

Unannounced Care Inspection Report 18 May 2017



Ashwood House

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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Ashwood House took place on 18 May 2017 from 09.45 to 16.45 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.

Is care safe?

The registered manager 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. All of the staff spoken with were knowledgeable in relation to their specific roles and responsibilities.

A shortfall was identified in relation to the management of chemicals in the home which were not in compliance with the Control of Substances Hazardous to Health (COSHH) Regulations. One requirement was made to ensure compliance and drive improvements.

A weakness was also identified in regards to compliance with infection prevention and control (IPC) in that a number of wash-hand basin units were observed to be in state of disrepair. One recommendation was made.

Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. There was also evidence of multi-disciplinary working and collaboration with professionals such as G.P.s, dieticians and speech and language therapists (SALT).

No requirements or recommendations were made in this domain.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were observed to be afforded choice, privacy, dignity and respect. Patients who had difficulty verbalising their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner.

No requirements or recommendations were made in this domain.

Is the service well led?

Discussion with staff evidenced that there was a clear organisational structure within the home. A review of records and discussion with the registered manager 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.

Shortfalls were identified in regards to maintaining a robust system of audits which would help to ensure that the home delivers services safely and effectively in accordance with legislative requirements, minimum standards and current best practice. Two recommendations were made to ensure compliance and drive improvements.

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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Anne Marie Morris, registered manager and Mr Trevor Gage, responsible person 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 care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 2 February 2017. 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: Mrs Anne Marie Morris	Date manager registered: 01 April 2005
Categories of care: NH-I, RC-I, RC-MP(E) 32 Nursing: 4 Residential.	Number of registered places: 36

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

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 audit

During the inspection we met with eight patients, five relatives, two registered nurses, two care staff, one ancillary staff and two catering staff.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Ten relative, 10 staff and eight patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- three patient care records
- one patient supplementary care record
- staff duty rotas for the period 15 May to 28 May 2017
- staff training records
- accident and incident reports
- complaints records
- a sample of audits
- minutes of staff meetings
- minutes of patients/relatives meetings
- induction and orientation records for agency registered nurses
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 02 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 2 February 2017

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (1) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of one patient's care records evidenced that nursing staff were adhering to the enteral feeding regimen recommended by SALT and/or dietician professionals. Discussion with both the registered manager and nursing staff confirmed that they were aware of ongoing enteral feeding care plans.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 41.1 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of the staff duty rota and observation of staff deployment throughout the home evidenced that staffing levels and deployment were managed effectively so as to ensure that the care needs of patients were met in a safe and effective manner. The majority of patients and relatives spoken with expressed no concerns in relation to the staffing arrangements within the home.	

<p>Recommendation 2</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of nursing and supplementary care records evidenced that staff completed these in an accurate and consistent manner. Supplementary and nursing records also provided a clear account of patients' general wellbeing.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with patients, relatives and staff within the home and observation of staff interactions with patients evidenced that patients were treated with dignity and respect at all times. Staff were overheard addressing patients with a form of address which was appropriate and reflected patients' expressed wishes. Discussion with the registered manager also confirmed that there were notices promoting this approach in both the dining room and staff room.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p>	<p>The registered provider should ensure the menu offers a choice of snacks to patients on therapeutic diets.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the food and fluids provided to patients and discussion with kitchen staff confirmed that a suitable range of desserts and supplements were made available to patients who required modified diets.</p>		

Recommendation 5 Ref: Standard 36.4 Stated: First time	The registered provider should ensure that nutritional policies are subject to a systematic review at least three yearly.	Met
	Action taken as confirmed during the inspection: Discussion with kitchen staff and the registered manager confirmed that the kitchen manager was currently reviewing nutritional policies and menus. It was also recognised by the registered manager that all menus should be subject to a systematic review at least six monthly.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels throughout the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 15 to 28 May 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and a majority of relatives confirmed that they had no concerns regarding staffing levels. One relative consulted was of the opinion that more staff were required in the evening after 17.30 hours. The relative stated that they had highlighted this using the home's satisfaction survey. The relative's comments were shared anonymously with the registered manager and responsible person before completion of the inspection.

Review of the training records indicated that training was planned to ensure that ongoing training requirements were being met. Additional training was provided as required to meet the assessed needs of the patients. An area of good practice was also evidenced by the registered manager who produced training records which demonstrated that 'In house' training was periodically provided by registered nurses for care staff and that a range of certificates and prizes were used to encourage participation. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Nursing staff demonstrated awareness of the various forms of abuse and how these might be recognised.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be well decorated, warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Fire exits and corridors were observed to be clear of clutter and any obstruction. Three sets of doors leading to areas of storage within the home were observed to be unlocked despite having signage which indicated that they were 'fire doors' and should be kept locked. This was discussed with the registered manager and responsible person who confirmed that the home was due to undergo a further fire safety risk assessment by an accredited assessor. Recommendations pertaining to these doors from the fire assessor were subsequently shared

with the inspector by the responsible person following the inspection in which it was concluded that these three sets of doors do not need to be locked but should be kept closed. This feedback was also shared with the estates inspection team within RQIA. Consequently, the responsible person and registered manager have since been encouraged by the inspector to ensure that good practice is maintained by keeping these three sets of doors closed at all times. Weaknesses were identified in relation to a storage area where patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and a requirement was made to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The area identified was addressed on the day of inspection.

Deficits were also identified with regards to two wash-hand basin units in patients' bedrooms. These were observed to be in a state of disrepair with damaged surfaces which exposed underlying wood thereby impacting the ability of staff to maintain effective IPC measures. A recommendation was made in order to ensure compliance and drive improvement.

The wall plaster surrounding a third wash-hand basin unit in a patient's bedroom was also observed to be crumbling and subsequently exposed underlying masonry. This area of damage was discussed with the registered manager who confirmed that the wash-hand basin unit had recently been replaced to improve patient access to the wash-hand basin and that the wall plaster had been identified for remedial work by maintenance staff. This particular area will be reviewed at a future care inspection.

Areas for improvement

The registered person must ensure that chemicals are stored in keeping with COSHH regulations.

The registered person should ensure that all wash-hand basin units are well maintained and fit for purpose.

Number of requirements	1	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 patients' care records was undertaken.

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 SALT.

Registered nurses were aware of the local referral processes which facilitated their access to other relevant professionals including G.P.s, SALT, dietician and tissue viability nurse (TVN) services.

Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with nursing staff and a review of nursing records also evidenced that registered nurses assessed, planned, implemented and evaluated care in accordance with the Nursing and Midwifery Council (NMC) guidelines.

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. There was also evidence that the care planning process included input from patients and/or their representatives if appropriate.

Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were also observed to be maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff consulted confirmed that communication during handover reports was effective and provided the necessary information regarding any changes in patients' conditions.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Staff who were spoken with stated that there was effective teamwork and confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were observed to be afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"Nurses are good."

"I love it here."

"The nurses are great."

Staff spoken with demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans. Staff were also aware of the requirements regarding patient information and confidentiality.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed

that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients requesting feedback on the services provided. At the time of writing this report three patient questionnaires have been returned and evidence a high level of satisfaction with the quality of care provided within the home. Respondents' answers ranged from 'very satisfied' to 'satisfied' when asked if they considered the care to be safe, effective, compassionate and well led.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager also confirmed that the home was operating within its registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

A review of records evidenced that inductions were carried out for new staff within the home. Competency and capability assessments were also completed for those nurses who may have to act as the nurse in charge in the absence of the registered manager.

Discussion with the registered manager and a review of records confirmed that there was a monthly audit of staff registrations with both the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

A review of minutes from a range of staff and patient/relatives meetings evidenced that regular meetings were held by the registered manager which noted the purpose of the meeting; the attendees present and any actions to be carried out as a result of the meeting. The minutes of such meetings were accessible by staff if required.

Feedback received from a number of staff during the inspection included the following comments:

"Ann Marie is very good supporting the staff."

"Meetings are frequent enough."

"I'm very impressed with the home."

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. Discussion with the registered manager and review of the home's complaints record 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.

Further discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager confirmed that there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Review of the training matrix/schedule for 2016/17 indicated that the majority of staff had completed mandatory training to date. It was found however, that the paper records which evidenced staff training were out of date and did not accurately correspond with the electronic system for recording staff training. This was discussed with the registered manager and the importance of having accurate training records was emphasised.

A review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement.

Discussion with the registered manager and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, a nightly medication audit was completed by nursing staff which was then countersigned by the registered manager. Auditing of patients' care plans was also in place and reviewed by the registered manager. While an audit was completed in accordance with best practice guidance in relation to managing accidents, weaknesses were noted with regards to its accuracy. During March 2017 it was recorded that nine patient accidents had occurred while only eight of these formed part of the monthly accident analysis which is used to identify significant patterns or trends. Similarly, the accident analysis for February 2017 only noted that six accidents had occurred while a review of accident records for that month confirmed that eight accidents had occurred. Accident audit records for April 2017 were found to be accurate. A recommendation was made to ensure that a robust and comprehensive system of audits is accurately maintained in order to monitor and report on the quality of nursing and other services provided, specifically, the auditing of accidents.

Deficits were also identified in regards to the lack of robust auditing processes within the home relating to IPC. Discussion with the registered manager confirmed that while regular housekeeping audits were completed it had been several months since an IPC audit had been completed. A recommendation was made to ensure that a robust and comprehensive system of audits was maintained in order to accurately monitor and report on the quality of nursing and other services provided, specifically with regards to IPC.

Areas for improvement

The registered person should ensure that a robust and comprehensive audit is accurately maintained specifically in relation to the auditing of accidents.

The registered person should ensure that a more robust and comprehensive system of auditing is maintained, specifically with regards to IPC.

Number of requirements	0	Number of recommendations	2
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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 Mrs Anne Marie Morris, registered manager and Mr Trevor Gage, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/registered 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/registered 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 14 (2) (a)(c) Stated: First time To be completed by: 18 May 2017	<p>The registered person must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The issue in relation to storage of the chemicals in accordance with COSHH was addressed on the day of inspection</p>
Recommendations	
Recommendation 1 Ref: Standard 44 Stated: First time To be completed by: 15 June 2017	<p>The registered person should ensure that all wash-hand basin units are well maintained and fit for purpose.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The condition of the identified wash hand basins are currently being reviewed. Once reviewed the proprietors will repair or replace as necessary.</p>
Recommendation 2 Ref: Standard 35 Stated: First time To be completed by: 15 June 2017	<p>The registered person should ensure that a robust and comprehensive audit is accurately maintained specifically in relation to the auditing of accidents.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: The auditing template has been reviewed and implemented and is more robust/comprehensive in nature</p>
Recommendation 3 Ref: Standard 35 Stated: First time To be completed by: 15 June 2017	<p>The registered person should ensure that a more robust and comprehensive system of auditing is maintained, specifically with regards to IPC.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: The regular monthly Infection Prevention Control auditing process has been re-established within the home.</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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