

Inspection Report

27 November 2022



Ashwood House

Type of service: Nursing Home
Address: 2-10 Ashgrove Road, Glengormley, BT36 6LJ
Telephone number: 028 9083 7270

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider: Ashwood Prop. Investment Ltd	Registered Manager: Ms. Anne Marie Morris
Responsible Individual: Mr. Kevin Pollock	Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs. Joanne Shannon, Staff 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: 34
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 36 patients. The home operates over two floors with access to the first floor via stairs or a passenger lift.	

2.0 Inspection summary

This unannounced inspection was conducted on 27 November 2022, from 10.00am to 2.30pm by a care inspector.

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

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

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

Areas requiring improvement were identified with training for staff in dysphasia and also dementia, ensuring patients accommodated in the home are within the home's registered categories of care and replacement of an identified bedroom carpet.

RQIA will be assured that the delivery of care and service provided in Ashwood House will be safe, effective and compassionate and that the home will be well led, with addressing these identified areas for improvement.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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 Mrs. Joanne Shannon at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they were very happy with their life in the home, their relationship with staff, and the provision of meals. Two patients said; "I am being cared for very well. Everything is very good and so is the food." and "They (the staff) are very good here."

Staff spoke in positive terms about the provision of care, their roles and duties, staffing levels, teamwork, training and managerial support.

Four visiting relatives praised the care in the home and the kindness and support received from staff. One relative made the following comment; "This is one of the best homes. The staff are very good and great patience and very caring."

5.0 The inspection

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

The last inspection to Ashwood House was undertaken on 14 March 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were reasonably satisfied with the staffing levels and the level of communication between staff and management.

Staff said that there was enough staff on duty to meet the needs of the patients but the assessed needs of some identified patients was particularly challenging. 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. At the time of this inspection there was a high level of requests for assistance from a small number of patients. It was also observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One patient said; "They (the staff) are very good and kind but terribly busy. They (the staff) do their best."

A matrix of mandatory training provided to staff was maintained which gave good managerial oversight of this. There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis. An area of improvement was identified for all staff to receive training in dysphasia. Another area of improvement was made for staff to receive training in dementia with associated distressed behaviours.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. One patient said; “I can’t think of anything to complain about or change. The staff are very good, always available. I have everything I need and all my comforts. My family and I are very happy with this home.”

Care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

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. At the time of this inspection there was identified a small number of patients who had assessed needs which may not have been in keeping with the home’s registered categories of care. An area of improvement was made for this issue to be reviewed according with the aligned Health & Social Care Trust.

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. Expressions of consent were evident with statements such as “Are you okay with...” or “Would you like to ...” when dealing with care delivery. One visiting relative said; “It is a very good home in every way. Never any problems here.”

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available.

There was evidence that patients’ weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. An area of improvement was identified for all staff to receive training in dysphasia.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients’ needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held confidentially.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

A carpet in one identified patient's bedroom was noticeably torn and needed to be replaced. This was identified as an area of improvement.

Cleaning chemicals were stored safely and securely. Staff training in control of substances harmful to health (COSHH) was up-to-date.

The laundry department was clean and well organized.

The grounds of the home were nicely maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

Observations of care practices confirmed that patients were able to choose how they spent their day.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The genre of music and television channels played was appropriate to patients' age group and tastes. Sunday religious service was in place for those patients who wished to partake in. One visiting relative made the following comment; "We are delighted with everything in the home. It has really worked out well. I couldn't say a bad word about the home."

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. However at times, the distressed behaviours of some patients were seen to have a negative impact in the relaxed atmosphere of the home. Staff were seen to manage these behaviours appropriately.

5.2.5 Management and Governance Arrangements

Mrs. Joanne Shannon, Staff Nurse was in charge of the home at the time of this inspection. She acted with good competence and good knowledge of patients' needs and care interventions.

The Registered Manager of the home is Ms. Anne Marie Morris.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

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.

There was evidence that the Manager ensured that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; wound care, infection prevention and control and the dining experience.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these 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 Quality Improvement Plan/Areas for Improvement

Three areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	3	0

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Joanne Shannon, staff nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 28 December 2022</p>	<p>The registered person shall ensure that staff receive up-to-date training in;</p> <ul style="list-style-type: none"> • Dysphasia • Dementia with management of associated distressed behaviours <p>Ref: 5.2.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have been asked to complete Dysphasia and Dementia training. Completion of same will be kept under review to ensure all staff are up to date with management of these areas of care.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: 5 December 2022</p>	<p>The registered person shall seek to put in place a review of the identified patient(s)' categories of care with the aligned health & social care trust. In doing so the registered person must ensure that patients cared for in the home are within the home's registered categories of care.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Discussed with Trust representatives each resident identified on day of inspection. Advised that one individual would remain as Nursing care no matter where the placement would be. The other resident -an EMI placement has yet to be secured although resident has been more settled of late.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: 28 December 2022</p>	<p>The registered person must make good the identified patient's bedroom carpet.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The carpet in room1 has been replaced with commercial safety flooring.</p>

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