



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Ashbrook Care Home
Establishment ID No: 1477
Date of Inspection: 22 May 2014
Inspector's Name: Heather Moore
Inspection ID 18088

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	Ashbrook Care Home
Address:	50 Moor Road Coalisland Dungannon BT71 4QB
Telephone Number:	028 8774 1010
E mail Address:	N/A
Registered Organisation/ Registered Provider:	Ashbrook Home Ltd Mr Marcus James Mulgrew
Registered Manager:	Ms Michelle Rathore (Acting)
Person in Charge of the Home at the Time of Inspection:	Ms Michelle Rathore (Acting)
Categories of Care:	NH-DE, NH-I, NH-PH, NH-MP(E), RC-I
Number of Registered Places:	68
Number of Patients/Residents Accommodated on Day of Inspection:	55 NH-I 32 NH- DE 17 RC I - 4 NH-PH 1 NH-MP (E) 1
Scale of Charges (per week):	£581.00 - £624.00 per week - Nursing + £20.00 per week third party top up for the newly registered dementia unit £461.00 per week - Residential
Date and Type of Previous Inspection:	13 November 2013 Primary Unannounced
Date and Time of Inspection:	22 May 2014: 08.20 hours - 13.45 hours
Name of Inspector:	Heather Moore

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the acting manager
- Discussion with staff
- Discussion with patients and residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of registered nurses staff files.
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

The inspection sought to follow up on issues identified during a previous announced inspection on 13 November 2013.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

The home consists of a total of 68 single bedrooms, 19 of which are en-suite toilets and four of which have an en-suite toilet and shower. Registration of a 19 bedded dementia unit was approved on 13 November 2013

There are four lounges, two therapy areas, three dining rooms, a kitchen, a laundry, toilet/washing facilities, a visitor's room, staff accommodation and offices.

The home is registered to provide care under the following categories:

Nursing Care (I)	Old age not falling into any other category
Nursing (DE)	Dementia
Residential Care (I)	Old age not falling into any other category
Nursing (PH)	Physical disability other than sensory impairment

Suitable car parking facilities are available at the front of the premises, and an education and training room for use by staff is located to the rear of the building.

3.0 Summary

This summary provides an overview of the service during a follow up unannounced inspection to Ashbrook Care Home. The inspection was undertaken by Heather Moore on 22 May 2014 and commenced at 08.20 hours and concluded at 13.45 hours.

The main focus of the inspection was to follow up on issues identified during a previous announced inspection on the 13 November 2013.

Five requirements and six recommendations made as a result of the previous inspection were examined. Three requirements and three recommendations were complied with, one requirement was substantially compliant, and one requirement was carried forward to the next inspection. One recommendation was substantially compliant and two recommendations were carried forward to the next inspection.

During the course of the inspection the inspector met with 10 patients and residents individually and with others in groups. The inspector also met with 10 staff.

The inspector observed care practices, examined a selection of records and undertook an inspection of a number of areas throughout the home.

The home environment was found to be well maintained, clean, comfortable and conducive to homely living.

Inspection of three patients/residents care records revealed shortfalls in the maintenance of care records, one requirement and two recommendations are made in this regard. This is discussed further in Section 5.1 (Additional Areas Examined)

Inspection of three staff personnel files confirmed that staff induction programmes were maintained. However inspection also revealed that staff had not received annual appraisal. A requirement is made in this regard.

Inspection of two weeks staff duty rosters, observation on the day of inspection and discussion with staff confirmed that registered nurses staffing levels and care staffing levels were satisfactory.

Feedback was provided at the conclusion to Ms Michelle Rathore, Acting Manager.

Conclusion

Two requirements, two restated requirements, three recommendations and two restated recommendations are made as a result of this inspection. These requirements and recommendations are addressed in the Quality Improvement Plan. (QIP)

The inspector would like to thank the acting manager, the deputy manager, registered nurses, staff, patients and residents for their assistance and helpful discussions during the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	14 (5) & (6) 16 (1) & (2) (b)	<p>The registered person must ensure that the partnership approach in determining the use of restraint and the specific monitoring arrangements are comprehensively recorded in care plans.</p> <p>Robust protocols require to be in place for the use of bed rails, groin or lap straps and sensor alarms, and specific care records must evidence the following:</p> <ul style="list-style-type: none"> • when bedrails are considered, reference is made to the falls risk assessment • detailed information of who was involved in the decision making • information on the risks and confirmation of other options which were considered and why they were ineffective 	<p>Inspection of one identified patient's care plan who required the use of a lap strap revealed the following;</p> <ul style="list-style-type: none"> • when bedrails were considered, reference was made to the falls risk assessment • written evidence was available to indicate that discussions had taken place between the nurse /patient/patient's /representative/ and the multidisciplinary team • risk assessments were maintained appropriately 	<p>Compliant</p>

		<ul style="list-style-type: none"> the monitoring and review process Confirmation that patient's requiring specialist seating including the use of lap belts have a seating assessment completed by an occupational therapist. 	<ul style="list-style-type: none"> The patient's care plans and supplementary assessments were reviewed and updated appropriately One patient's care record confirmed that the patient had been seen by the Occupational Therapist and a seating assessment had been completed by the occupational therapist. 	
2	16 (1) and (2)	<p>The registered person must ensure and provide confirmation to RQIA that the following has been effectively addressed</p> <ul style="list-style-type: none"> pressure relieving equipment which is in use for each patient, is recorded in their care plan on pressure area care and prevention outcome of each patients' moving and handling risk assessment is recorded in the care plan on mobility wound care records for all patients is 	<p>Inspection of three patients care records confirmed the following:</p> <ul style="list-style-type: none"> Pressure relieving equipment which was in use for each patient, was not recorded in the patient's care plan on pressure area care and prevention Outcome of each patient's moving and handling assessment was not recorded in the care plan on mobility Wound care records were completed in accordance with evidence based practice. 	Substantially Compliant

		<p>completed in accordance with evidenced based practice.</p> <ul style="list-style-type: none"> when food and fluid targets are not achieved, the information is recorded in patients' care plans on eating and drinking. 	<ul style="list-style-type: none"> Food and fluid targets were not recorded in patients' care plans on eating and drinking patients' daily fluid intake over a period of 24 hours were not recorded in the patient's daily evaluation. <p>Restated</p>	
3	20 (1) (c) (i) (iii)	<p>The registered person must confirm that all registered nurses have received record keeping training, and all registered nurses undertaking wound care have received training in undertaking wound care safely and effectively and their competency has been assessed.</p> <p>Records of this process must be maintained with competency and capability assessments for registered nurses.</p>	Carried forward to the next inspection.	30 June 2014
4	27 (2) (t)	The registered person must ensure that a risk management policy is developed to include a risk	The risk management policy was developed to include a risk assessment for the management of ligature points. This policy was forwarded to RQIA.	Compliant

		assessment for the management of ligature points, and a copy of the policy is submitted to RQIA.		
5	13 (1) (a) (b)	<p>The registered person must ensure that:</p> <ul style="list-style-type: none"> • Patient records are to be kept secure, • the treatment room is secured at all times, • an oxygen cylinder is available for use in an emergency. • provide confirmation locked cupboards have been provided for patients' toiletries in en-suite toilet/shower room areas. 	<p>During a tour of the home the following issues were addressed.</p> <ul style="list-style-type: none"> • Patient records were kept securely • The treatment room was secured on the day of inspection • An oxygen cylinder was available for use in an emergency • Locked cupboards were provided for patients toiletries in en-suite toilet/shower room areas. 	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.12	<p>The registered provider should ensure that the report of monthly Regulation 29 visits completed on their behalf is developed to include the following information:</p> <ul style="list-style-type: none"> • time of visits • number and grades of staff on duty at the times of visits and examples of their comments • the number of patients interviewed is increased and their unique identification numbers are recorded • include comments/quotes made by patients' of their opinions on the quality of nursing care and 	<p>Inspection of four monthly Regulation 29 reports confirmed the following:</p> <ul style="list-style-type: none"> • Times of visits were not recorded at every unannounced inspection visit. • Number and grades of staff on duty were not recorded at the time of each visit. • Unique identification number of patients were not recorded at each visit. <p>Restated</p> <ul style="list-style-type: none"> • Comments made by patients' of their opinions on the quality of nursing care and other services provided in the home were recorded. 	<p>Substantially Compliant</p>

		other services provided in the home.		
2	25.2	The registered manager should ensure that as part of good governance and communication, the outcome of monthly Regulation 29 reports is a continuous agenda item at staff meetings.	Since the previous inspection there were no staff meetings convened in the home. Not validated on this occasion.	Carried forward to next inspection
3	16.3	The registered manager should ensure that all staff are informed and have an understanding of the role, function and responsibility of the safeguarding team in Health and Social Care Trusts to undertake safeguarding investigations including allegations which are made about staff and volunteers who work in the home.	A flow chart had been developed and was on display in the nurses' station to indicate the function and responsibility of the safe guarding team in the Health and Social Care Trusts.	Compliant
4	25.2	The registered manager should implement an effective system to ensure staff training records including	Inspection of three staff files confirmed that copies of staff induction programmes were retained in the home.	Compliant

		induction programmes are retained in the home and available for inspection at all times.		
5	10.7	The registered person should ensure the restraint policy is updated and ratified to take account of Human Rights Legislation, the recording of best interest's decisions and the DHSSPS Deprivation of Liberty Safeguards. (DOLS).	Not validated on this occasion	Carried forward to next inspection
6	25.2	The registered person should develop standard operating procedures for both day and night staff working in the newly registered dementia unit to ensure all staff are clear of their responsibilities and fully informed of their duties.	Systems are now in place for both day and night staff working in the newly registered dementia unit to ensure all staff are clear of their responsibilities and fully informed of their duties.	Compliant

5.0 Additional areas examined

5.1 Care Records

Inspection of three patients' care records confirmed the following shortfalls:

Patient A

Inspection of the patient's care record revealed that a number of care plans were not reviewed since 22 February 2014. Inspection also revealed the absence of a body mapping chart.

Patient B

Inspection of the patient's care record revealed that the patient's Activity of Daily Living assessment was not dated.

One requirement and two recommendations are made in regard to the maintenance of care records.

5.2 Care Practices

During the inspection staff were noted to treat the patients/residents with dignity and respect taking into account their views.

5.3 Staffing /Staffing Appraisals

Observation on the day of inspection, discussion with staff and review of three weeks duty rosters, revealed that registered nursing staff and care staff staffing levels were satisfactory and in line with RQIA.'s minimum staffing guidelines.

Inspection of three staff files confirmed that staff had not received annual staff appraisal. A requirement is made in this regard.

5.4 Patients/residents Comments

The inspector spoke to 10 patients /residents individually and with others in groups. Examples of their comments are as follows:

- "I am very happy here."
- "I have no complaints."
- "It just perfect."
- "It's a lovely home."
- "Everyone is good and kind."

5.5 Environment

During a tour of the home the inspector inspected a number of the patients/residents bedrooms, sitting rooms, the dining rooms, toilet and bathroom facilities. The premise was found to be well maintained, warm, clean and comfortable and conducive to homely living.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Michelle Rathore, Acting Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager 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 RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Unannounced Secondary Inspection

Ashbrook Care Home

22 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Michelle Rathore, Acting Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	16 (1) and (2)	<p>The registered person must ensure and provide confirmation to RQIA that the following has been effectively addressed</p> <ul style="list-style-type: none"> • Pressure relieving equipment which is in use for each patient, is recorded in their care plan on pressure area care and prevention • Outcome of each patients' moving and handling risk assessment is recorded in the care plan on mobility • When food and fluid targets are not achieved, the information is recorded in patients' care plans on eating and drinking. <p>Follow up to previous issues</p>	Two	<p>If a patient requires pressure relieving equipment such as a mattress or cushion this is recorded appropriately in the care plan.</p> <p>Outcomes with respect to moving and handling assessment is recorded in the care plan in the relevant section.</p> <p>If a patient does not achieve food or fluid targets this is now recorded appropriately in the patient's care plan.</p>	From the date of this inspection
2	20 (1) (c) (i) (iii)	<p>The registered person must confirm that all registered nurses have received record keeping training, and all registered nurses undertaking wound care have received training in undertaking wound care safely and effectively and their competency has been assessed.</p>	One	<p>Appropriate record keeping training has been arranged for staff who require it including 2 recently qualified nurses and 2 overseas nurses currently undertaking their supervised practice placement.</p>	30 June 2014

		<p>Records of this process must be maintained with competency and capability assessments for registered nurses.</p> <p>Follow up to previous issues</p>		<p>All registered nurses undertaking wound care have received wound care training.</p> <p>A new format has been introduced to assess nurse competencies.</p>	
3	20 (1) (c) (i)	<p>The registered person shall ensure that staff receive annual appraisal.</p> <p>Ref Section 5 .4 (Additional Areas Examined)</p>	One	<p>An annual appraisal planner has been formatted to ensure that all staff receive an annual appraisal.</p> <p>In addition all new staff will receive a performance review at 6 weeks and 6 months from the date of the inspection.</p>	From the date of this inspection
4	16 (2)	<p>The registered person shall ensure that patients' care plans are reviewed monthly or more often if deemed appropriate.</p> <p>Ref Section 5 .1 (Additional Areas Examined)</p>	One	Care plans are now being reviewed monthly.	From the date of this inspection

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	25.12	<p>The registered person should ensure that the report of monthly Regulation 29 visits completed on their behalf is developed to include the following information:</p> <ul style="list-style-type: none"> • time of visits • number and grades of staff on duty at the times of visits and examples of their comments • the number of patients interviewed is increased and their unique identification numbers are recorded <p>Follow up to previous issues</p>	Two	<p>The monthly Regulation 29 report format has been ammended to include the time of visits and number and grades of staff on duty.</p> <p>Comments from staff are now included.</p> <p>All patients within the Care Home have been assigned a unique identification number and the number of patients interviewed has been increased.</p>	From the date of this inspection
2	25.2	<p>The registered person should ensure that as part of good governance and communication, the outcome of monthly Regulation 29 reports is a continuous agenda item at staff meetings.</p> <p>Follow up to previous issues</p>	One	<p>Relevant issues from Regulation 29 reports are now discussed at staff meetings.</p> <p>Relevant issues were discussed at the recent nurses meeting held in May 2014.</p>	30 June 2014
3	5.3	<p>It is recommended that a body mapping chart is maintained in patients/residents care records.</p> <p>Ref 5.1 Section 5 (Additional Areas Examined)</p>	One	Body mapping charts are now maintained in patient/resident care records.	From the date of this inspection

4	5.3	<p>It is recommended that patients/residents activities of daily living assessment charts are dated and signed appropriately.</p> <p>Ref 5.1 Section 5 (Additional Areas Examined)</p>	One	Activities of daily living assessment charts are now signed & dated as appropriate.	From the date of this inspection
5	10.7	<p>The registered person should ensure the restraint policy is updated and ratified to take account of Human Rights Legislation, the recording of best interest's decisions and the DHSSPS Deprivation of Liberty Safe guards (DOLS).</p> <p>Follow up to previous issues</p>	One	The restraint policy has been updated accordingly with respect to the relevant stated guidance.	31 May 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Marina Mc Elvogue
Name of Responsible Person / Identified Responsible Person Approving Qip	Marcus Mulgrew

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Heather Moore	10 July 2014
Further information requested from provider			