has new vinyl covering.
- 5 bedrooms have been redecorated.
- New light fittings have been erected in the kitchen.
- The resident on call system and the electrical system in the home have been checked and faults repaired or system renewed.

The home was clean, warm and comfortable with a homely atmosphere.

The staff team were observed interacting with residents in a respectful, caring manner and offered residents choice in relation to activities of daily living.

Staff have received mandatory and other relevant training. The first staff appraisals have taken place and the outcomes were positive.

The inspector provided advice in respect of records required to be kept in a residential care home in accordance with the new legislation.

Residents were keen to meet with the Inspector and share experiences of their lives prior to and since coming to live in the home. Residents confirmed their satisfaction with all aspects of the care they receive and in particular praised the management and staff in the home.

Staff who expressed their views to the Inspector confirmed that the standard of care to residents was of a high quality and staff were involved in decision making in the home. Staff expressed satisfaction with the new management.

Questionnaires were provided to professionals and staff to ascertain their views of the home. These were positive. The inspector provided further advice to the manager regarding an issue raised by a care manager.

The Inspector would like to thank everyone at Ard Cuan for their assistance during this inspection.

1. QUALITY OF CARE

1.1 Admission Arrangements

As part of the admission arrangements, prior to a resident being admitted to the home an assessment of the resident's need is carried out to ensure the home can meet those needs. The resident is also invited to the home to view the premises and meet the staff and residents.

1.2 Care Records

The management of the home maintains a record of visits made by professional health care staff to the home. Resident's care needs and conditions are continually assessed and referrals to healthcare and professionals made as appropriate.

1.3 Care Plans

Four care plans were selected for inspection. Management have reviewed the care planning process and the new format contains all the essential elements of the care planning process.

Care plans identify the following:

- Personal details of residents.
- Assessment of needs.
- Care objectives and interventions.
- Daily reports and monthly summaries.
- Risk assessments for falls, skin care, moving and handling, pressure sores and nutrition.
- Reviews and evaluations.
- The recordings are dated and signed.

1.4 Care Practices

Members of staff were observed interacting with residents throughout the inspection. It was evident that this was carried out with dignity and respect for the residents. Residents' requests were dealt with promptly and in a friendly manner. One resident commented "you only need to press the button (referring to the call system) and they are with you".

1.5 Health Care

Satisfactory arrangements are in place to ensure residents receive medical care. Access to other health professionals' e.g. dietitian, speech and language therapist and physiotherapists are via G.P referral.

Residents have access to a chiropodist, dentist and optician. Some residents have hearing aids, arrangements are in place to have them properly maintained and spare batteries are available from the Audiology Department in the Ulster Hospital.

The district nurse visits regularly.

1.6 Nutrition

The cook and staff members ascertain and have become familiar with the residents likes and dislikes.

During the inspection a mid morning refreshment, the lunchtime meal and afternoon tea were served. The lunch consisted of gammon served with creamed potatoes, turnips and followed by strawberries and mousse.

Residents expressed their satisfaction confirming that the food was appetising and portions were satisfactory.

The majority of the residents were served their lunch in the dining kitchen, however some preferred their meal either in their own bedrooms or in the sitting room.

The tables in their dining room were set with clean tablecloths, cutlery, napkins, and the necessary condiments.

Members of staff were available to assist as required.

The atmosphere at lunchtime was relaxed and sociable.

The following catering records were examined and were found to be satisfactory unless otherwise stated:

- Fridge and freezer temperatures
- Food Delivery Record
- Cooking/reheating record
- Record of food provided to residents - The inspector provided further advice in respect of maintaining this record.

EVIDENCE SOURCES BY ALL OR SOME OF THE FOLLOWING:

Arrangements for pre-admission assessment

Spot check review of nursing/care records using the care records audit tool

Review of risk assessments

Review of any restraint in use

Conversation/feedback with residents/relatives/advocates/staff/care managers

Information provided about dietary and fluid intake

Availability of equipment eg pressure relieving aids, walking aids, wheelchairs, hoist, bath-lift, sit-on scales, incontinence aids

Observation of personal care standards and practice.

2. QUALITY OF LIFE

2.1 Residents' Appearance

Residents were wearing clothes that were suitable for the climate and which were properly laundered and pressed. Staff assisted residents as necessary with aspects of personal care/hygiene, nail and hair care. Residents have their own personal toiletries.

2.2 Residents' Activities

A structured programme of activities has been devised in order to meet the assessed preferences of residents.

The knitting group is popular and is organised by a visitor to the home. On the first day of the inspection a display of the knitting was in the home prior to it being packaged for sending overseas.

Local newspapers and library books are readily available.

The Inspector advised the manager regarding the legislation in relation to the recording of the activities programme. See section 3.2.

2.3 Residents' Facilities

Residents have access to a large sitting room which has a new side screen television, music player and video recorder. Many of the residents have their own television and radio in their bedrooms.

A hairdresser provides a service in the home on a weekly basis.

A public telephone is available for residents.

Magazines and newspapers are available.

2.4 Resident Empowerment

Residents are encouraged to exercise choice and make and take decisions which affect their daily lives.

Relatives and friends are encouraged to visit and residents can entertain them in their bedrooms or the communal areas provided.

Residents can worship according to their faith and spiritual advisers visit the home on a regular basis.

2.5 Residents' Views

The Inspector held formal and informal discussions with residents. Residents were keen to meet with the Inspector and share experiences of their lives prior to and since coming to live in the home.

All the residents who spoke with the Inspector confirmed their satisfaction with all aspects of the care they receive and in particular praised the management and staff in the home. None of the residents raised any issues of concern nor made any suggestions to improve their care further.

Relative's View

The Inspector met 2 relatives who were fully satisfied with the home's facilities, services and care provided to their family member.

2.6 Staff Views

The Inspector met all the members of the staff team who were on duty at the time of the inspection and was given the opportunity to ascertain their views formally and informally regarding the quality of care provided to the residents and the management structure.

All staff members expressed satisfaction and no issues or concerns were raised. Staff were positive about the changes introduced by the new management team and considered that residents received a high standard of care.

2.6.1 Questionnaires

As part of the inspection process 5 staff questionnaires and 3 health professional questionnaires were distributed. These were positive. The inspector ascertained the views of 2 care managers, one via correspondence and one while visiting the home. Both expressed satisfaction with the quality of care provided. The inspector discussed an issue raised by the care manager and provided further advice for the manager.

2.7 Communication

Members of staff receive a verbal report when they come on duty and there is a daily communication diary. Relatives are kept informed of changes in the residents' condition as the need arises.

2.8 Complaints

A complaints policy/procedure has been devised.

EVIDENCE SOURCES BY ALL OR SOME OF THE FOLLOWING:

Review personalised activity programmes.

Review collective activity programmes.

Review the occurrence of religious services within the home/residents visits to their places of worship (care plans).

Review evidence of outings.

Review care records.

Review laundry services.

Observe bedrooms for memorabilia etc.

Observe telephone and its location.

Observe activity in home at the time of inspection.

Observe if personal toiletries are available.

Observe appearance of residents.

The availability and use of papers, magazines, radio and television etc by residents.

Conversation with residents, relatives and friends.

Enquire re resident/relatives committee

3. QUALITY OF MANAGEMENT

3.1 Management

Mrs Frances Mullan is the Registered Manager of the home and is supported by the Deputy Manager, Mrs Linda Gilmore and Assistant Manager, Mrs Mary MacNamara.

Management is responsible for the day to day running of the home. Effective management systems are in place to assist in this process.

3.2 Records

The following records which should be kept in a residential care home in accordance with Regulation 19 (2) Schedule 4 were examined and were found satisfactory unless otherwise stated:

1. A copy of the Statement of Purpose - to be devised - Regulation 3.
2. A copy of the Residents' Guide - This record should be devised in accordance with Regulation 4.
3. A record of all accounts relating to the residential care home. Financial records in relation to resident's fees are held at Head Quarters.
4. A copy of all inspection reports is available in the home.
5. A copy of any report made under Regulation 29 (4) (c). This should be made monthly in accordance with the regulation. The inspector provided advice to the registered manager.

A copy of reports made under Regulation 30 is retained in the home. The inspector provided advice regarding this regulation.

6. A record of all persons employed at the home which includes a number of requirements - Details of staff's recruitment is held in headquarters. Management agreed to review and ensure that the staff files are in accordance with the regulation.

The inspector advised that a spread sheet in relation to auditing staff training and having individual staff files may alleviate some of the difficulties presently encountered regarding staff training records.

7. A copy of the duty roster of persons working at the home and a record of whether it was actually worked. A new rota has been devised and working since 21 May 2007. Time sheets are used to evidence that the rota is worked.

8. The record of the homes charges to residents. This is not currently applicable in the home.
9. A record of all monies or valuables held on behalf of a resident. This is not currently applicable, however, the inspector provided advice in respect of a one off request to purchase an item on behalf of a resident and when such record keeping will become relevant for new residents.
10. A record of furniture and personal possessions brought by a resident into the room occupied by him.
11. A record of all complaints - The policy and procedure is to be reviewed. The inspector provided advice regarding this matter.
12. A record of any of the following
 - any deaths
 - outbreak of any infectious diseases
 - any serious injury
 - any event which adversely affects the residents
 - theft, burglary
 - accident - The inspector provided advice regarding follow up to a resident having an accident in the home
 - allegation of misconduct

It was emphasised that any of the above events are notified to RQIA within 3 days.

13. Records of Food provided in sufficient detail to determine if the diet is satisfactory - The inspector provided further advice.
14. A record of every fire practise, drill or test of fire equipment - The management of the home have employed a company "Alert" to carry out a fire risk assessment and provide a format for testing equipment. This is about to become operational.
15. A statement of the procedure to be followed in the event of a fire - A policy is in place and staff sign the procedure confirming their understanding and knowledge of the policy.
16. A statement of the procedure to be followed in the event of a resident having an accident or becoming missing.
17. A record of charges made for transport - Not applicable.
18. Where residents collectively own the vehicles - Not applicable.
19. A record of the programme of events and activities that includes the name of the person leading the activity, the names of those who participated and the activity. A record is available but needs to include the name of the person leading the activity.

20. A record of all staff meetings held and the names of those attending.
A record is made of the staff meetings. This first meeting will be held on 25 May 2007. A record will be kept. The agenda has been set.

21. A record of staff training. See point 6.

22. A record of all visitors to the home - in place.

3.3 Staffing

In total the Home employs 18 members of staff.

In general the following staff are on duty:
the cook, manager and 3 care assistants for 4 days per week during the mornings. 2 care assistants are on duty with the manager in the afternoons. At night time 2 care assistants are employed, 1 on duty and 1 in the building on call. A domestic cleaner is in the home 7 days a week 2 hours per day. The cook works 2 hours in the afternoons.

3.4 Training

The following training has taken place this year:

- 15/10/07 Fire training - fire drill to be planned for July 2007.
26/05/07 and 09/06/07
- Vulnerable Adults and this will be provided again in the incoming year.
- 13/06/07 First aid
- 13/06/07 Manual Handling
- 27/06/07 Challenging Behaviour

3.5 Supervision/Appraisal

Appraisals took place during May 2007. These have been the first appraisals and were positive.

3.6 Policies & Procedures

New policies/procedures manuals have been devised. The manager of the home will rearrange the documentation for easy access for staff and index the manuals.

3.7 Finance

Mr Caldwell and Mr McClintock hold financial records for all the residents at headquarters.

EVIDENCE SOURCES BY ALL OR SOME OF THE FOLLOWING:

Review of off-duty rota.

Comparison of duty rota with staff returns/staffing notice.

Review of arrangements for cover in the event of staff absences

Information provided about recruitment, selection and retention of staff

Information provided about the use of agency staff

Review of induction programmes

Review of training strategy

Review of minutes of staff meetings

Review of frequency of staff turnover

Review of arrangements for staff supervision

Review of quality assurance system

Spot check of policies and procedures

Access to and use of policies and procedures by staff

Review of records required by regulation

Review of accidents/incidents

Discussion/feedback from management, staff, residents, relatives/advocates and care managers.

4. QUALITY OF THE ENVIRONMENT

4.1 General Environment

All areas in the home were clean and comfortable. The home was warm and tidy. Residents' bedrooms were individually decorated and furnished. All the bedrooms were homely, having the residents' personal items on display.

A redecoration/refurbishment programme is in place. Since the last inspection 5 bedrooms have been redecorated, 2 bedrooms and an ensuite have been re-floored and new light fittings have been erected in the kitchen. The resident on call system and the homes electrical system has been over hauled. 2 new recliners have been purchased and are proving successful. A new notice board has been put in position in the kitchen. The hot water temperature has been regulated to 43°C and in due course the bathrooms are to be revamped. A new washing machine (industrial) has been purchased. It was noted that carpet in the laundry room is fraying and should be repaired/replaced.

4.2 Equipment & Facilities

A mobile facility is on site and is used as an office.

The home has a range of equipment and facilities suitable to meet the needs of the residents.

4.3 Health and Safety

As a result of a health and safety risk assessment 2 new ramps are to be developed externally. A new railing and gate is to be erected at the front entrance of the home for the safety of the residents and consideration will be given to the stair area on the main floor. New fire extinguishers have been put in place. 2 new wheelchairs have been obtained for the home. New butterfly locks have been installed in the final fire exits. A contract has been initiated with Rentokill.

EVIDENCE SOURCES BY ALL OR SOME OF THE FOLLOWING:

A general inspection of the home including the kitchen and laundry.

Observing for:

- residents call facilities
- the standard of decor and furnishings
- the standard of cleanliness
- the availability of protective clothing
- the availability of bed linen
- the maintenance of equipment
- the temperature of all areas used by residents
- the availability and maintenance of lifts (where applicable)
- storage space,

Review of appropriate documentation

Discussion with staff

Review of odour management

Review of Safety Action Notices

Review of Health Technical Memorandum 84

5. ESTATES OFFICER'S REPORT

(not required on this occasion)

6. PHARMACY INSPECTOR'S REPORT

MEDICINES

6.1 MANAGEMENT OF MEDICINES

The home has generally satisfactory arrangements in place for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.

A record is kept of all medicines management training completed by staff and the impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff. Staff members have recently received training from the pharmacist in relation to the control and administration of Glucagon injection.

Resident A is prescribed Glucagon injection. A written protocol needs to be drawn up relating to the control and administration of this medication (see paragraph 9 of *"Guidelines for the Control and Administration of Medicines in Residential Care and Nursing Homes,"* Eastern Health and Social Services Board, August 2002).

6.2 MEDICINE RECORDS

The medicine records had been constructed and completed in a largely satisfactory manner. They comply with legislative requirements and best practice guidelines.

The following attention needs to be given to the maintenance of the central prescription record:

- The medicine allergy status of each resident must be specified;
- Each medicine self-administered by a resident should be clearly indicated; and,
- Glucagon injection, prescribed for resident A is required to be recorded.

6.3 MEDICINE STORAGE

Medicines were being stored safely and securely under conditions that conform to statutory and manufacturers' requirements.

6.4 ADMINISTRATION OF MEDICINES

Twenty-four audit trails were performed on randomly selected medicines. Twenty-three of these audits indicated that the medicines had been administered in accordance with the prescribing practitioners' instructions. The audit trail on nitrazepam, prescribed for resident B, indicated an unsatisfactory correlation between the actual and theoretical amounts remaining. This stock discrepancy needs to be investigated by the registered manager.

Residents self-administer their own medicines where the risks have been assessed and the competence of the resident to self-administer is confirmed. Any changes to the risk assessment are recorded and the arrangements for self-administering medicines are kept under review.

Non-prescribed medicines are administered in accordance with qualified medical or pharmaceutical advice, which is formalised in an agreed protocol.

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Discussion with registered manager (Ms. Frances Mullan)

REQUIREMENTS

REQUIREMENTS		TIMESCALE
1	A copy of the Statement of Purpose - to be devised Regulation 3	6 months
2	A copy of the Residents' Guide - This record should be devised in accordance with Regulation 4	6 months
3	A copy of any report made under Regulation 29 (4) (c) . The inspector provided advice regarding this regulation. This applies to the written record to be made by the registered providers.	To be introduced on a monthly basis
4	A record of all persons employed at the home which includes a number of requirements. Details of staff's recruitment is held in headquarters. Management agreed to review and ensure that the staff files are in accordance with the regulation. Regulation 19 (2) Schedule 4 point 6	6 months
5	The inspector advised that a spread sheet in relation to auditing staff training and having individual staff files may alleviate some of the difficulties. Regulation 19 (2) Schedule 4 point 6	Ongoing
6	A record of all monies or valuables held on behalf of a resident. This is not applicable. The inspector provided advice in respect of a one off request to purchase an item on behalf of the resident and when this record becomes relevant for new residents. Regulation 19 (2) Schedule 4 point 9	In progress
7	A record of all complaints - The policy and procedure is to be reviewed. The inspector provided advice regarding this matter. Regulation 19 (2) Schedule 4 point 11	6 months

REQUIREMENTS

REQUIREMENTS		TIMESCALE
8	A record of any accident - The inspector provided advice regarding follow up to a resident having an accident in the home. Regulation 19 (2) Schedule 4 point 12	Immediate and ongoing
9	It was emphasised that any event in respect of regulation 30 is notified to RQIA within 3 days. Regulation 30 (1) (a)-(g)	Immediate and ongoing
10	The record of food provided should be maintained in accordance with the legislation. Regulation 19 (2) Schedule 4 point 13	Immediate and ongoing
11	The record in respect of residents activities needs to be kept in accordance with the legislation Regulation 19 Schedule 4 point 19	Immediate and ongoing

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 Board would apply standards current at the time of that application.

After each inspection a notice will be displayed in the Home to advise that the report of the inspection is available.

Enquiries relating to this report should be addressed to:

Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Miss S Kennedy
UNIT INSPECTOR

DATE

ANNOUNCED INSPECTION

I agree with the following requirements/recommendations (e.g. numbers 1, 3, 5, 7) of the annual announced inspection undertaken on 13/14 June 2006 which will be implemented within the timescale set:

Requirement Numbers: _____

Recommendation Numbers: _____

Please make comments on any recommendations/requirements not listed above:

Please provide any additional comments or observations you may wish to make:

Signed: _____
Registered Manager

Signed: _____
Registered Person in Control
(or Designated Person in Control)

Name: _____
(Print)

Name: _____
(Print)

Date: _____

Date: _____

DATE RECEIVED	