

Unannounced Care Inspection Report 02 February 2017



Ashwood House

Type of Service: Nursing Home
Address: 2-10 Ashgrove Road, Glengormley, BT36 6LI
Tel no: 028 9083 7270
Inspectors: James Laverty and Bridget Dougan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ashwood House took place on 02 February 2017 from 10.20 to 16.50 hours.

The inspection sought to assess progress with any issues raised during and 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 focus of the inspection was meals and mealtimes.

Is care safe?

The registered manager was not present in the home on the day of the inspection. Consequently the registered nurse in charge of the home confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. Discussion with patients and representatives evidenced that there were no concerns regarding staffing levels. Through discussion with staff we were assured that they were knowledgeable in relation to their specific roles and responsibilities. A general inspection of the home confirmed that the premises were generally well maintained. The home was noted to be clean, clutter free and appropriately warm.

Weaknesses were identified in relation to the deployment of staff during the provision of the lunchtime meal. A recommendation in this regard has been stated for the second time. A recommendation has also been made for the systematic review of nutritional policies.

Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as G.P.s, dieticians and Speech and Language Therapists (SALT).

A review of electronic nursing records and fluid intake charts for one patient evidenced that a prescribed enteral feeding regime was not being fully adhered to. A review of supplementary care records also evidenced insufficient, conflicting and/or contradictory information relating to patients' nutritional intake and/or mouth care. One requirement and one recommendation have been made in this regard.

Is care compassionate?

Staff interactions with patients were generally observed to be compassionate and caring. 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.

However, the repeated use of overly familiar forms of address towards patients was noted. Staff were also observed completing care records while seated beside patients who were eating their lunch. One recommendation has been made in this regard.

A recommendation has also been made in respect of the provision of appropriate snacks for patients on therapeutic diets.

Is the service well led?

Discussion with the registered nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

A review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff members and trust representatives. Complaints were managed in accordance with legislation. Notifiable events were reported to RQIA or other relevant bodies appropriately.

No requirements or recommendations were made in this domain.

The term 'patients' is used to describe those living in Ashwood House which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5*

* The recommendations above include one recommendation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr. Patrick Lee, nurse in charge and Mr. Kevin Pollock, director, at the conclusion of the inspection and with Mrs Ann Marie Morris, registered manager by telephone following the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Ashwood Prop. Investment Ltd/Mr William Trevor Gage	Registered manager: Mrs Anne Marie Morris
Person in charge of the home at the time of inspection: Mr. Patrick Lee, Nurse in charge	Date manager registered: 01/04/2005
Categories of care: NH-I, RC-I, RC-MP(E)	Number of registered places: 36

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 plan (QIP) from the previous care inspection
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors also met with 25 patients, four care staff, two registered nurses, two catering and one domestic staff. Two patient's representatives were also consulted.

Questionnaires for patients (eight), relatives (eight) and staff (10) to complete and return were left for the registered manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- complaints and compliments records
- incident and accident records
- three patient care records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19/09/16

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 41.1 Stated: First time To be Completed by: 19 October 2016	The registered provider should ensure that staffing levels and the deployment of staff have been reviewed to ensure that at all times the staff on duty meet the care needs of patients.	Partially Met
	<p>Action taken as confirmed during the inspection: The registered manager confirmed in the returned Quality Improvement Plan (QIP) for the previous care inspection on 19 September 2016, that staffing levels and staff deployment had been reviewed to ensure the nursing needs of patients were met. A review of the staffing rotas for weeks commencing 23 and 30 January 2017 evidenced that the planned staffing levels were adhered to. Feedback received from patients and relatives indicated a high level of satisfaction with the care and services provided. Staff were generally satisfied with staffing levels.</p> <p>However, the deployment of staff throughout the home during the provision of lunch to the patients requires review in order to ensure that the assessed needs of patients are met in a timely, caring and safe manner. This recommendation has been partially met and has been stated for the second time.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2016</p>	<p>The registered provider should ensure that patients are provided with a nutritious and varied diet, which meets their individual needs and preferences. The menu should offer a choice of meal at each mealtime and the meals served should reflect what is on the menu.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence of a nutritious and varied menu plan for patients. The meals served for lunch reflected what was on the displayed menu. There was also evidence that patient wishes and preferences were also sought in relation to the provision of meals.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 7.5</p> <p>Stated: First time</p> <p>To be Completed by: 04 October 2016</p>	<p>The registered provider should ensure that the views, feelings and wishes of patients are taken into account in delivering their care and explanations are provided to help them understand where these could not be reflected in the care delivered. Care records should evidence the reasons why patients' wishes could not be reflected in the care delivered.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that the care planning process included input from patients and/or their representatives as appropriate. There was evidence of regular communication with representatives within the care records.</p>		

4.3 Is care safe?

The registered nurse in charge 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. As discussed in section 4.2, a sample of two weeks duty rotas was reviewed and evidenced that the planned staffing levels were adhered to. Discussion with patients and representatives evidenced that there were no concerns regarding staffing levels. However, one staff member spoken with stated that they "feel rushed sometimes."

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care generally evidenced that patients' needs were met by the levels and skill mix of staff on duty. However, it was noted during the provision of lunch that there was no sustained presence of registered nursing staff in the dining room and that the ratio of care staff to patients in the dining room was disproportionately low. It was observed that for a significant period of time in the dining room during the serving of lunch, two care staff were tasked with serving lunch to 23 patients, some of whom required assistance with eating and drinking. Other staff were assisting patients who were having their lunch in their bedrooms. Consequently the atmosphere at times in the dining

room appeared to be noticeably rushed and one patient was observed to wait at his lunch table for 20 minutes before a staff member was available to assist him with eating his lunch. The dining experience is further discussed in section 4.5. The registered manager must ensure that staff deployment throughout the home is adequate to ensure that the assessed needs of patients are met in a timely, caring and safe manner. A recommendation in respect of staff deployment has been stated for the second time.

Review of the training matrix/schedule for 2016/17 indicated that all staff had completed mandatory training to date. Additional training in the management of patients with swallowing difficulties had been provided for all relevant staff in February 2016. Six registered nurses attended training in the management of enteral tube feeding in May and November 2016.

Policies dated 27 November 2012 were in place on meals and mealtime, nutrition, and take away foods. A system was in place to ensure all relevant staff had read and understood the policies. A recommendation has been made for the registered manager to systematically review these policies at least three yearly. Up to date nutritional guidelines were available and used by staff on a daily basis.

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.

Areas for improvement

A recommendation has been made that nutritional policies should be subject to a systematic review at least three yearly.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Care records were maintained on an electronic system. A review of three patient’s care records was undertaken. Care records generally reflected the assessed needs of patients, and showed a collaborative approach with other members of the multidisciplinary team. Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner’s (GP), SALT, dieticians and Tissue Viability Nurses (TVN).

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

One patient’s nutritional care plan stated “mouth care should be performed twice daily.” However, following a review of the supplementary care records which were in the patient’s bedroom along with the electronic records completed by nursing staff, it was evident that there was no clear and consistent record of mouth care being delivered. The only evidence of mouth care being delivered were entries by staff on the patient’s repositioning chart on 02

February 2017 at 09.40 and 13.30 hours. Following discussion with nursing staff and observations the inspectors were satisfied that mouth care was being provided. During the inspection the nurse in charge also produced a new pro forma for the sole purpose of recording the delivery of mouth care to patients which he stated would be introduced immediately within the home.

It was also noted that nursing care records for another patient were conflicting with the information noted on the fluid balance chart. This patient’s fluid balance chart dated 28 January 2017 recorded a total fluid intake of 60mls while the nursing electronic record for the same period stated “eating and drinking well all meals.”

The registered manager should ensure that nursing and supplementary care records are completed accurately and contemporaneously in accordance with best practice guidance, care standards and legislative requirements. A recommendation was made.

Weaknesses were also observed in relation to the management of enteral feeding. A review of the fluid balance records for one patient who required enteral feeding evidenced that the daily fluid intake, prescribed by the community dietician, was not being adhered to. The registered manager must ensure that nursing staff adhere to the enteral feeding treatment plans as recommended by the dietician and other relevant healthcare professionals. A requirement was made.

Areas for improvement

The registered manager must ensure that nursing staff adhere to the enteral feeding treatment plans as recommended by the dietician and other relevant healthcare professionals.

Nursing and supplementary care records should provide an accurate and consistent record of all care provided to patients along with providing a clear account of patients’ general wellbeing.

Number of requirements	1	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were generally observed to be compassionate and caring.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The daily menu was clearly displayed and reflected the food being served for lunch. The meals on offer were either savoury mince with creamed potatoes and peas or grilled burgers. Dessert options included apple tart served with cream / custard or ice-cream and chocolate sauce.

The dining room appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements.

All patients appeared generally content and relaxed in their environment. However, the atmosphere at times in the dining room appeared to be rushed and improvements are required in respect of staff deployment. Refer to section 4.3. Observation of one member of staff addressing patients in the dining room during lunch evidenced the repeated use of overly familiar forms of address such as “love” and “darling.” The registered manager should ensure

that patients are communicated with in an appropriate manner at all times thereby promoting a culture that supports the values of dignity and respect.

Some instances of staff completing supplementary care records at patients' tables while they were still eating were also observed. It is important that staff remain aware of how this may negatively impact on the experiences of patients during their meal time experience and complete supplementary care records in a more appropriate setting. A recommendation was made in this regard.

Table settings were generally appropriate although three tables at which patients were seated lacked any condiments. The patients seated at these tables appeared able to make use of such condiments had they been available. Inspectors highlighted the importance of ensuring that condiments were available to all patients who were able to make use of them safely.

Staff who were observed assisting patients with their meals did so in a caring manner making sure to assist such patients from an appropriate seated position. Staff were overheard encouraging patients with their lunch and offering alternatives if required. This was commended by the inspectors.

Discussion with the cook confirmed that the menus were reviewed twice a year – “every spring and autumn.” Records evidenced that the resource ‘Nutritional guidelines for Nursing Homes’ was being utilised. Discussion with the cook also confirmed that the dietary wishes and preferences of patients were taken into account when menus were being written. However, the inspectors would recommend that such consultation with patients is clearly recorded in order to facilitate effective and comprehensive auditing of the dining experience.

It was observed that there was a lack of suitable alternatives for patients on a therapeutic diet during the provision of afternoon tea. Following discussion with the cook it was agreed that this would be actioned following the inspection. A recommendation has been made in this regard.

- Feedback from patients concerning the home was entirely positive. Some patient comments were as follows:
- “I’ve never had any complaints here.”
- “Everywhere is lovely and clean.”
- “Staff are all lovely.”

As part of the inspection process, we issued questionnaires to staff, patients and patients’ representatives. Two patients, three relatives and seven staff completed and returned questionnaires within the required time frame. Some comments are detailed below.

Staff

- “My current position is the one I have most enjoyed in twenty years.”
- “The manager is very approachable and receptive.”
- “The residents are well looked after.”
- “I would like further cooking related training.”
- “We have a good system to communicate special diets and patients likes and dislikes.”

The comment made by the staff member in respect of further specialist training was discussed with the registered manager following the inspection for follow up.

Patients and relatives indicated that they were either “very satisfied” and/or “satisfied” that the care was safe, effective and compassionate and the home was well led. No additional written comments were received.

Areas for improvement

All staff should address patients in an appropriate manner at all times and in a way that promotes the principles of patient dignity and respect.

Staff should promote a culture that is focused on the needs and experiences of patients in order to deliver compassionate care. Supplementary care records should not be completed by staff alongside patients while they are eating their meals.

The menu should offer a choice of snacks for patients on therapeutic diets

Number of requirements	0	Number of recommendations	2
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4.6 Is the service well led?

Discussion with the registered nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the nurse in charge, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home’s complaints record and discussion with the nurse in charge evidenced 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. Patients and representatives spoken with confirmed that they were aware of the home’s complaints procedure. Systems were in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr. Patrick Lee, nurse in charge, at the conclusion of the inspection and with Mrs Ann Marie Morris, registered manager, by telephone following the inspection, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13 (1) (b)

Stated: First time

To be completed by:
02 March 2017

The registered provider must ensure that enteral feeding regimens are adhered to as recommended by the dietician and other relevant healthcare professionals. All relevant staff must be aware of the patients' treatment plans.

Ref: Section 4.4

Response by registered provider detailing the actions taken:

This has been reviewed and amended and all staff advised to ensure accurate adherence to enteral feeding regimes.

Recommendations

Recommendation 1

Ref: Standard 41.1

Stated: Second time

To be completed by:
02 March 2017

The registered provider should ensure that staffing levels and the deployment of staff have been reviewed to ensure that at all times the staff on duty meet the care needs of patients.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

We have reviewed the staffing deployment and reallocated where we feel appropriate.

Recommendation 2

Ref: Standard 4.8

Stated: First time

To be completed by:
02 March 2017

The registered provider should ensure that nursing and supplementary care records provide an accurate and consistent record of all care provided to patients along with providing a clear account of patients' general wellbeing.

Ref: Section 4.4

Response by registered provider detailing the actions taken:

This has been reviewed staff have been instructed in relation to the recording of supplementary care records in an accurate and consistent way.

Recommendation 3

Ref: Standard 6

Stated: First time

To be completed by:
02 March 2017

The registered provider should ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times.

Ref: Section 4.5

Response by registered provider detailing the actions taken:

Any terms of endearment used when communicating with a resident are done so taking into consideration their dignity and respect at all times

<p>Recommendation 4</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: 02 March 2017</p>	<p>The registered provider should ensure the menu offers a choice of snacks to patients on therapeutic diets.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: This has been addressed accordingly</p>
<p>Recommendation 5</p> <p>Ref: Standard 36.4</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that nutritional policies are subject to a systematic review at least three yearly.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The Nutritional Policy has been and will continue to be reviewed on an annual basis, last reviewed on 24/2/16,16/3/15 and 14/10/14.</p>

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



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