

Inspection Report

15 March 2022



Ashbrook Care Home

Type of service: Residential (RC)

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

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ashbrook Home Ltd Responsible Individual: Mr Marcus James Mulgrew	Registered Manager: Mrs Kathleen Buccat –application received
Person in charge at the time of inspection: Mrs Kathleen Buccat	Number of registered places: 9
Categories of care: Residential Care (RC) I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 3
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 9 residents. The residential unit is on the ground floor of the building. Residents have access to the communal lounge, the dining room and the garden area. There is a Nursing Home which occupies the building and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 15 March 2022 at 10:50 am to 5:45 pm by the care inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and sought 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 maintaining good working relationships.

Five areas for improvement have been identified in relation to the availability of records, falls management, notifications, staff training and staff supervision.

It was noted during the care inspection that improvements were required regarding the deployment of staff and managerial oversight and governance arrangements which raised concerns that the quality of care and service within Ashbrook Residential Care Home falls below the standards expected. These findings were shared with Mrs Kathleen Buccat, Manager at the conclusion of the inspection and Mr Seamus Mulgrew, Director, post inspection.

As a result of these concerns Mr Marcus Mulgrew, Responsible Individual and Mrs Kathleen Buccat, Manager were invited to attend a teleconference meeting with RQIA on 31 March 2022. Information was requested by RQIA for details of the completed/planned actions to drive improvement and to ensure concerns raised at the inspection have been addressed. RQIA will continue to monitor and review deployment of staff, governance arrangements and the quality of services provided in the home.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

These findings were shared with Mrs Kathleen Buccat, Manager at the conclusion of the inspection and Mr Seamus Mulgrew, Director, post inspection.

4.0 What people told us about the service

During the inspection we spoke with three residents individually and three staff. Residents told us that they felt well cared for, enjoyed the food and that staff members were attentive. Visitors were unavailable to consult with. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection no responses to questionnaires were received from residents or their representatives and no staff questionnaires were received within the timescale specified.

A staff member spoken with commented:

“I love working here. Kathleen (manager) is approachable, supportive and knows the home well”.

Cards of thanks were received by the home. The following comment was recorded:

“Thank you so much for the love and care you gave to ... over the years”.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The most recent inspection to Ashbrook Residential Care Home was undertaken on 8 June 2021 by a pharmacist inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

The manager’s hours, and the capacity in which these were worked, were clearly recorded on the duty rota. Examination of the staff duty rota and observation of care delivery evidenced that staffing levels were satisfactory in order to meet residents’ needs.

However, review of staff rotas and discussion with staff highlighted that, on occasion, nursing and care staff were required to deliver aspects of care across both the residential and adjacent nursing home during the same shift. It was also noted that there was no designated staff member in charge of the residential home at all times. In addition, review of care records highlighted that on one occasion, there had been a breakdown in effective communication and oversight by staff relating to an unwell resident within the home. See 5.2.5 for further information.

At the meeting with RQIA on 31 March 2022 the Responsible Individual provided assurances that staff were no longer being shared across the residential and adjacent nursing home during the same shifts; it was further confirmed that a separate duty rota was now in place for each registered service. The Responsible Individual also advised that there would be a designated person in charge of the residential home at all times.

A reviewed copy of the Statement of Purpose and Residents' Guide was submitted to RQIA on 28 March 2022. Both were found to be informative regarding the aim, objectives and the facilities and services offered within the residential home.

Records of how the service monitors the registration status of care staff with the Northern Ireland Social Care Council (NISCC) were unavailable to view. This was discussed with the manager who advised she was unable to access the records. An area for improvement was identified regarding the availability of records requested during inspection.

Correspondence from the Manager on 17 March 2022 confirmed that a process was in place and assurance was provided that all staff had been registered with NISCC. The manager advised that she has access to NISCC records.

We discussed the provision of mandatory training with staff. 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. Review of staff training records evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, infection prevention and control (IPC), control of substances hazardous to health (COSHH) and fire safety. It was noted that one staff member was required to update a moving and handling course. This was discussed with the manager who advised she would address the matter.

Deprivation of liberty safeguards (DoLS) and restrictive practices were discussed. Staff members were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Records requested regarding DoLS training for staff were unavailable to view. This was discussed with the manager who advised that staff had not completed DoLS training. An area of improvement was identified.

Correspondence from the manager on 17 March 2022 confirmed that DoLS training had commenced and should be completed within four weeks and that a moving and handling refresher course for the identified staff member has been arranged.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A resident spoke with said, "The staff are nice and look after me well. There are enough staff about if you want them. I've no concerns".

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Review of care records regarding mobility and risk of falls evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed. The manager advised that currently no residents in the unit required wound management.

However, review of care records for a resident regarding continence care evidenced that conflicting information was recorded in order to direct the care required and reflect the assessed needs of the resident. This was discussed with the manager who advised she would address the matter.

Correspondence from the manager on 17 March 2022 confirmed that arrangements had been made to review and update the residents' care plan.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff members were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

The manager advised that staff meetings had been suspended on a temporary basis, in order to adhere to guidance during the pandemic. At the meeting with RQIA on 31 March 2022 the manager advised that staff meetings had resumed and were planned to be held on a regular basis.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal. Staff advised that due to social distancing guidelines, residents were having meals delivered on trays to their rooms. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to residents' rooms. There was a variety of drinks available. Residents wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes.

Residents said that they enjoyed lunch. The manager advised plans for residents to attend the dining room were under review and would resume again soon.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, well decorated, fresh smelling and clean throughout.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

The manager advised group activities had been suspended on a temporary basis in order to adhere to risk assessment and guidance during the pandemic. Discussion with the manager evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual activities offered by the activity therapist. The manager advised plans for residents to attend group activities were under review and would resume again soon.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change in management arrangements. Mrs Kathleen Buccat has been manager of the home since 27 October 2021. RQIA were notified appropriately and an application regarding the manager's registration with RQIA was submitted prior to this inspection. The certificate of registration issued by RQIA was appropriately displayed in the home.

It was noted that a formal induction was not in place for the manager. At the meeting with RQIA on 31 March 2022 the Responsible Individual assured us that a robust induction process has been arranged and will be kept under regular and meaningful review.

Review of staff appraisal records evidenced that they had commenced for 2021/2022. The manager advised they are ongoing and that arrangements are in place to ensure all staff members have an appraisal completed this year.

However, records requested regarding staff supervision were unavailable to view. This was discussed with the manager, who advised she would address the matter. An area for improvement was identified.

At the meeting with RQIA on 31 March 2022 the manager assured us that staff supervision has commenced and will be completed on a regular basis.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mr Seamus Mulgrew, Director, was identified as the appointed safeguarding champion for the home.

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

A review of the records of accidents and incidents which had occurred in the home, regarding witnessed and unwitnessed falls that resulted in head injury and also an isolated incident regarding a resident who was unwell, found that these were not managed in keeping with best practice. For a number of residents who had fallen and sustained a possible head injury and for the resident who was feeling unwell, there was no evidence of appropriate onward referral as a result of review to their General Practitioner (GP). An area for improvement was identified.

At the meeting with RQIA on 31 March 2022 the manager assured us that staff have been informed that they should liaise with the residents' GP regarding the management of witnessed or unwitnessed falls and of any significant concerns regarding residents' health.

Generally notifications were sent to RQIA in a timely manner however, review of records for the resident who was unwell evidenced this was not the case. This was discussed with the manager. The outstanding statutory notification has been submitted to RQIA, as requested. An area for improvement was identified.

It noted that there was a system in place for quality assuring service delivery and care provision within the home in relation to infection prevention and control practices and the management of falls. However, audits viewed were recorded together for the residential unit and the adjacent nursing home. At the meeting with RQIA on 31 March 2022 the manager assured us that quality assurance audits were completed separately for each registered service.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

The management of complaints were reviewed and noted to be recorded together for the residential unit and the adjacent nursing home.

At the meeting with RQIA on 31 March 2022 the manager assured us that complaints for the nursing and residential home are filed in separate service folders and that complaints were seen as an opportunity for the team to learn and improve. Complaints will be continuously monitored in order to improve practice and the quality of services provided by the home.

Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kathleen Buccat, Manager, at the conclusion of the inspection and Mr Seamus Mulgrew, Director, post inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 Stated: First time To be completed: Immediate action required	The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the RQIA. Ref: 5.2.1 Response by registered person detailing the actions taken: Records and folders have been organised and made available for the Residential Unit.
Area for improvement 2 Ref: Regulation 13 (1)(a) (b) Stated: First time To be completed: Immediate action required	The registered person shall make proper provision for the health and welfare of residents and ensure that accidents, incidents are reported to relevant bodies, specifically the residents' General Practitioner (GP) in accordance with legislation and procedures and a record is maintained. Ref: 5.2.5 Response by registered person detailing the actions taken: Staff have been informed about updating the residents' general practitioners in the events of falls or any other deterioration to ensure a review will be made. All communications with MDT will be documented.

<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that RQIA is made aware of any notifiable event without delay.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: All notifications will be sent to RQIA without delay. Any clarifications needed, senior management team will get in touch with RQIA for assistance.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 9 May 2022</p>	<p>The registered person shall ensure that all employed staff receive training in Mental Health Capacity –deprivation of liberty safeguards (DoLS).</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been directed to the relevant online training provider in relation to Deprivation of Liberty Safeguards training and been advised to complete their training as soon as possible.</p>
<p>Area for improvement2</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that staff supervision is completed no less than every six months and more frequently if necessary and that a record is maintained.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been advised that supervisions will take place at least twice in a year and a separate record will be maintained.</p>

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