

Inspection Report

4 July 2023



Ashwood House

Type of Service: Nursing Home
Address: 2-10 Ashgrove Road,
Glengormley, BT36 6LJ
Tel no: 028 9083 7270

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ashwood Prop. Investment Ltd Responsible Individual: Mr Kevin Pollock	Registered Manager: Mrs Anne Marie Morris Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs. Anne Marie Morris	Number of registered places: 36
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 33
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 36 patients. The home operates over two floors with access to the first floor via stairs or a passenger lift.	

2.0 Inspection summary

An unannounced inspection took place on 4 July 2023 from 9.40 am to 6.00 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was established that staff promoted the dignity and well-being of patients. Care was seen to be delivered in a person-centred compassionate manner.

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

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Staff were observed to be prompt in recognising patients' needs and skilled in communicating with them.

RQIA were assured that the delivery of care and service provided in Ashwood House was provided in a compassionate manner by staff that knew and understood the needs of the patients.

New areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, 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 were provided to give patients 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. No responses were received.

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.

The findings of the inspection were discussed with Anne Marie Morris, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they were happy with their life in the home, their relationship with staff, and the provision of meals. Patients said, "I am being cared for very well. Everything is very good and so is the food" and, "They (the staff) are very good here." However, a number of patients spoken with told us that they were not fully satisfied with the staffing levels and experienced delays in their call bells being answered. All comments were passed to the manager for action and review as necessary.

Staff spoke in positive terms about the provision of care, their roles and duties, teamwork, training and managerial support. Some staff spoken with told us they were not satisfied with the staffing levels. Staffing is discussed further in section 5.2.1.

Visiting relatives told us they were very satisfied with the services provided in Ashwood House.

5.0 The inspection

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

Areas for improvement from the last inspection on 23 March 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) Stated: First time	The registered person shall ensure that staff receive up-to-date training in; <ul style="list-style-type: none"> • Dysphagia • Dementia with management of associated distressed behaviours 	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 12 (1) Stated: First time	The registered person shall seek to put in place a review of the identified patient(s)' categories of care with the aligned health & social care trust. In doing so the registered person must ensure that patients cared for in the home are within the home's registered categories of care.	Met
	Action taken as confirmed during the inspection: This area for improvement was met as stated.	
Area for improvement 3 Ref: Regulation 27 (1) (d) Stated: First time	The registered person must make good the identified patient's bedroom carpet.	Met
	Action taken as confirmed during the inspection: This area for improvement was met as stated.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

There were systems in place to ensure staff were trained and supported to do their job. A system was in place to ensure that staff completed their training. All staff members were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council (NISCC).

The duty rotas accurately reflected the staff working in the home over a 24-hour period. Staff absences were recorded on the rota and the person in charge in the absence of the manager was highlighted. A number of patients told us they experienced a delay with their call bells being answered and some staff told us they felt that the staffing levels were not adequate. These concerns were discussed with the manager. Satisfactory staffing levels should be maintained to ensure the needs of patients can be met consistently, effectively met and in a timely manner. An area for improvement was identified.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and include any advice or recommendations made by other healthcare professionals. Review of care records of a patient recently admitted to the home evidenced that care plans had been developed in a timely manner to accurately reflect the patient's assessed needs.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use. A review of accident records evidenced that the post falls observations were recorded in keeping with best practice guidance.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Two patients' pressure management care records reviewed had no care plans in place to direct this aspect of care required. Repositioning records reviewed were either not always contemporaneously recorded or not fully reflective of the repositioning schedule recommended in care plans. An area for improvement was identified. In addition, two pressure relieving mattresses were not maintained at the correct settings for the patients. This was addressed by the nurse immediately. An area for improvement was identified.

Patients who required wound care had care plans clearly recorded in their care records to guide staff in how to treat the wound. Care records evidenced that wound care was managed in keeping with best practice guidance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The service of the lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. Enhancement of the provision of modified meals was discussed with the manager who has arranged further training for staff in regard to this. This will be further reviewed at the next inspection. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food provision.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. Some of the equipment in use was not effectively cleaned such as hand gel dispensers and a small number of raised toilet seats. Additional concerns were identified in relation to the cleaning of manual handling equipment between use and with the storage of manual handling equipment. This was discussed with the manager and an area for improvement was identified.

An activity store room was observed to be unlocked. This was discussed with the manager as this room contained toiletries and hairdressing products which could be potentially hazardous to patients. The room should be locked when not in use. The door was subsequently secured by the manager.

A number of cupboards beside the treatment room were observed to be unlocked with toiletries, nutritional supplements and also thickening agents accessible. This was discussed with the manager and an area for improvement was identified.

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 and any outbreak of infection was reported to the Public Health Agency (PHA).

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms whilst others preferred to sit in the lounge. Patients were observed to enjoy listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

The atmosphere throughout the home was warm, welcoming and friendly. Music was playing or TV's were on in the communal areas and patients were seen to be relaxed and content in their surroundings.

Staff were seen to effectively communicate with patients and to speak to them in a friendly and caring manner. It was obvious that staff were busy but they were observed to provide patients with assistance in a timely manner.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection; Mrs Anne Marie Morris has been the registered manager of Ashwood House since 1 April 2005.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin and their care manager.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Anne Marie Morris, Registered Manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13(1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2023</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • patients are repositioned in keeping with their prescribed care • repositioning records are accurately and comprehensively maintained at all times • patient care plans include the prescribed repositioning regimen • patient care plans include details of the prescribed pressure relieving equipment in use. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Resident care plans have been reviewed by management with particular attention to repositioning records. These records will continue to be audited monthly. All staff reminded of the importance of documenting repositioning of residents at time of action and not later.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>This is stated in reference to patients' access to potentially harmful items within the identified area in the home.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The activity Therapist store was immediately locked on Inspection Day, further keys cut to ensure it is locked at all times. All staff have been reminded to ensure supplement/toiletry cupboards are locked after items are removed. There are locks there already to ensure this can happen.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41.1 Stated: First time To be completed by: Immediate action required	The registered person shall ensure there are adequate staffing levels on duty to meet the assessed needs of all patients and taking into account the layout of the building. This should be reviewed on an ongoing basis. Ref: 5.2.1
	Response by registered person detailing the actions taken: Staffing levels continue to be reviewed on an ongoing basis.
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 30 September 2023	The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective. Ref:5.2.2
	Response by registered person detailing the actions taken: There is an ongoing weekly audit in place to ensure pressure relieving mattresses are set correctly. As these dials can be accidentally touched when personal care is being delivered we have increased the checking of settings.
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed. A more robust system should be put in place to monitor infection prevention and control in the home. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Hand gel dispenser nozzles that inspector observed to be sticky were cleaned at time of inspection, as were all the rest. Staff have been advised to ensure equipment is stored as far away from toilet as possible due to constraints on free storage space available within home. Housekeepers aware to clean any equipment stored in bathrooms and all staff reminded to clean between resident use.

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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