



Unannounced Care Inspection Report 10 December 2020



Ashwood House

Type of Service: Nursing Home (NH)
Address: 2-10 Ashgrove Road, Glengormley, BT36 6LJ
Tel No: 028 9083 7270
Inspector: Heather Sleator

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Ashwood Prop Investment Ltd Responsible Individual(s): William Trevor Gage	Registered Manager and date registered: Anne Marie Morris – 1 April 2005
Person in charge at the time of inspection: Patrick Lea – Registered Nurse	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: 28

4.0 Inspection summary

An unannounced inspection took place on 19 December 2020 from 09.45 to 15.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements.

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Patients' spoke highly of the care and attention afforded to them by staff.

Areas for improvement were identified regarding the governance and management systems in the home, specifically the monthly quality monitoring reports and continuity of completing quality audits in the home. One area for improvement identified at the previous inspection of 28 January 2020 was assessed as not met and has been stated for a second time.

Patients said that they felt they were well cared for by staff and commented, "I like the staff very much, they're very helpful."

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3*	0

*One area for improvement was not met and has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anne Marie Morris, Registered Manager, by telephone on 11 December 2020 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.

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
- the previous care inspection report

During the inspection we met with nine patients individually and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. We provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients 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.

The following records were examined during the inspection:

- staff duty rotas from 1 December to 10 December 2020
- three staff competency and capability assessments
- three patients' care records
- complaint records
- compliment records
- staff training information including induction training
- staffs' annual appraisal and supervision planner
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- monthly quality monitoring reports
- fire safety records
- RQIA registration certificate.

Areas for improvement identified at the last care were reviewed and the assessment of compliance recorded as met and not met.

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 inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 28 January 2020. No further actions were required to be taken following the most recent inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: Third and final time	<p>The registered person shall ensure records of clinical/neurological observations and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Action taken as confirmed during the inspection: The review of two patient care records in respect of post falls management evidenced that clinical/neurological observations and actions had been recorded following a recent fall.</p>	Met
Area for improvement 2 Ref: Regulation 16 Stated: First time	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care. The care plan should be further developed within five days of admission. Patient plans should be reviewed and updated in response to the changing needs of the patient. All evaluations of care should be meaningful and patient centred.</p> <p>Action taken as confirmed during the inspection: The review of patient care records evidenced that care documentation had been completed and evaluated in response to a patient's changing needs in accordance with best practice and the Care Standards for Nursing Homes 2015.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure robust governance arrangements are in place to address the deficits identified in planning, review and evaluation of care identified in this report.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the quality auditing process in the home evidenced that care plans were being audited on a regular basis.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the reports produced following the monthly quality monitoring visits to the home did not evidence that all reports were present. Reports were present for July, August and September 2020 but the reports and/or information relating to the rest of the year were not present. Refer to 6.2.5</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Third and final time</p>	<p>The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The rota should include the first name and surname of each member of staff and be signed by the registered manager or a designated representative.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the staff roster evidenced that the person in charge of the home was identified on the rosters and that the full name of each staff member was present and that the rosters were signed by the registered manager.</p>		

Area for improvement 2 Ref: Standard 11 Stated: First time	Daily progress notes should reflect patient's activity provision. Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.	Met
	Action taken as confirmed during the inspection: The review of the patients' dally progress notes evidenced that recordings were meaningful and discussed the activities provision of the patients. Activities were undertaken by care staff in the absence of the activities co-ordinator.	

6.2 Inspection findings

6.2.1 Staffing

We were assisted by the person in charge, Patrick Lea, registered nurse, as the manager was unavailable at the time of the inspection. Feedback as a result of the inspection was given, by telephone, to the manager Anne Marie Morris the following day, 11 December 2020.

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "The nurses are fabulous here, any query you might have they always take time for you."
- "Great team, we all pull together."
- "This is an absolutely brilliant home, very homely and the patients are so well cared for."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

We reviewed the minutes of staff meetings which evidenced that ad hoc staff meetings were held frequently during the first few months of 'lockdown' and thereafter they were held on an as and when required basis. Staff confirmed that an enhanced report was given at the beginning of their duty shift. A general staff meeting was held in September 2020.

We reviewed the process for monitoring staffs' compliance with registration requirements with their regulatory body, the Nursing and Midwifery Council (NMC) for registered nurses and The Northern Ireland Social Care Council (NISCC) for care staff. Evidence was present that the manager had implemented a robust system for monitoring the status of staff with their regulatory body on a monthly basis.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The person in charge advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and ad hoc meetings alongside the scheduled training date. Induction training records were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that the information was recorded. Records were available and viewed at the time of the inspection. In discussion with staff they confirmed that they have their temperature taken twice whilst on duty and they are tested for COVID-19 at least every two weeks.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff. The staff member commented, "My Covid training made me more apprehensive yet more aware."

We observed that staff used PPE (personal protection equipment) according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Visiting arrangements were pre-arranged with staff and an identified area of the home had been designated for visiting. The location of the visitors' area meant that visitors were not walking through the main home and this has minimised the potential health risk for other patients and staff. The home is following departmental and regional guidance regarding visiting arrangements. The home was closed to visiting at the time of the inspection.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, lounge and dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free. Walkways throughout the home were kept clear and free from obstruction. The record of fire drills evidenced that these have been on-going on at least a monthly basis; records of staffs' attendance at these drills were being maintained.

6.2.3 Care delivery

We observed that patients looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner, this included the activities coordinator.

Some comments made by patients included:

- "I like the staff very much, they're very helpful."
- "There's good staff here."
- "The staff are absolutely wonderful here, the most caring lot of folks, no matter what you ask them they do it."
- "The meals are delicious, really well cooked."
- "I'm so grateful my XX knew about this home when I knew I needed more help."
- "Staff are very attentive to you; never have to wait long for them."
- "I know them (staff) all and they all know me."

There were no questionnaires completed by patients and returned prior to the issue of this report.

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). The relatives' forum had not met from March 2020 due to the pandemic however a weekly blog commenced in November 2020 and was sent to relatives to keep them updated regarding the home. The home also has a Facebook page to keep relatives informed. As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home when visiting was/is permitted.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients' social, spiritual and recreational needs. A planned activities programme was displayed in the entrance lobby of the home. Two groups of carol singers had been arranged to come to the outside of the home at the time of the inspection. Staff assisted patients to the windows and viewing areas so as the patients could enjoy the singers.

We observed the serving of the lunchtime meal. The dining room was not in use due to the need to maintain social distancing with most patients having their meals in their bedrooms or in the lounge. Meals were served by tray, were covered and condiments were available on the trays. Patients were offered a choice of fluids to accompany their meal. Staff were helpful, attentive and demonstrated their knowledge of patients' dietary preferences. We observed a staff member assisting a patient with their meal. The staff member was unaware we were there

and was extremely attentive to the patient and made sure the patient was comfortable following their meal. Patients commented positively regarding the meals provided, a patient commented, "The meals are very good, plenty of choice, there's about three choices for dessert."

6.2.4 Care records

We reviewed three care records in respect of wound care management, post falls management and patients' nutritional needs. Evidence was present that care plans were in place to direct the care required and reflected the assessed needs of the patients, with the exception of wound care management. We reviewed the wound care management for a patient. The review of the documentation evidenced that the wound was not being treated in accordance with the wound care instructions. This was discussed with the person in charge who agreed that the treatment plan was not up to date. We also discussed this with the manager the following day, by telephone, who also agreed that wound care management, in this instance was not in accordance with the National Institute for Health & Care Excellence (NICE) and wound care management has been identified as an area for improvement.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis regarding post fall management and the nutritional needs of patients. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present. We reviewed supplementary care records retained in patients' bedrooms. The records included repositioning and nutritional and fluid intake. The information viewed evidenced that the records were up to date and gaps or omissions in recording were evident.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available for feedback, by telephone, on 11 December 2020. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented; "Plenty of Covid training, the manager is always printing me off more information."

There were numerous 'thank you' cards displayed and comments included:

- "Thank you all for your hard work and kindness and taking care of our loved ones."
Relative- December 2020
- "You made XX feel special, loved and cared for, for that out heartfelt thanks go to each and every one of you."
Relative- December 2020

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the person in charge clearly defined staffs response in relation to any fall which may happen. The review of patient care records confirmed post falls management was in accordance with best practice guidance.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion. However, two issues arose regarding the quality monitoring systems of the home. We reviewed a range of quality audits which evidenced that not all of the audits had been completed on a regular/monthly basis. This was discussed with the manager who stated that the time lapse was due to staffing arrangements and illness in the home amongst patients and staff. We recognise that staff had been working in extraordinary circumstances this year due to the pandemic. The need for robust quality auditing/monitoring systems was discussed with the manager who agreed to delegate some of these tasks to senior staff, where possible, to provide greater continuity of the systematic review system. The second issue which arose was in relation to visits by the registered provider or their representative, as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The review of the reports of the monthly quality monitoring visits evidenced three reports for the year 2020, those being July, August and September. We recognise that the completion of these visits and subsequent reports may not have been undertaken as before due to the pandemic. However, it was the expectation that providers would develop solutions which would provide safe and pragmatic remedies that would facilitate the restrictions of the on-going pandemic. Alternative arrangements, for example audio visual conference calls or management reports did not appear to be in place and the manager was unable to share why the reports of January, February and March 2020, prior to the first lockdown, were unavailable. The manager also stated that two management conference calls were held in November 2020. The need for a robust quality monitoring and assurance system, to meet the needs and circumstances of the home should be in evidence and has been identified as an area for improvement.

An area for improvement was also identified at the previous inspection of January 2020. The need for the registered person to ensure that reports produced following monthly visits to the home were in sufficient detail to be in accordance with the regulations and care standards was identified. Due to the lack of availability of reports or modified reports possibly due to Covid-19, compliance could not be fully assessed. This area for improvement was therefore not met and has been stated for a second time.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Patients' spoke highly of the care and attention afforded to them by staff.

Areas for improvement

Areas for improvement were identified regarding the governance and management systems in the home, specifically the monthly quality monitoring reports and continuity of completing quality audits in the home.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3 Conclusion

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Patients' spoke highly of the care and attention afforded to them by staff.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Marie Morris, Registered Manager, by telephone on 11 December 2020, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The Regulation 29 reports will be in future be produced in line with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 taking into consideration the Covid-19 pandemic restrictions in place at that time.</p>
Area for improvement 2 Ref: Regulation 17 Stated: First time To be completed by: 31 January 2021	<p>The registered person shall ensure that the governance and management systems in the home, specifically the monthly quality monitoring reports and the continuity of completing quality audits in the home are robust.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: I have completed outstanding audits/assessments missed during Covid outbreak I'm arranging a zoom meeting with staff nurses to discuss governance/management areas that should be monitored on an ongoing basis and specifically in relation to Monthly quality monitoring reports.</p>
Area for improvement 3 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that wound care management is completed in accordance with the National Institute for Health & Care Excellence (NICE) and evidence is present that the supporting documentation is accurate and up to date.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The Nurses on Duty on day of Inspection actioned this straight away. I am arranging a zoom meeting with staff nurses to discuss wound care management /NICE to re-emphasise requirements</p>

Please ensure this document is completed in full and returned via Web Portal



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