

# Unannounced Finance Inspection Report 30 August 2018



## Ashwood House

**Type of Service: Nursing Home**  
**Address: 2-10 Ashgrove Road, Glengormley, BT36 6LJ**  
**Tel No: 028 9083 7270**  
**Inspector: Briege Ferris**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home with 36 beds that provides care for older patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ashwood House  <b>Responsible Individuals:</b> William Trevor Gage	<b>Registered manager:</b> Anne Marie Morris
<b>Person in charge at the time of inspection:</b> The deputy manager	<b>Date manager registered:</b> 15/01/2018
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of registered places:</b> 36  There shall be a maximum of 4 named residents receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 30 August 2018 from 10.45 to 12.45 hours.

This inspection was underpinned by Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

The inspection assessed progress with any areas for improvement identified since the last finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in respect of:

- Adult safeguarding training being mandatory for all staff;
- there were mechanisms to listen to and take account of the views of patients and their representatives in respect of any issue;
- written policies and procedures were easily accessible; and
- the deputy manager was able to describe specific examples of how patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to:

- ensuring that records are available for inspection at all times;
- ensuring that the safe place used to deposit patients' monies and valuables is accessible by the relevant persons and
- ensuring that each patient's record of their furniture and personal possessions is kept up to date. This record should be signed and dated by a staff member and senior member of staff at least quarterly.

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
<b>Total number of areas for improvement</b>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with the deputy 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.

#### 4.2 Action/enforcement taken following the most recent finance inspection dated 13 August 2013

A finance inspection was carried out on 13 August 2013; the findings from which were not brought forward to the inspection on 30 August 2018.

#### 5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to patients' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with the deputy manager, the registered manager and the home administrator were not on duty on the day. A poster was displayed detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the deputy manager written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position in the home so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the home.

The following records were examined during the inspection:

- Two patients' records of furniture and personal possessions (in their rooms)
- A sample of written policies and procedures including:
  - "Management of residents money and valuables" reviewed February 2016
  - "Complaints Procedure and Policy" reviewed February 2016
  - "Management of records and information" reviewed February 2016
  - "Safeguarding and protecting residents money and valuables" February 2018
  - "Whistleblowing policy" February 2016

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 17 April 2018

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

This QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last finance inspection dated 13 August 2013

As noted above, a finance inspection was carried out on 13 August 2013; the findings from which were not brought forward to the inspection on 30 August 2018.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The inspector met with the deputy manager who confirmed that adult safeguarding training was mandatory for all staff members. She confirmed that the home administrator had received this training in 2017.

The deputy manager confirmed that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any patient.

The deputy manager showed the inspector the safe place within the home however she had no access to this on the day. She confirmed that only the registered person and the registered manager, had access to the safe place. Neither of the aforementioned persons were present during the inspection, therefore there was no access to the safe place. The deputy manager noted that cash belonging to patients was not routinely held within the safe place, however it could not be confirmed whether there were any patient monies or valuables in the safe on the day of inspection due to the access issues.

Ensuring that there are appropriate arrangements in place regarding patients having access to any monies or valuables deposited within the safe place was identified as an area for improvement.

## Areas of good practice

There were examples of good practice found in respect of adult safeguarding training being mandatory for all staff.

## Areas for improvement

One area for improvement was identified during the inspection, this related to ensuring that there are appropriate arrangements in place regarding patients having access to any monies or valuables deposited within the safe place.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussions with the deputy manager established that no representative of the home was acting as appointee for any patient (i.e.: managing a patient's social security benefits on their behalf). This was subsequently confirmed by the home administrator by email following the inspection. Discussions with the deputy manager also established that the home was not in direct receipt of the personal monies for any patient.

The deputy manager described how the home did not routinely handle any cash belonging to patients, and described how families would deposit monies into a post-box in the hair salon to pay the hairdresser for treatments received by patients. She noted that the home did not play any role in this process as only the hairdresser had access to the post-box. This arrangement was confirmed by the hairdresser who was working in the home on the day of the inspection and described this arrangement to the inspector, noting that receipts for the treatments were provided to the patients' representatives directly.

The inspector discussed with the deputy manager how patients' property (within their rooms) was recorded and was informed that each patient had a record. A book containing the records was provided and three patients' names chosen before reviewing the content of the book. Only two of the three patients had a record in place, therefore ensuring that each patient has a record of the furniture and personal possessions which they have brought to their rooms was identified as an area for improvement.

The two records which were sample evidenced weaknesses in the record keeping. Each of the records was only signed by one person (as opposed to two which is required) and there was no evidence that the records had been updated since the original entries had been made; only one of the two records had been dated.

Records of patients' property should be checked on at least a quarterly basis, with the records signed by a staff member and countersigned by a senior member of staff.

This was identified as an area for improvement.

Discussions with the registered manager established that the home did not operate a transport scheme or operate a patients' comfort fund. Email correspondence with the home administrator

following the inspection confirmed that the home did not operate any bank accounts for any patient.

**Areas of good practice**

There were examples of good practice found in relation to descriptions provided by the deputy manager regarding the arrangements in place in the home to facilitate hairdressing treatments and the mechanisms in place for depositing payment by families.

**Areas for improvement**

Two areas for improvement were identified during the inspection in relation to ensuring that a record is maintained of the furniture and personal possessions brought by a patient into the room occupied by him/her and ensuring that records in respect of patients’ furniture and personal possessions are kept up to date, signed and dated by a staff member and senior member of staff at least quarterly.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

**6.6 Is care compassionate?**

**Patients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with the deputy manager established that arrangements to pay fees and handle safeguard patients’ monies in the home, would be discussed with the patient or their representative at the time a patient was admitted to the home.

The deputy manager confirmed that the home had a number of methods in place to encourage feedback from families or their representatives in respect of any issue. This included the “annual residents’ feedback form” and relatives’ meetings, including a relatives’ forum.

**Areas of good practice**

There were examples of good practice identified in relation to listening to and taking account of the views of patients and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of patients in order to deliver safe, effective and compassionate care.**

Written policies were reviewed including those in respect of whistleblowing, record keeping, managing patients’ monies and the management of complaints. Policies were easily accessible by staff and had been reviewed within the last three years.

Discussion was held with the deputy manager regarding the individual written agreements in place with patients and the home. At the commencement of the inspection, the deputy manager confirmed that she did not have access to a filing cabinet containing patients’ financial records; therefore any records contained within the cabinet could not be reviewed. The deputy manager confirmed that if patient agreements were in place, they would be held within the said cabinet.

A review of the home’s written policy and procedure “Management of records and information” established that it stated “All records which are required under HPSS Quality Improvement & Regulations NI Order 2003 Regulations are also easily available for inspection in the home at all times.” However as noted above, patients’ financial records were not accessible during the inspection.

Ensuring that records are available for inspection at all times was identified as an area for improvement.

The inspector discussed with the deputy manager the arrangements in place in the home to ensure that patients experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of residents. The deputy manager was able to describe specific examples of the way this was achieved.

Some of the areas of equality awareness identified during the inspection included: information gathered from families, care reviews, engagement with the activities therapist to get to know patients and feedback forms in place regarding the menu.

**Areas of good practice**

There were examples of good practice found in relation to written policies and procedures being easily accessible and the deputy manager describing examples of how patients experienced equality of opportunity.

**Areas for improvement**

One area for improvement was identified as part of the inspection. This related to ensuring that records are available for inspection at all times.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the deputy manager, at the close of the inspection. 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 Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 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

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 October 2018</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions brought by a patient into the room occupied by him/her.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A property book is retained and has been compiled for current residents personal possessions and furniture and will be maintained for all future residents admitted as required.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 19 (3) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered person shall ensure that the records referred to in paragraphs (1) and (2) of regulation 19 are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Access is provided</p>
<h3>Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005</h3>	
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered person shall ensure there are appropriate arrangements in place to facilitate patients having access to any monies or valuables deposited within the safe place, as required.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A safe has been installed which is accessible by management/nurse in charge. It has been placed in a secure room and will contain a record book to detail any monies deposited or withdrawn.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 October 2018</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The home retains a property book which details residents belongings. This will be reconciled quarterly and signed by a staff member and countersigned by a senior staff member.</p>

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



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