

# Unannounced Care Inspection Report 19 September 2016



## Ashwood House

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

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Ashwood House took place on 19 September 2016 from 11.30 to 17.00 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 environment of the home was warm, well decorated, fresh smelling and clean throughout. The lounge carpet was raised in the middle of the room, causing a potential trip risk. We were informed that this was being addressed by the director. There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skills gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home, including; staff appraisal and staff supervision systems, staff meetings and staff were required to attend a 'handover meeting' when commencing duty. While all patients stated they felt safe in the home, four patients expressed some dissatisfaction with staffing levels and felt their care needs were not always met promptly. One recommendation has been made in respect of staffing.

### **Is care effective?**

Care records reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Patients' representatives expressed their confidence in raising concerns with the home's staff/management.

There were no requirements or recommendations made.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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.

The feedback received from patients was generally very complimentary regarding the care they received and life in the home. Relatives were also praiseworthy of the quality of care and services provided. Two patients indicated in the returned questionnaires that they did not always have a choice regarding rising times. One relative expressed some dissatisfaction regarding the quality of pureed meals and the menu did not reflect the evening meal served on the day of inspection. Two recommendations have been made in respect of nutrition and patient choice in decisions affecting their care.

### Is the service well led?

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.

Discussion with the registered manager and staff; and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were no requirements or recommendations made.

The term 'patients' is used to describe those living 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Anne Marie Morris, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 11 February 2016. Other than those actions detailed in the previous QIP there were no further actions required. 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

<b>Registered organisation/registered person:</b> Ashwood Property Investments Ltd/ Mr William Trevor Gage	<b>Registered manager:</b> Mrs Anne Marie Morris
<b>Person in charge of the home at the time of inspection:</b> Mrs Anne Marie Morris	<b>Date manager registered:</b> 01 April 2005
<b>Categories of care:</b> NI-I, RC-I, RC-MP (E)	<b>Number of registered places:</b> 36

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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 plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 25 patients, two registered nurses, five care staff, one assistant cook and one activities therapist.

Questionnaires for patients (eight), relatives (eight) and staff (eight) to complete and return were left for the registered manager to distribute. Eight patients, two relatives and one staff completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff recruitment records
- staff training records
- staff induction records
- staff competency and capability assessments
- staff supervision and appraisal planner
- complaints and compliments records
- accident and incident records
- records of quality audits
- minutes of staff meetings
- minutes of patient/relatives meetings
- monthly monitoring report
- three patient care records.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 11 February 2016

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 11 February 2016

Last care inspection statutory requirements - None		
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 4.1 <b>Stated:</b> First time	The registered manager should ensure that continence care plans address the measures taken to promote patients dignity and that continence assessments and care plans make reference to the Bristol Stool Score when recording patients' bowel movements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of four patients care plans evidenced that this recommendation had been met.	

<b>Recommendation 2</b> <b>Ref:</b> Standard 20.2 <b>Stated:</b> Second time	The registered manager should ensure that patient's religious preferences/ spiritual needs are documented in end of life care plans.  <b>Ref: Section 5.2</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Four care plans were reviewed and we were able to evidence that patient's religious preferences/ spiritual needs had been documented in end of life care plans.	

### 4.3 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 the assessed needs of the patients were met. A review of the staffing rotas for the weeks commencing 5, 12 and 19 September 2016 evidenced that the planned staffing levels were adhered to.

Discussion with staff evidenced that there were no concerns regarding staffing levels. However, four patients expressed some dissatisfaction with staffing levels. This was discussed with the registered manager and a recommendation has been made.

The registered manager informed us that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Three staff personnel files were viewed and we were able to evidence that all the relevant pre-employment checks had been completed.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records for three staff members were reviewed and found to be completed in full and dated and signed appropriately.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Training records indicated that the majority of staff had completed mandatory training to date. Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

A planner was in place to ensure all staff received supervision and appraisal and there was evidence that supervision and appraisal meetings had taken place with the majority of staff to date in 2016.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were sufficiently robust.

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

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The carpet in the lounge was raised in the middle of the floor, causing a potential trip hazard. This was discussed with the registered manager and with Mr. Kevin Pollock, director. We were advised that new carpet had been ordered and would be fitted within the next few days.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

### Areas for improvement

One recommendation has been made in respect of staffing levels and the deployment of staff.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.4 Is care effective?

Care records, which were maintained on an electronic system. Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. The review of the minutes of staff meetings evidenced the registered manager had held general staff meetings and subsequent meetings with the individual groups of staff for example; catering staff and housekeeping, when required. Staff confirmed they found the level of communication with the home's management to be very good and were aware of what was expected of them.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

### Areas for improvement

No areas for improvement were identified during the inspection

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. All patients appeared content and relaxed in their environment.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. Patients all appeared to enjoy their lunch.

The daily menu was displayed in the dining room and offered patients a choice of two meals for lunch and dinner. However, the menu did not reflect the evening meal served. This was discussed with the assistant cook who informed us that the beef burgers on the menu were out of stock and patients were served bread and banana or soup and potato for those on pureed diets. A recommendation has been made. One patient's representative informed us that they were not happy with the type/ consistency of mashed potatoes served to patients on pureed meals. This was brought to the attention of the registered manager to address.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with were complimentary regarding the care they received and life in the home. Those 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.

We also sought patients' opinion via questionnaires. Eight completed questionnaires were returned. The majority of patients consulted with described the staff as being "very helpful and caring." Four patients indicated that their needs and requests were not always dealt with in a timely manner. A recommendation has been made under section 4.3 in respect of staffing.



The majority of patients stated that they were involved in decision making about their own care. Two patients indicated in the returned questionnaires that they did not always have a choice regarding rising times. This was brought to the registered manager's attention for follow up and discussion with the relevant care managers in the Trust. A recommendation has been made in this regard.

There were systems in place to obtain the views of patients and their representatives on the quality of the service provided. We were informed that regular patient/representative meetings were held. The minutes of patient/relatives meetings held in March and August 2016 were available in the home and there was evidence of actions taken to address any issues identified.

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

### Areas for improvement

Two recommendations have been made in respect of nutrition and patient involvement in their care

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.6 Is the service well led?

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

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

A certificate of public liability insurance was current and displayed.

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

Review of the home's complaints record and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure.

Discussion with the registered manager and 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.

There was evidence that a range of audits had been completed on a monthly basis, including care records, accidents/incidents, medication management and infection prevention and control. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

Discussion with the registered manager and review of records for June, July and August 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Marie Morris, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

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

### 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto: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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements - None</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 41.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 October 2016</p>	<p>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.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> A review of staffing levels in relation to the number of residents, their levels of dependency and work flow patterns through the 24 hour period have been reviewed to ensure that they meet the care needs of the residents accommodated within the home</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider should ensure that patients are provided with a nutritious and varied diet, which meets their individual needs and preferences. The menu should offer a choice of meal at each mealtime and the meals served should reflect what is on the menu.</p> <p><b>Ref: Section 4.5</b></p> <p><b>Response by registered provider detailing the actions taken:</b> The menu available to residents within the home offers a nutritious and varied diet, the current menu has been reviewed by the local Health and Social Care Trust's Dietician. Additionally a choice of meal is offered to residents at mealtimes from the home's menu, in the event of a variation being offer this is documented and the reason for the variation.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 7.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 04 October 2016</p>	<p>The registered provider should ensure that the views, feelings and wishes of patients are taken into account in delivering their care and explanations are provided to help them understand where these could not be reflected in the care delivered. Care records should evidence the reasons why patients' wishes could not be reflected in the care delivered.</p> <p><b>Ref: Section 4.5</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Feedback from the home's residents in relation to their wishes and preferences is maintained on an informal basis. A Memo was issued to all staff on the 4th of October 2016 reminding them that they must ensure that not only should resident's wishes be attended to this also should be done in a timely fashion. Staff have been reminded that residents wishes are paramount and where their wishes vary from the care plan this is recorded and documented accordingly.</p>

***\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\****



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