



The Regulation and
Quality Improvement
Authority

Inspector: Lorraine Wilson
Inspection ID: IN022589

Ashbrook Care Home
RQIA ID: 1477
50 Moor Road
Coalisland
Dungannon
BT71 4QB
Tel: 028 8774 1010
Email: info@Ashbrook.cc

**Unannounced Care Inspection
of
Ashbrook Care Home**

12 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 12 May 2015 from 10.10 to 17.20 hours.

This inspection was underpinned by one standard and one theme:

Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern in relation to the standard; however, some areas for improvement were identified and these are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

For the purposes of this report the term 'patients' will be used to describe those living in Ashbrook Care Home which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection undertaken on 6 November 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	7

The details of the QIP within this report were discussed with the Ms Teresa Gilman, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ashbrook Home Ltd Mr Marcus James Mulgrew	Registered Manager: See box below
Person in Charge of the Home at the Time of Inspection: Ms Teresa Gilman	Date Manager Registered: Ms Teresa Gilman - application received - "registration pending".
Categories of Care: NH-PH, NH-DE, NH-I, NH-MP(E), RC-I	Number of Registered Places: 68
Number of Patients Accommodated on Day of Inspection: 57 + 1 Patient in hospital	Weekly Tariff at Time of Inspection: Residential - £470.00 Nursing - £593.00-£637.06 +an additional £20.00-£25.00 per week for the nursing dementia unit.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme have been met:

- **Standard 19: Communicating Effectively**
- **Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and 32)**

4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

Throughout the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken.

During the inspection there were opportunities for discussion with up to 30 patients either individually or in small groups as well as with three patients' visiting relatives.

In addition to speaking with the manager individual discussions were undertaken with two registered nurses and five care staff.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 6 November 2014. The completed QIP was returned and approved by the aligned care inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1) (c) (i) Stated: Second time	The registered person shall ensure that staff receive annual appraisal.	Met
	Action taken as confirmed during the inspection: The inspector evidenced from information provided that 68/91 staff had received an annual appraisal. A planner recording appraisal dates for the remaining staff was also evidenced.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.1 Stated: First time	It is recommended that continence assessments are maintained in patients/residents care records for patients and residents who require continence management and support. Ref 19.1	Met
	Action taken as confirmed during the inspection: The inspector evidenced that continence assessments were completed and kept under review in two care records examined.	

<p>Recommendation 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>It is recommended that the NICE guidelines on the management of urinary and faecal incontinence are maintained in the home.</p> <p>Ref 19.2</p> <hr/> <p>Action taken as confirmed during the inspection: RQIA evidenced that the relevant NICE guidelines as indicated above were available in the home.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p>	<p>It is recommended that a continence link nurse is nominated in the home.</p> <p>Ref 19.4</p> <hr/> <p>Action taken as confirmed during the inspection: A continence link nurse had been appointed and one of their responsibilities is to ensure continence assessments are kept up to date.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 5.3</p> <p>Stated: Second time</p>	<p>It is recommended that a body mapping chart is maintained in the patients/residents care records.</p> <p>Ref: Follow up on previous issues</p> <hr/> <p>Action taken as confirmed during the inspection: In two care records examined body mapping charts were in place.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A reference folder on Palliative Care had recently been developed by the manager and includes a newly implemented policy. The folder included guidance for staff on communicating effectively and regional guidelines on Breaking Bad News were also included.

The senior staff nurse on duty confirmed that the staff are informed of new policies such as the communication policy during staff handover.

The competency and capability assessment for nurses taking charge of a shift in the manager's absence had recently been reviewed and updated, and the importance of communication with patients and liaising with relatives was included. It was noted that the revised competency and capability assessment was completed by recently recruited nursing staff, but not by nursing staff who had worked in the home prior to the manager's appointment. This revised competency and capability assessment should be completed by all nurses' taking charge of a shift in the manager's absence. This would assist in providing the manager with assurances regarding nursing staff competency and capability, and to identify areas for further training and support.

The reviewed induction programme for care staff did not include the management of palliative and end of life care and death and dying. A review of the induction programme should be undertaken to address this deficit.

Confirmation was provided that the home has a palliative care link nurse who had attended training sessions provided by the host trust.

It is planned that from the training provided awareness training sessions will be held to cascade information to staff in Ashbrook.

As part of the home's ongoing training programme, communicating effectively training should be provided relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

The three care records examined evidenced that where appropriate, patients' individual needs and wishes regarding end of life care had been discussed with their General Practitioner (G.P). The minutes of one patient's care review examined indicated that end of life care was to be discussed with the patient's family.

The care plans reviewed included reference to the patient's specific communication needs, including sensory impairment and cognitive ability.

Staff consulted confirmed they had never been involved in breaking bad news to patients, advising that medical staff would usually provide bad news to patients.

There was evidence within three care records reviewed that patient individual needs and wishes in respect of aspects of daily living were appropriately recorded. Overall there was evidence that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Is Care Compassionate? (Quality of Care)

From observation of the delivery of care and many staff interactions with patients, communication was observed to be well maintained and patients were observed to be treated with dignity and respect. There were a number of occasions during the inspection where the inspector observed that patients had been assisted to redirect their anxieties by care staff in a professional sensitive way.

Good relationships were evident between patients and staff and staff were observed responding promptly to patients' needs.

The staff consulted provided an overview describing how they supported patients who had received bad news. For example, providing a private space for the patient and having time to sit and listen, responding to their feelings, discussing any queries or concerns the patient may have and discussing ways the patient may wish to receive support.

Consultation with patients and their representatives confirmed that staff were approachable and helpful if there were any issues or concerns. During the inspection and in the completed patient views questionnaire returned by nine patients, there were no major issues or concerns raised. A comment made in one questionnaire has been discussed with the manager post inspection.

Ten questionnaires were returned recording the views of patient's representatives.' These indicated satisfaction levels of satisfied or very satisfied and there were no concerns raised.

One comment recorded:

"Staff enquire about xxxxxx pain, and if she needs medication, they administer it"

There were a number of thank you cards received from relatives of former patients'. All provided a positive response of their experiences of how staff communicated in a compassionate and thoughtful way throughout the end of life or palliative care process.

Areas for Improvement

Three recommendations were made in relation to this standard. They relate to competency and capability assessments for nurses taking charge of a shift in the absence of the manager, the need for care staff induction programs to be updated to incorporate palliative and end of life care and death and dying, and communication training relevant to staff roles and responsibilities.

Number of Requirements	0	Number Recommendations:	3
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home and reflected best practice guidance in the management of palliative care in nursing homes. The management of the deceased person's belongings and personal effects was included in the policy and procedure.

The manager had also developed a useful resource manual for use by staff which included a range of helpful guidance. The Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes (2013) was included.

Training records evidenced that staff were trained in the management of death, dying and bereavement. Two registered nurses on duty had attended training in palliative care provided by the host Trust which incorporated care for the dying patient.

One registered nurse consulted was also in the process of undertaking training on death and dying as part of their continued professional development.

The manager advised that as part of the home's training programme for 2015-2016, further staff training is planned in end of life care, to ensure recently implemented policies are embedded into staff practice.

Discussion with the manager, seven staff and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken. Staff confirmed that when a patient's condition deteriorates they will be clinically assessed by their General Practitioner. Confirmation was provided that in the event of patients' receiving palliative care, arrangements are in place for staff to make referrals to specialist palliative care services.

One registered nurse discussed the protocols in place for timely access to any specialist equipment or drugs. Whilst there were no patients using a syringe driver on the day of inspection, the registered nurse confirmed that they are able to source a syringe driver via the community nursing team if required. The nurse confirmed she was trained in the use of this specialised equipment.

A palliative care link nurse has been identified and had attended link meetings organised by the host trust. The link nurse was also active in cascading information to other staff in the home which is good practice.

Is Care Effective?

The manager stated that there were no patients considered as requiring end of life or palliative care on the day of inspection. There were however, a number of patients' with chronic illness and complex care needs.

A sampling of three care records evidenced that death and dying arrangements were discussed with the patient and/or their representatives as appropriate. One of the records included resuscitation decisions which had been recorded appropriately. The signature of the medical professional and the timeframe for review were also recorded.

The manager advised that a specific care plan for palliative care had been devised and was due to be piloted by the nursing team. The care plan template reviewed included management of hydration and nutrition, pain management and symptom management.

In relation to pain management, one of the three care records examined was in need of further improvement. One care record reviewed identified the need for a pain assessment to be completed as well the effectiveness of analgesia being taken by the patient to be recorded contemporaneously in the daily care records. This was discussed with a registered nurse on duty and was addressed on the day of inspection prior to the conclusion of the inspection.

The patients' wishes and their social, cultural and religious preferences were also considered.

Discussion with the manager, two registered nurses, five care staff and a review of care records evidenced that environmental factors had been considered when a patient was at the end of life.

All patients' in Ashbrook have a single bedroom and staff informed the inspector that management make reasonable arrangements for relatives/representatives to be with patients who are ill or dying. Where no family members or representatives are present, staff will endeavour to sit with the patient so they are not left alone during the final hours.

Facilities such as the visitors' room will be made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support are provided by the staff team. The home's care of the dying policy indicates that, "an end of life symbol" will be displayed outside the patient's bedroom door to prompt staff to respect patient privacy and dignity.

A review of the notifications of death submitted to RQIA confirmed that whilst these had been appropriately reported, some detail was lacking. The importance of providing sufficient detail when submitting death notifications was discussed with the manager. It was agreed that this would be addressed with the staff team.

Is Care Compassionate? (Quality of Care)

Discussion with seven staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care.

The staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

In accordance with the patient's wishes, arrangements were in place for family/friends to spend as much time as they wish with the patient. The visitor's room is made available and a comfortable chair was provided to facilitate overnight stays.

From discussion with the manager and seven staff, three relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient. One relative advised the inspector that staff had responded promptly to their relative's deteriorating condition and staff communication was very good in relation to providing the family with information.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the death and dying of patients in the home.

Seven staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. All staff confirmed that a guard of honour was formed by staff as the deceased patient was moved from the home by funeral directors. This enabled staff to pay their respects to the patient. Staff also confirmed that good support networks were in place and staff were provided with opportunities to receive support following the death of a patient.

Information regarding support services was observed on display and was accessible for staff, patients and their relatives. This information included bereavement services, funeral services and care of the dying.

Areas for Improvement

Two recommendations were made. These were in respect of completion of pain assessments and contemporaneously recording the effectiveness of analgesia, and enhanced detail to be included in notifications of death that are submitted to RQIA.

Number of Requirements	0	Number Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Comments of patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. Overall all comments were generally positive. Some comments received are detailed below.

Patients

"I feel safe and secure in this home. My family and friends are made welcome at any time in the home".

"First class treatment"

"I am quite happy here. The staff are very good."

"I like living here and am quite happy"

Patients' representatives

Three relatives consulted during the inspection provided very positive comments. One relative advised that staff notified them promptly of changes in condition and any new treatments prescribed.

Completed questionnaires indicated that representatives were satisfied or very satisfied with the care and treatment provided.

Examples of comments recorded included:

"Very satisfied with xxxx care, quality of care very high, he is very happy in Ashbrook"

"We feel my xxx could not get as good care at home. She is happy and all the staff are all great, and the food is good"

"There are a lot of social activities in the home.....which are thoroughly enjoyed"

Staff

Seven staff returning completed questionnaires confirmed they were satisfied or very satisfied with the level of care provided.

Examples of comments recorded included:

“Ashbrook care home is run with the highest standard of care and protection of both residents and staff. “I have worked here for 81/2 years and proud to say it”

“I feel this home has amazing support with residents and works well as a team to give the care that residents’ need”

“More staff needed at times, can be understaffed and lot of pressure on carers to get work done in a relaxed manner and not rushed all the time”

5.5.2 Accidents and Incidents

A sample of accidents and incidents were examined. Overall these were well recorded and RQIA were appropriately notified. From January – March 2015, one patient had sustained a serious injury which required hospital treatment. The circumstance of the accident was investigated by the manager and was under review in accordance with the commissioning Trust protocol. The manager confirmed that a meeting to discuss the review outcome has been scheduled.

The manager had audited accidents which had occurred from January–March 2015 and an action plan to minimise risks to patients had been implemented.

The falls policy for the home had been reviewed and revised. A post falls policy is now in place. As at 8 May 2015, 21 staff had recorded they had read the revised policy.

5.5.3 Complaints

Complaints records examined indicated complaints had been investigated and details were recorded.

The following areas for improvement were identified. These are in accordance with best practice for complaint investigation.

- The complaint outcome should include information from the complainant to confirm if they are satisfied with the complaint investigation and resolution.
- The complainant should be informed of the next steps in the complaint process, should they continue to remain dissatisfied.

One complaint which was received a few days prior to the inspection was due to be investigated by the manager.

A recommendation was made that RQIA are notified of the complaint investigation outcome, and there are improvements made with regard to recording complaint outcomes.

5.5.4 Monthly Monitoring Reports

There was good evidence that unannounced monthly visits were being completed by a company director. Monitoring reports were sent to the manager, usually within a two week timeframe.

There was no evidence that progress made in addressing Quality Improvement Plans (QIPS) issued by RQIA was being monitored in the monthly reports examined. A recommendation was made.

5.5.5 Environment

The environment examined was clean and very well maintained. Confirmation was provided that redecoration to upgrade bedrooms in a unit due to be designated for residential care had commenced and was ongoing at the time of inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Teresa Gillman, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 41 Stated: First time To be completed by: 31 July 2015	<p>The manager should complete competency and capability assessments for all nurses taking charge of a shift in the absence of the manager using the home's recently revised competency and capability assessment.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Competency and capability assessments will be completed for all Nurses taking charge of a shift by the required date.</p>
Recommendation 2 Ref: Standard 39 Stated: First time To be Completed by: 31 July 2015	<p>The care staff induction programme for care staff should be reviewed and updated by the registered person to incorporate palliative and end of life care and death and dying.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Care Staff induction programme is currently being reviewed and will be amended to incorporate palliative and end of life care and death and dying.</p>
Recommendation 3 Ref: Standard 19 Stated: First time To be Completed by: 31 August 2015	<p>The manager should ensure all staff receives communication training relevant to their specific roles and responsibilities.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken Nursing and Care Staff who are responsible for caring for residents with Dementia have received comprehensive training with respect to communicating and interacting with residents who have Dementia since the date of inspection. Staff attended the following one day courses each delivered by Mrs Jackie Pool who is an Honorary Lecturer at the University of Southampton.</p> <ol style="list-style-type: none"> 1. The Person centred approach to the care and support of individuals with Dementia. 2. Understanding the factors that can influence communication and interaction with individuals who have dementia. <p>Communication training with respect to end of life issues has been arranged for Senior Care Staff (29th September 2015).</p>
Recommendation 4 Ref: Standard 4 Stated: First time	<p>Pain assessments should be effectively completed for all patients receiving analgesia and the effectiveness of prescribed analgesic treatment should be consistently monitored and recorded contemporaneously.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p>

To be Completed by: 6 May 2015	Pain assessments are now completed for all residents receiving prescribed analgesic treatment with the effectiveness of analgesia being monitored and recorded.		
Recommendation 5 Ref: Standard 35 Stated: First time To be Completed by: 6 May 2015	The registered person must ensure that staff record sufficient detail regarding the circumstances of death when submitting death notifications to RQIA.		
	Response by Registered Person(s) Detailing the Actions Taken: Adequate details regarding circumstances of a resident's death will be included when submitting death notifications to the RQIA.		
Recommendation 6 Ref: Standard 16 Stated: First time To be Completed by 9 June 2015	The registered person must ensure that RQIA are informed of the outcome of one complaint investigation. Complaint investigation records should reflect each complainant's level of satisfaction, and the next steps to be taken should the complainant continue to remain dissatisfied should also be recorded.		
	Response by Registered Person(s) Detailing the Actions Taken A comprehensive updated complaints policy has been implemented at Ashbrook. Complaint investigation records now include details of each complainant's level of satisfaction including further steps taken with respect to circumstances where a complainant remains dissatisfied,		
Recommendation 7 Ref: Standard 35 Stated: First time To be Completed by: 30 May 2015	The registered person should include reference to progress made in addressing Quality Improvement Plans issued by RQIA in monthly monitoring reports.		
	Response by Registered Person(s) Detailing the Actions Taken The registered person will make reference where applicable in monthly provider reports to progress being made with respect to any requirements or recommendations made by the RQIA through Quality Improvement Plans.		
Registered Manager Completing QIP	Teresa Gilman & Marina Mc Elvogue	Date Completed	06-07-15
Registered Person Approving QIP	Marcus Mulgrew	Date Approved	06-07-15
RQIA Inspector Assessing Response	Lorraine Wilson	Date Approved	23-07-15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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