Unannounced Care Inspection Report
28 January 2020

Ashwood House

Type of Service: Nursing Home
Address: 2-10 Ashgrove Road, Glengormley, BT36 6IJ
Tel No: 02890837270
Inspector: Michael Lavelle

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.

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.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up to 36 patients.

3.0 Service details

Organisation/Registered Provider: Ashwood Prop. Investment Ltd **Responsible Individual(s):** William Trevor Gage	**Registered Manager and date registered:** Anne Marie Morris – 1 April 2005
Person in charge at the time of inspection: Anne Marie Morris	**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:** 35

4.0 Inspection summary

An unannounced inspection took place on 28 January 2020 from 10.00 hours to 19.40 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Evidence of good practice was found in relation to the culture and ethos of the home, maintaining patient's dignity and privacy and complaints management.

Areas requiring improvement were identified in relation to developing care plans in a timely manner, record keeping, evaluation of care, planning care in response to the changing needs of the patient, activity, governance of care records and monthly monitoring reports.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	*4	*2

*The total number of areas for improvement includes one under regulation and one under the care standards which have been stated for a third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Anne Marie Morris, registered manager, and Trevor Gage, responsible individual, 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 inspection dated 22 May 2019

The most recent inspection of the home was a medicines management inspection undertaken on 22 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and ‘Have We Missed You’ cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 27 January 2020
- staff training records
- incident and accident records
- three patient care records
- a sample patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- staff supervision and appraisal planner
- complaints record
- a sample of reports of monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 14 (2) (c) **Stated:** Second time	The registered person shall ensure records of clinical/neurological observations and actions taken post fall are appropriately recorded in the patient care records.	
	Action taken as confirmed during the inspection: Review of records confirmed there had been some improvement regarding the management of falls, although some deficits were identified. This is discussed further in 6.2. **This area for improvement has been partially met and has been stated for a third and final time.**	**Partially met**

Area for improvement 2 **Ref**: Regulation 20 (1) (c) (i) **Stated:** First time	The registered person shall ensure that the persons employed by the registered person to work in the nursing home receive mandatory training appropriate to the work they are to perform. Updates in mandatory training should be delivered in a timely manner. **Action taken as confirmed during the inspection**: Review of staff training records evidenced this area for improvement has been met.	**Met**
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control. **Action taken as confirmed during the inspection**: Observation of practice, examination of records and review of the environment confirmed sufficient improvements had been made. We saw that infection prevention and control and hand hygiene audits were being completed on a regular basis.	**Met**
Area for improvement 4 **Ref**: Regulation 13 (4) (a) **Stated:** First time	The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place. **Action taken as confirmed during the inspection**: Review of the environment evidenced medicines where securely stored throughout the home.	**Met**

Area for improvement 5 **Ref**: Regulation 13 (4) (b) (c) **Stated:** First time	The registered person shall ensure thickening agents are administered as prescribed to the patient for whom it is prescribed. A written record for the administration of thickening agents and medicines for topical administration must be accurately maintained.	**Met**
	Action taken as confirmed during the inspection: Review of records confirmed a robust system has been introduced to record administration of thickening agents. Records in general were accurately maintained. Minor gaps identified in topical medicine administration records were discussed with the manager for action as required. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 41 **Stated:** Second time	The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The rota should include the first name and surname of each member of staff and be signed by the registered manager or a designated representative.	**Partially met**
	Action taken as confirmed during the inspection: Review of the staffing rota confirmed the name of the nurse in charge on each shift was clearly indicated. The rota was also signed by the registered manager. However the first and surname for all staff was still not consistently recorded. **This area for improvement has been partially met and has been stated for a third and final time.**	

Area for improvement 2 **Ref**: Standard 40.2 **Stated:** First time	The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor. **Action taken as confirmed during the inspection**: Review of records evidenced this area for improvement has been met.	**Met**
Area for improvement 3 **Ref**: Standard 4.9 **Stated:** First time	The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should evidence review of supplementary care records. **Action taken as confirmed during the inspection**: Reviews of supplementary care records evidenced records were generally well completed. Minor gaps identified were discussed with the manager for action as required. Discussion with staff confirmed staff are allocated to ensure records are completed contemporaneously.	**Met**

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

Staffing levels

Discussion with the 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 duty rota for week commencing 27 January 2020 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. We saw from the staffing rota that agency staff were covering vacant night shifts. The manager confirmed that the agency nurses were familiar with the home and patients, with many of them block booked to work in the home to ensure continuity of care for patients.

There were sufficient staff on duty to meet the needs of patients and care staff were satisfied with staffing levels in the home. One staff member did discuss the skill mix of care staff at weekends. This was discussed with the manager for action as required.

Management of falls, wounds and patient care records

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

We examined the management of patients who had had a fall. Review of one patient's records evidenced that their falls were not consistently managed in keeping with best practice guidance. Clinical and neurological observations were taken in keeping with best practice guidance; however there was no evidence that the clinical observations taken post fall were considered by nursing staff when evaluating daily care. In addition, patient care plans and risk assessments were not consistently updated following a fall. Management of falls was identified as an area for improvement during the inspections on 17 April 2018 and 24 April 2019. This area for improvement is stated for a third and final time.

Care records for a recently admitted patient with multiple care needs had not been developed to guide the staff in the delivery of daily care needs. Whilst there were records of assessment of patient need and associated risk assessments the care plans need to be improved to guide staff on a daily basis.

We reviewed wound care for an identified patient. There was evidence of multidisciplinary involvement in the management of the wounds along with evidence of good assessment, treatment and evaluation. However one care plan was used for the management of multiple wounds. We asked the manager to ensure an individual care plan was in place for each identified wound to ensure clear recording and evaluation. Review of documentation evidenced gaps in recording of up to and including eight days.

Further deficits in evaluation of care and record keeping were identified on review of additional care records. Some of the records contained repetitive nursing entries with some evaluations of care not personalised. This was discussed with the manager who agreed to address this with registered nursing staff. An area for improvement was made.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and comfortable throughout. Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Fire exits and corridors were observed to be clear of clutter and obstruction. We discussed the use of the keypad on the front door of the home with the manager who agreed to review the current system.

Consultation

During the inspection we spoke with 10 patients, nine patient's relatives/visitors and five staff. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patients said,

"The girls are lovely. I am happy with the care."
"I am happy."
"I think this place is great. They take great care of me. There would be something wrong if you complained. They couldn't be any better to you."
"It is very good. I have no complaints. It is not home but is the next best thing."
"I must say they look after me very well. There is the odd one who needs manners but I am happy in general. Some staff expect more from me than I am fit for. As homes go, this is a good one."
"I like this place alright."
"It is pretty good as things go. You are free to come and go."

The relatives and visitors spoke positively in relation to the care provision in the home. They said:

"I love the friendship of the staff. The staff are great and the care is excellent. I am very pleased with the care."
"The staff are lovely. I have no concerns."
"Things seem to have settled staffing wise. You have some people in the past who think they can do the job but they realised they can't. I am happy with the care."

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; no responses were received within the timescale specified.

Comments from five staff spoken with during the inspection included:

"Everyone gets on really well. You never feel you are left alone to do your work. I would love lino flooring instead of carpet throughout the home."
"The teamwork is good and everyone is on the ball. The patients are happy."
"I like being there for the patients and being the person that is able to help. It is hard work but rewarding, especially when you see them smile."
"I am loving it working here."

Activity

The staff we spoke with had a good knowledge and understanding of the need for social and leisure opportunities to support patients' health and wellbeing. An activity planner was on display and patient's spoken with said the enjoyed the activities in the home, particularly the recent visit of exotic animals. However, improvements could be made to ensure that there are arrangements in place to deliver activities in the absence of the activity co-ordinator. This would include improvements in documentation to evidence support of patients to engage in activities and evaluation of activities undertaken on a regular and consistent basis. An area for improvement was made.

Governance arrangements

Records of falls occurring in the home are reviewed on a monthly basis identify if any patterns or trends were emerging. This information was also reviewed as part of the monthly monitoring visits.

Discussion with the manager and responsible individual confirmed the falls policy had been updated since the last care inspection. However review of the policy demonstrated it had not been personalised to meet the needs of patients. The date of issue and review had not been recorded.

In light of the deficits identified the policy should be reviewed and updated and shared with staff. This will be reviewed at a future care inspection.

We reviewed accidents/incidents records since May 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately. At least three head injuries had not been notified. This was discussed with the manager who agreed to submit these retrospectively.

There was evidence that the manager had oversight of the day to day working in the home. For example, a number of audits were completed to assure the quality of care and services. Areas audited included the environment/IPC, hand hygiene, care records and accidents and incidents. Audits generated action plans as required and there was evidence that the deficits identified were addressed appropriately.

Although care record audits were being completed on a regular basis, we were not assured that a robust system was in place given the deficits identified in this report. We asked the manager to review the current care record governance arrangements. An area for improvement was made. Quality monitoring visits were completed on a monthly basis on behalf of the registered provider. We reviewed the monthly quality monitoring reports from October 2019 to December 2019 post inspection. We saw that action plans had been generated following visits to the home, although progress on the action plans was not consistently reviewed. There was further evidence that action points were repeated for three consecutive months and timescales for completion were not specific. The report completed on 25 October 2019 had not been forwarded to the manager until 22 November 2019. An area for improvement was made.

The registered person should ensure action plans are generated which clearly indicate who is responsible to address any identified deficit and in what timeframe. Subsequent reports should evaluate any progress made.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. One relative spoken with said their family had raised a complaint in the past and they were happy with how it was managed.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

Areas of good practice were identified in relation to the culture and ethos of the home, maintaining patient's dignity and privacy, complaints management.

Areas identified for improvement:

Areas for improvement were identified in relation to developing care plans in a timely manner, evaluation of care, planning care in response to the changing needs of the patient, activity, governance of care records and monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	3	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Marie Morris, registered manager, and Trevor Gage, responsible individual, as part of the inspection process. 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 Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (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

<table>
<tr><td colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 14 (2) (c)

Stated: Third and final time

To be completed by:
With immediate effect</td><td>The registered person shall ensure records of clinical/neurological observations and actions taken post fall are appropriately recorded in the patient care records.

Ref: 6.1 and 6.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
A supervision session was held with qualified nursing staff on the 17th of February 2020 and feedback given in relation to the initial feedback from the inspection .
Each staff member received a supervision handout.
Registered Nurses were advised that they should ensure falls should be evidenced when evaluating daily care, risk assessments following a fall should be consistently updated. Post falls proforma needs to be completed in full .
Copies given to staff of NIPEC and NMC code to read then sign
This aspect of documentation will continue to be part of the home's auditing process</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 16

Stated: First time

To be completed by:
With immediate effect</td><td>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care. The care plan should be further developed within five days of admission. Patient plans should be reviewed and updated in response to the changing needs of the patient. All evaluations of care should be meaningful and patient centred.

Ref: 6.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The care plans for new patients are in place within 5 days from the date of admission .
The Nurse Manager and Deputy Nurse Manager will audit to ensure compliance of the above.
Care evaluations will continue to be patient focussed and meaningful. Nursing Agency has been contacted with regards to nurse’s records that appeared repetitive in addition they were remindedthat they must always sign there name to all entries.
In future separate care plans will be developed for a patient's individual wound were appropriate.</td></tr>
</table>

Area for improvement 3 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure robust governance arrangements are in place to address the deficits identified in planning, review and evaluation of care identified in this report. Ref: 6.2
	Response by registered person detailing the actions taken: Manager has reviewed the current auditing process to ensure that governance arrangments in place are more robust.
Area for improvement 4 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 28 February 2020	The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards. Ref: 6.2
	Response by registered person detailing the actions taken: The Registered Person has undertaken a review of the monthly reports in relation to action points evaluation of progress and timeframes in accordance with regulations.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 41 **Stated:** Third and final time **To be completed by:** 28 February 2020	The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The rota should include the first name and surname of each member of staff and be signed by the registered manager or a designated representative. Ref: 6.1
	Response by registered person detailing the actions taken: All staff have been reminded that it is essential that full names are used on the home's off duty record. The home will continue to highlight the staff nurse in charge. The Nurse Manager or person designated will continue to sign off duty on final completion. The Management have been exploring alternative systems for recording staff off duty including an electronically based system.

<table>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 11

Stated: First time

To be completed by:
28 February 2020</td><td>Daily progress notes should reflect patient’s activity provision. Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.

Ref: 6.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The Nurse Manager and/or /Deputy Nurse Manager have audited each care plan including working & playing care plan in each patient Arrangements have been put in place for a staff member to work each Wednesday when Activity Therapist is off. This means we have an activity therapist 5 days per week. Staff Nurses reflect activity provision in resident’s daily notes. There is also increased documentation of patients participation in relation to activities</td></tr>
</table>

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

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