

REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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ARD CUAN RESIDENTIAL HOME

TEL: 028 42 728806

UNANNOUNCED INSPECTION REPORT

16TH NOVEMBER 2007

GENERAL INFORMATION

Name/Type of Home:	Ard Cuan Residential Home
Address:	1 Demesne View Portaferry BT22 1QX
Telephone number:	028 42 728806
Registered Organisation/Person(s)-in-Control:	Mr Jim Caldwell, Mr William McClintock
Registered Manager:	Mrs Frances Mullan
Categories of Care:	Elderly and Infirm
Number of Registered Places:	18
Scale of Charges (per week):	£390 - £420
Details of Last Inspection:	22nd May 2007 (10.30am - 3.30pm) 23rd May 2007 (10.30am - 3.00pm)
Type of Inspection:	Unannounced
Number Resident in Home on Day of Inspection:	16 and 1 in hospital

Inspection Details:		
Inspection Officer	Miss Siobhan Kennedy	16th November 2007 (11.45am - 4.45pm)
(Name) Pharmaceutical Officer		
(Name) Estates Officer		

INTRODUCTION

The Regulation and Quality Improvement Authority is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect Nursing Homes and Residential Care Homes. A minimum of two 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 patients/residents is tailored to meet the patients'/residents' individual needs and wishes.
- 2 **Quality of Life** – Patients/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 fulfilment.
- 3 **Quality of Management** - Managers have the resources to fulfil their managerial responsibilities particularly in relation to the quality of life of the patients/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 patients/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** – Patients/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** – Patients/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 patients/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 and Midwifery Council standards
- EHSSB Medicine Guidelines
- Health Technical Memorandum 84

B. Methods/Process

- Agenda and process of inspection discussed and agreed with Miss Grainne Teggart, Deputy Manager
- Tour of the home
- Review of records required to be kept in a residential care home
- Inspection of 3 health care records and care plans
- Discussion with 12 residents
- Discussions with 5 members of staff

Feedback during and at the conclusion of the inspection

PEN PROFILE OF HOME

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

FOLLOW-UP ON PREVIOUS INSPECTION

A. Summary of Requirements and Outcomes

Eleven requirements were made at the previous care inspection. These have been satisfactorily actioned or are in progress. Those not actioned are restated in this report.

The Deputy Manager agreed to inform the Manager of the Unannounced Inspection and it was agreed the Manager, on return from holiday, would confirm in writing the progress regarding the requirements made.

B. Summary of Recommendations and Outcomes

No recommendations were made as a result of the last inspection of the home.

SUMMARY

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

Matters arising from the previous inspection have been satisfactorily actioned or are in progress. the Deputy Manager agreed to inform the Manager of the Unannounced Inspection following her return from holiday who would confirm in writing the progress made to date.

Since the last inspection environmental and health and safety improvements to the home have been made which is commendable.

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

The care planning process and documentation has also been reviewed and the outcome is positive.

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

Staff have received mandatory and other relevant training. Staff appraisals are in place.

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.

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

1.0 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.

A Residents Guide is currently being devised and will be inspected at a subsequent inspection.

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

Three 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 in some cases monthly summaries. This was recommended for all the care plans.
- Risk assessments.
- Reviews and evaluations.
- The recordings are dated and signed.

The Inspector discussed the care/condition of one resident in respect of equipment/aids tailored to meet the needs of the particular resident.

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.

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

During the inspection the lunchtime meal and afternoon tea were served. The lunch consisted of breaded cod served with creamed potatoes, green beans and followed by swiss roll and ice cream or fresh fruit.

Residents expressed their satisfaction confirming that the food was appetising and portions were satisfactory. Some residents did not take the fish choice but also declined a meat option.

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 placements, cutlery, napkins, and the necessary condiments.

Members of staff were available to assist as required.

The atmosphere at lunchtime was relaxed and sociable. A staff member made fresh scones for the evening tea.

An environmental health inspection took place prior to this inspection and was found satisfactory. New catering were supplied to record the following information:

- Fridge and freezer temperatures
- Food Delivery Record
- Cooking/reheating record

A record of food provided to residents is maintained, however the inspector provided further information in respect of maintaining this record.

Evidenced 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 patients/ 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.

2.0 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 and a record is maintained in accordance with the legislation.

The knitting group is popular and is organised by a visitor to the home.

Local newspapers and library books are readily available. The residents like to participate in bingo sessions which are organised.

2.3 Residents' Facilities

Residents have access to a large sitting room which has a large 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. Some residents attend church services out with the home.

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.

One resident felt that the temperature in his bedroom was insufficient, however the heating in the bedroom was operating. The inspector advised that a room temperature gauge is put in the room to record temperature so that this can be monitored and assessed.

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 receive a high standard of care.

Evidenced by all or some of the following:

Review personalised activity programmes.

Review collective activity programmes.

Review the occurrence of religious services within the home, patient/resident 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 patients/residents.

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

Conversation with patients/residents, relatives and friends.

Enquire re patients'/residents'/relatives' committee.

3.0 QUALITY OF MANAGEMENT

3.1 Management

Mrs Frances Mullan is the Registered Manager of the home and is supported by the Deputy Manager, Miss Graine Teggart 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 were examined and were found satisfactory unless otherwise stated:

1. A copy of the duty roster of persons working at the home.
2. Records of Food provided in sufficient detail to determine if the diet is satisfactory.
3. 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.
4. A record of staff training. See section 3.4.

3.3 Staffing

In total the Home employs 17 members of staff.

In general the following staff are on duty:

- the cook
- Manager
- 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 in 2007:

- 15/10/07 & 30/10/07 - Fire training
- 26/5/07 - Vulnerable Adults
- 26/9/07 & 17/10/07 - First aid
- 13/06/07 - Manual Handling
- Basic food hygiene to be planned

3.5 Supervision/Appraisal

Appraisals are an effective part of the management system.

Evidenced 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 regulations.

Review of accidents/incidents.

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

4.0 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 have been freshly decorated and furnished. All the bedrooms were homely, having the residents' personal items on display.

Dirty laundry should be kept in a receptacle and not left on the floor of the laundry room.

4.2 Equipment and 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 have been developed externally. A new railing and gate has been erected at the front entrance of the home for the safety of the residents.

The Inspector provided advice regarding the use of foot plates on wheelchairs. The inspector was informed that a resident did not wish to have the plates attached during periods of transport. The inspector provided advice about discussing and agreeing this at a case review and recording the agreed action. The wheels of the wheel chair should be maintained at the correct pressure.

Evidenced 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.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with the Registered Manager as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (NI) 2005 and/or The Residential Care Homes Regulations (NI) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's draft minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients and residents.

The Registered Provider is required to record comments on the Quality Improvement Plan.

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

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) Siobhan Kennedy
INSPECTOR**

DATE



The **Regulation** and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN

ANNUAL ANNOUNCED INSPECTION

ARD CUAN RESIDENTIAL HOME
16TH NOVEMBER 2007

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The Registered Provider is required to record comments on the Quality Improvement Plan.

The Quality Improvement Plan is to be signed below by the Registered Provider and Registered Manager and returned to:

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

SIGNED: _____

SIGNED: _____

NAME: _____
(print) REGISTERED PROVIDER

NAME: _____
(print) REGISTERED MANAGER

STANDARD REF/ REGULATION	REQUIREMENTS ACTION TO BE TAKEN BY REGISTERED PROVIDER/ MANAGER	TIMESCALE	COMMENTS BY REGISTERED PROVIDER IN RESPECT OF IMPROVEMENTS AGREED	INSPECTOR'S COMMENTS
27 (1) (p)	The Registered Person should ensure that the heating is suitable for residents	1 week and ongoing		
27 (1) (k)	Dirty laundry should be kept in a receptacle and not left on the floor of the laundry room.	Immediate and ongoing		
27 (1) (c)	Wheelchairs should be fitted appropriately for use by residents	Immediate and ongoing		
27 (1) (c)	The pressure in the wheels of the wheels of the wheelchairs should be adequate	Immediate and ongoing		

