



Unannounced Care Inspection Report

23 March 2021



Ashbrook Care Home

Type of Service: Residential Care Home

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

Tel No: 028 8774 1010

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 9 residents.

3.0 Service details

Organisation/Registered Provider: Ashbrook Home Ltd Responsible Individual: Marcus James Mulgrew	Registered Manager and date registered: Gillian Larmour – 11 May 2018
Person in charge at the time of inspection: Gillian Larmour	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 home on the day of this inspection: 7

4.0 Inspection summary

An unannounced inspection took place on 23 March 2021 from 12.55 to 17.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

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.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- residents' care records
- governance and management.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	0

*The total areas for improvement include one regulation which has been carried forward for review at a future inspection.

This care inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mr Mulgrew, responsible individual and Gillian Larmour, manager, as part of the inspection process and can be found in the main body of the report.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with six residents and three staff. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received within the timescale specified. The inspector provided the manager with 'Tell us cards' which were then placed in a prominent position to allow residents 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 rotas for the period 15 March 2021 to 28 March 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- a selection of quality assurance audits
- compliment records
- two residents' care records
- two residents' daily progress notes
- two residents' weight records
- RQIA registration certificate.

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 previous inspections

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 January 2020. The quality improvement plan was not reviewed at this inspection. This will be reviewed at a future inspection.

There were no areas for improvement identified as a result of the last care inspection undertaken on 26 September 2019.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that the arrangements for the management of controlled drugs are reviewed with respect to storage, recording and stock balance checks performed.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 The internal environment/infection prevention and control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Pull cords in bathrooms throughout the home were seen to be covered and could be easily cleaned in order to adhere to infection prevention and control best practice.

Information displayed in the home evidenced that it was laminated and could be wiped clean in order to adhere to infection prevention and control (IPC) best practice.

We observed that personal protective equipment (PPE), for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 15 March 2021 to 28 March 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support care staff. No concerns regarding staffing levels were raised by residents or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ashbrook Residential Care Home. We also sought the opinion of residents and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Cards of thanks had been received by the home. Comments recorded included:

- "I would like to take this opportunity to thank all the staff for the excellent care you gave ... while she was in your care."
- "Just a little card to say thank you. We know you and your team have been working incredibly hard providing the highest level of care to residents."

We observed the serving of the lunchtime meal. Staff advised that due to social distancing guidelines, residents were having their meals delivered on trays to their rooms and that those who wished to have their meal in the dining room would also be accommodated. The food appeared nutritious and appetising and was covered on transfer. Residents wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate numbers of staff deployed throughout the unit, were observed assisting residents with their meal appropriately, in an unhurried manner. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. It was also observed during mid-afternoon that residents were given a choice of drink and offered fruit and biscuits.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home.

Six residents spoken with commented:

- “I’m well looked after and well fed and have put on weight. I don’t have to worry about anything. The staff are excellent and I like doing the quizzes with the activity therapist.”
- “I’m happy. You couldn’t find dust in this room and the food’s lovely. The staff are really lovely and they are interested in you. They go out of their way to help.”
- “The food’s as good as you would make at home.”
- “I have no concerns.”
- “The staff are good. I have no concerns but if I had I would speak to the staff.”
- “The food is lovely. The staff are very good and look after me well. I have no concerns.”

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident’s condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

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.

6.2.3 Residents’ care records

Review of two residents’ care records regarding falls, mobility and nutrition 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.

A review of records for one resident evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. A care plan was observed to be in place for the use of an alarm mat. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Two residents’ daily progress notes were reviewed from 18 February 2021 to 23 March 2021 and both were observed to be well maintained.

Weight records for two residents from 18 December 2020 to 19 March 2021 were reviewed and a system was observed to be in place to monitor patients’ weight loss and weight gain.

The manager advised that no residents in the unit have wounds.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. 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), SALT or the dietician.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. Discussion with staff and residents evidenced that the manager's working patterns supported effective engagement with residents, their representatives and the multi-professional team.

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.

The manager confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC). Records viewed for 23 March 2021 evidenced this.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2020 evidenced that staff had attended training regarding Covid-19 infection prevention and control (IPC), adult safeguarding, first aid and fire safety.

Discussion with the manager and review of records evidenced a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans and IPC practices including hand hygiene.

We reviewed accidents/incidents records from 29 December 2020 to 18 March 2021 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A selection of records from 12 January 2021 to 25 February 2021 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

The manager advised that systems were in place to ensure complaints were managed appropriately. No complaints had been raised during the months of January 2021 and February 2021.

Residents and staff spoken with confirmed there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of PPE, in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding adult safeguarding, care records, risk management, management of accidents/incidents and communication between residents, staff and other professionals.

Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of personal protective equipment. Measures had been put in place in relation to infection prevention and control, to keep residents, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

Good practice was observed during the inspection regarding governance arrangements and maintaining good working relationships.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 January 2020. The quality improvement plan was not reviewed at this inspection. This will be reviewed at a future inspection.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2020</p>	<p>The registered person shall ensure that the arrangements for the management of controlled drugs are reviewed with respect to storage, recording and stock balance checks performed.</p> <p>Ref: 6.4</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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