

# Inspection Report

14 March 2022



## Ashwood House

**Type of service: Nursing Home**

**Address: 2-10 Ashgrove Road, Glengormley, BT36 6LJ**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Registered Provider:</b> Ashwood Prop. Investment Ltd  <b>Responsible Individual:</b> Mr Kevin Pollock	<b>Registered Manager:</b> Ms Anne Marie Morris  1 April 2005
<b>Person in charge at the time of inspection:</b> Ms Anne Marie Morris	<b>Number of registered places:</b> 36
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 30
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides care for up to 36 patients. The home is divided over two floors with living areas on each floor. The dining area is on the ground floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 March 2022, from 9.00 am to 5.00 pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

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

The findings of this report will provide the management team 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.

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

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 and 'Tell Us' cards 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.

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 the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

During the inspection ten patients were spoken with either individually or in groups. Patients were positive about their experiences living in the home, and told us they enjoyed the company of the other patients and that the staff looked after them very well. Specific comments included, "It's like home from home. Anything you are worried about, or need it is sorted. I am an old teacher and what I am continually looking at is, what they can do better. You know, I couldn't think of anything. Top marks for everything they do". Another patient stated "I have made this my real home. Look at the lovely room and garden I have. If I had my way the salaries of the girls and boys would be doubled".

The eight staff spoken with said they had no concerns about the care being provided in the home. Staff described a caring, family atmosphere in the home, and stated they felt management were supportive and helpful. Comments provided included: "It is a very rewarding job. We receive a lot of on-line and in-house training to help us do the job" and "the managers are supportive to us. You can go to them about anything".

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Comments included in the compliment cards included: “Thank you from all the family for the care and support our relative and ourselves received when in your care” and “Just to let you know how much we appreciate the love and care our dad received”.

Three relatives submitted questionnaire responses to RQIA, indicating that overall they were satisfied with the care at Ashwood House.

The following comments were included: “I sometimes feel there is not enough staff to take Mum to the toilet and the soft diets could be better, more varied” while another relative stated “I am very pleased with the care my mother is receiving in Ashwood. The staffs are patient, caring and understanding to resident and family. The level of activities and exercise is wonderful, well done Ashwood”. These comments were discussed with the manager following the inspection for action as required.

**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 10 December 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the monthly monitoring visits to the home confirmed that they are now in sufficient detail to be in accordance with the regulations and care standards.	

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>Stated:</b> First time</p>	<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>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced 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><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that wound care management is completed in accordance with the National Institute for Health &amp; Care Excellence (NICE) and evidence is present that the supporting documentation is accurate and up to date.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records confirmed that wound care management has been completed in accordance with the National Institute for Health &amp; Care Excellence (NICE) and evidence is present that the supporting documentation is accurate and up to date.</p>		

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

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

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, several patients enjoyed a lie in and breakfast in bed on the day of inspection. Some enjoyed listening to music, while others preferred talking to each other, reading or watching television.

Staff said there was good team work and that they felt well supported in their role. "There is a lot of training going on and the manager is approachable and supportive". Staff members were satisfied with the level of communication between themselves and management. Staff members spoken with said that they were very happy at their work and take pride in their work. They told us that there is regular training and they receive supervision every three months.

Patients confirmed that staff knew them well and knew how best to help them.

### 5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff members were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. Care records accurately reflected the patients' needs and if required care staff consulted the Tissue Viability Nurse and followed the recommendations they made.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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 may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, music was playing and the atmosphere was calm, relaxed and unhurried. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable and had a pleasant, unhurried experience and had a meal that they enjoyed.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

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

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

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

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

Each patient had an annual review of their care, arranged by their care manager or Trust representative. This review included the patient, the home staff and the patient's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any patient whose placement was not arranged through a Health and Social Care Trust.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished; and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. There was evidence throughout the home of homely touches such as flowers, newspapers, magazines, snacks and drinks available.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks.

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

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC 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, patients could have a lie in or spend time in their bedrooms if they preferred not to use the communal areas.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. Minutes of a recent patient's meeting in February 2022 evidenced that they were involved in for example, planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by the activity therapist who is also the patients advocate and has said previously, patients had been consulted/helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Morris has been the manager in this home since 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. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said the manager works tirelessly to make sure the patients get the very best care.

There was evidence that a robust 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. The Deputy Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would listen and sort out the concern if she could. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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

## 6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager and management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Pollock, Responsible Individual, and Ms Morris, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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