



Ashwood House
RQIA ID: 1413
2-10 Ashgrove Road
Glengormley
BT36 6LJ

Inspector: Bridget Dougan
Inspection ID: IN022055

Tel: 028 9083 7270
Email: admin@ashwoodpnh.co.uk

**Unannounced Care Inspection
of
Ashwood House**

11 February 2016

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 11 February 2016 from 14.00 to 16.00 hours.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health care and Standard 39: Staff Training and Development.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 16 September 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2*

*The total number of recommendations includes one recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Mrs Anne Marie Morris, Mr Trevor Gage, responsible person and Mr Kevin Pollock, director, and as part of the inspection process. The timescales for completion commence from the date of inspection

2. Service Details

Registered Organisation/Registered Person: Ashwood Property Investments 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: NI-I, RC-I, RC-MP (E)	Number of Registered Places: 36
Number of Patients Accommodated on Day of Inspection: 35 patients	Weekly Tariff at Time of Inspection: £496.78 - £623.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection and to determine if the selected criteria from the following standards have been met:

- Standard 4: Individualised Care and Support, criteria 8**
Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21: Health Care, criteria 6, 7 and 11
Standard 39: Staff Training and Development, criteria 4

4. Methods/Process

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

- discussion with the registered manager
- discussion with registered nurses and care staff
- discussion with patients and relatives
- a general tour of the home and a review of a random sample of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- observation of care delivery
- evaluation and feedback.

During the inspection, 12 patients were spoken with individually. Four care staff, two registered nurses and five patient's representatives were also consulted.

Prior to inspection the following records were analysed:

- notifiable events submitted since the last care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and returned Quality Improvement Plan (QIP)

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- six patient care records
- staff training records
- staff induction records
- policies and guidance documents pertaining to the standards examined

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 16 September 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 16 September 2015

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 20.2 Stated: First time	The registered manager should ensure that patient's religious preferences/ spiritual needs are documented in end of life care plans.	Not Met
	Action taken as confirmed during the inspection: Review of six care records evidenced that this recommendation had not been met. It has therefore been stated for the second time.	
Recommendation 2 Ref: Standard 32 Stated: First time	The registered manager should ensure palliative/end of life care training is provided for nurses and care assistants.	Met
	Action taken as confirmed during the inspection: Review of staff training records and discussion with the registered manager confirmed that eight registered nurses and thirteen care assistants have been trained in 2015.	

5.3 Continence management

Is Care Safe? (Quality of Life)

Policies and procedures regarding continence management, catheter care and stoma care were available to guide staff.

Best practice guidance on continence care was available in the home for staff to consult.

These included:

- Urinary incontinence (NICE)
- Faecal Incontinence (NICE)
- Continence care in Care Homes (RCN)
- Continence care in Nursing and Residential Homes (British Geriatric Society)

Discussion with the registered manager confirmed that training for registered nurses and care assistants in continence management had been arranged for the end of February 2016.

The registered manager confirmed that all registered nurses were trained and assessed as competent in urinary catheterisation.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the nursing home.

A continence link nurse has been identified for the home.

Is Care Effective? (Quality of Management)

Review of six patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. The specific type of continence product assessed to meet the needs of the patient was recorded as part of the continence assessment and care plans reviewed.

Braden pressure ulcer assessments and Malnutrition Universal Screening Tool (MUST) risk assessments had been completed and consistently reviewed on a monthly basis within all six patients care records.

Continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care and fluid requirements were addressed in the care plans inspected. The promotion of patients' dignity had not been addressed in the sample of care records reviewed. A recommendation has been made accordingly. Assessments and care plans identified patients' normal bowel patterns and bowel type. However, no reference was made to the Bristol Stool Score when recording patients' bowel movements. A recommendation has been made in this regard.

There was evidence within the care records of patient and/or representative involvement in the development of the care plans.

Records reviewed evidenced that urinalysis was undertaken as required and patients were referred to their GPs appropriately.

The management of urinary catheters was reviewed. Registered nurses spoken with were knowledgeable regarding the management of urinary catheters and the rationale for use of urinary catheters. Urinary catheters were only inserted on the instructions of the patient's GP or consultant. There was evidence in the records reviewed that staff had consulted the relevant practitioner when issues pertaining to the management of the urinary catheter had arisen and actions had been implemented as per the advice given.

Is Care Compassionate? (Quality of Care)

Staff were observed to treat patients with dignity and respect and to respond to patients' requests promptly. Good relationships were evident between patients and staff. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Areas for Improvement

Continence care plans should address the measures taken to promote patients dignity.

Continence assessments and care plans should make reference to the Bristol Stool Score when recording patients' bowel movements.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.4 Additional Areas Examined

5.4.1 Consultation with patients, patient representatives and staff

Twelve patients, six staff and five patient representatives were consulted as part of the inspection process. The feedback received indicated that safe, effective and compassionate care was being delivered.

A number of patients were unable to express their views verbally. All patients appeared well presented and comfortable in their surroundings.

Some patients' comments received are detailed below:

"I'm very happy here."

"I wouldn't change anything."

"The staff are all very good."

"It's a lovely home, nicely kept."

"I'm well looked after."

Five patient representatives were available for consultation on the day of inspection and feedback was very positive about all aspects of care and services delivered.

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received is detailed below:

"I'm working here a long time and it is an excellent place to work."

"I like my job; we all work well as a team."

"The standard of care in this home is excellent."

No concerns were raised

Areas for Improvement

No areas for improvement were identified

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Anne Marie Morris, Mr Trevor Gage, responsible person and Mr Kevin Pollock, director, and as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>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.</p> <p>Ref: Section 5.3</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: All registered nursing staff were made aware of this recommendation. I have created a new template that will address these areas thus ensuring completion of same in accordance with legislative requirements .</p>	
<p>Recommendation 2</p> <p>Ref: Standard 20.2</p> <p>Stated: Second time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager should ensure that patient's religious preferences/ spiritual needs are documented in end of life care plans.</p> <p>Ref: Section 5.2</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: I have reorganised the Primary Nursing System currently in operation to ensure that each primary Nurse is quite clear as to those residents for whom they are responsible and for ensuring spiritual preferences and needs are documentd in respective care plans.</p>	
Registered Manager Completing QIP	AnneMarie Morris	Date Completed	22/3/16
Registered Person Approving QIP	Trevor Gage	Date Approved	22/3/16
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	04/04/16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address