



Unannounced Care Inspection Report 4 December 2018



Ashbrook Care Home

Type of service: Nursing Home

Address: 50 Moor Road, Coalisland, Dungannon, BT71 4QB

Tel no: 028 87741010

Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 59 persons.

3.0 Service details

Organisation/Registered Provider: Ashbrook Home Ltd Responsible Individual: Marcus James Mulgrew	Registered manager: Gillian Larmour
Person in charge at the time of inspection: Gillian Larmour	Date manager registered: 26 July 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment.	Number of registered places: 59 consisting of NH-PH, NH-DE, NH-MP(E), NH-I A maximum of 19 patients in category NH-DE, a maximum of 1 patient in category NH-PH and category NH-MP(E) for 1 identified patient only.

4.0 Inspection summary

An unannounced inspection took place on 4 December 2018 from 09.10 to 17.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the provision and training of staff, monitoring the professional registration of staff, communication between staff and patients and the patient dining experience.

Areas requiring improvement were identified in relation to the obstruction of fire exits, patient moving and handling, the staff duty rota, the safe storage of cleaning products and the confidentiality of patient information.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. No concerns were expressed by patients during the inspection and patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

A patient said, "I'll be honest with you. I'm very happy here."

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Gillian Larmour, registered manager, and Marcus James Mulgrew, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 15 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 15 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with seven patients, four patients' relatives and four staff. Questionnaires were also left in the home for patients and patients' representatives for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 26 November to 3 December 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files

- six patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- antibiotic therapy audits from 9 July to 13 November 2018
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports from June to November 2018 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken 15 May 2018. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered persons shall ensure that care plans are developed and reviewed in response to acute infections.	Met
	Action taken as confirmed during the inspection: Review of three care plans and discussion with the registered manager confirmed this area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered persons shall ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • that patient care plans accurately reflect the assessed needs of patients and the prescribed care and treatment which should be delivered • that patients' notes contemporaneously and comprehensively describe the improvement/deterioration of all wounds including any nursing interventions 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of two patient's files and discussion with the registered manager confirmed this area for improvement has been met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that daily progress notes for patients who require assistance with repositioning accurately reflect the condition of the patient's skin.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of progress notes and discussion with the registered manager confirmed this area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>Robust measures should be developed to provide the registered manager with an overview of the management of wounds occurring in the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation and discussion with the registered manager confirmed this area for improvement has been met.</p>		

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 26 November to 3 December 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Review of the staff duty rota evidenced that the records were altered using white adhesive paper. The original record could not be viewed. This does not adhere to record keeping guidance. An area for improvement was identified.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. A staff member said, "I have no concerns about staffing levels. Our residents are well cared for." We also sought staff opinion on staffing via the online survey; we had no responses within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ashbrook Care Home. A patient said, "I can't complain about staffing. I'm well looked after." We also sought the opinion of patients on staffing via questionnaires; we had no responses within the timescale specified.

Four relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires; we had no responses within the timescale specified.

Two relatives commented:

"I've been visiting for five weeks and couldn't fault the staff. It's like a hotel. They greet you when you come in."

"I'm very satisfied with the care. The staff are very attentive. Mum's been here over ten years."

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for fire training, anaphylaxis, medication administration, use of fluid thickeners and moving and handling. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the use of fluid thickeners. It was observed in the dementia unit that incorrect moving and handling procedure was being used. A hoist was used to transport a patient from the corridor into the bathroom opposite lounge two. Hoists are not to be used for transportation of patients but to be used for the transfer of patients. An area for improvement was identified.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The manager is identified as the safeguarding champion.

Review of six patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 10 June to 15 October 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls. A clear and effective falls safety calendar is in place in order to monitor falls within in home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, their representatives and staff spoken with were complimentary in respect of the home's environment. Observation of the housekeeping room in the general unit evidenced that throughout the inspection, the door was open and cleaning materials could be easily accessed. The key pad system to lock the room had not been used in order to comply with health and safety procedures and legislation. An area for improvement was identified.

In an identified communal shower room it was noted that five products used for personal hygiene such as shampoo had been left on the shelf. This was discussed with the manager who agreed to ensure that all communal bathrooms would be checked and the products removed.

The fire exit opposite room sixteen was observed to have a specialised chair and a bed table that caused an obstruction should the home need to be evacuated. This was discussed with the manager and an area for improvement under regulation was identified.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to. The manager had an awareness of the importance to monitor the incidents of HCAI's and when antibiotics were prescribed. A robust antibiotic therapy audit is in place.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. Care plans were in place for the management of alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

Areas for improvement were identified to ensure that fire exits are kept clear and free from obstruction, the safe moving and handling of patients, the altering the off duty rota and regarding adherence of the Control of Substances Hazardous to Health.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of six patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Records in relation to the management of infections and wound care were well documented.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager advised that patient and staff meetings were held on a regular basis. Minutes were available.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and effective communication with patients, relatives, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.10 and were greeted by staff who were helpful and attentive. Staff were responding to patients’ needs and requests promptly and cheerfully. Patients were observed seated in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. Patients were observed sitting quietly in the oratory during the day and a music group provided entertainment in the afternoon that everyone enjoyed.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and three registered nurses were in the dining room overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Three patients commented:

“The food’s well cooked and nice.”

“The food’s ok. It could be better.”

“The food was lovely. I really enjoyed it.”

Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. It was observed that a list of patients’ names and dietary recommendations was displayed on the notice board beside the serving hatch in the dining room. An identifiable patient’s file was sitting on top of the reception desk at the front entrance to the general unit. This was discussed with the registered manager who removed it immediately. It is important that patients’ human rights are respected in regard to confidentiality. An area for improvement was identified.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“To all the wonderful Ashbrook staff. Thank you so much for your care of Granda. It was lovely to see him enjoying what were to be his final days in such a homely and caring environment.”

“Thank you for taking such good care of our father. He was truly happy here.”

All patients spoken with commented positively regarding the care they receive and the caring and kind attitude of staff at Ashbrook Care Home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two patients said:

“It’s a nice place. I’m looked after well.”

“The place is very clean. They’re very particular here.”

Questionnaires were provided for patients and their representatives across the four domains; we had no responses within the timescale specified.

Two relatives commented:

“Mum’s happy here and they look after her well.”

“The staff are great. Top class.”

Staff were asked to complete an online survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and the patient dining experience.

Areas for improvement

An area was identified under standards for improvement in relation to patients' confidentiality.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on service users and the registered manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control (IPC) practices to include hand washing technique, care records, antibiotic therapy, and falls.

Discussion with the registered manager and review of records from June to November 2018 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. A staff member said, "I'm extremely happy in my job. I was promoted recently."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Larmour, registered manager and Marcus James Mulgrew, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (d) (iii)</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that fire exits are kept clear and are free from obstruction.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Resident chair and table that were temporarily placed in front of fire door immediately removed. All care staff reminded of the importance of ensuring fire exits are kept unobstructed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (3)</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall make suitable arrangements to provide a safe system for the moving and handling of patients.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: All care staff advised that residents should not be wheeled in standing hoist from the corridor outside the bathroom into the bathroom. They must take the resident into the bathroom and use standing hoist in it. Staff reminded that hoists are not used for transporting residents.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 37.5</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that staff duty rotas are not altered using white adhesive paper in order that the previous records can be read in accordance with best practice in record keeping.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: All staff reminded that white adhesive paper should not be used in off duty books. Staff advised to make changes to original off duty by amending it and initialling the changes.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that store cupboards containing cleaning products are locked to comply with Control of Substances Hazardous to Health (COSHH) in order to maintain a safe environment within the home.</p> <p>Ref: Section 6.4</p>

	<p>Response by registered person detailing the actions taken: All staff reminded of the importance of keeping store cupboards locked in line with COSHH. Extra signage has been placed on door to act as a prompt to remind staff to keep the door closed.</p>
<p>Area for improvement 3 Ref: Standard 5.8 Stated: First time</p>	<p>The registered person shall ensure that information regarding patients' individual care recommendations is not on view in order to protect their human rights. Ref: Section 6.6</p>
<p>To be completed: Immediate action required</p>	<p>Response by registered person detailing the actions taken: All staff reminded that residents' confidential information should not be on view. All documentation should be treated with confidentiality.</p>

Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care