The Regulation and Quality Improvement Authority

Inspection Report

4 May 2023

Ashgrove

Type of service: Nursing Home
Address: 55 Belfast Road, Newry, BT34 1QA
Telephone number: 028 3026 9110

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

1.0 Service information

Organisation/Registered Provider: Ann's Care Homes Limited **Responsible Individual:** Mrs Charmaine Hamilton	**Registered Manager:** Mrs Wendy Miniss **Date registered:** 4 June 2021
Person in charge at the time of inspection: Mrs Wendy Miniss	**Number of registered places:** 46
Categories of care: Nursing Home (NH) DE – Dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 42
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 46 patients who have a dementia. The home is a single storey building divided into two units; the Carlingford Unit and the Clanrye Unit. Patients have access to communal dining and lounge areas.	

2.0 Inspection summary

An unannounced inspection took place on 4 May 2023 from 9.20am to 5.15pm by a 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.

Staff provided care in a compassionate manner and were well trained to provide safe and effective care. Patients spoke positively on the care that they received and on their interactions with the staff. Comments received from patients and staff members are included in the main body of this report.

An area for improvement was identified in relation to managing a hazard and an area for improvement made at the previous inspection, in relation to monitoring patients following a fall, remained unmet at this inspection and stated for the second time.

RQIA were assured that the delivery of care and service provided in Ashgrove was safe, effective and compassionate and that the home was well led.

The findings of this report will provide the manager and management team with the necessary information to improve staff practice and the patients' experience.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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 the registered manager and the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with 10 patients, six staff and one relative. Patients were well presented in their appearance and appeared relaxed and comfortable in their surroundings. Patients told us that they were happy living in the home and complimented the staff and the care provision. The relative consulted was very positive in relation to the care provided to their loved one. Staff members were confident that they worked well together and enjoyed working in the home and interacting with the patients.

There were eight questionnaire responses received; six from patients and two from relatives. All respondents indicated satisfaction with the service provision. Two staff responded to the online survey. Both respondents indicated that they felt the care in the home was safe, effective and compassionate and that the home was well led. One staff member commented, "Very nice place to work; good team".

5.0 The inspection

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

Areas for improvement from the last inspection on 01 November 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref: Regulation 13 (1) (b)** **Stated: First time**	The registered person shall ensure that the identified lounge is adequately supervised when in use by patients deemed at high risk of falls. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**
Area for Improvement 2 **Ref: Regulation 12 (1) (a) (b)** **Stated: First time**	The registered person shall ensure that patients are appropriately monitored following a fall where a head injury has occurred or the potential of a head injury is possible. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was not met. This will be discussed further in Section 5.2.2. This area for improvement has not been met and has been stated for the second time.	**Not met**
Area for improvement 3 **Ref: Regulation 14 (2) (a) (c)** **Stated: First time**	The registered person shall ensure that chemicals in the home are appropriately stored when not in use and not left accessible to patients. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 **Ref: Standard 4** **Stated: First time**	The registered person shall ensure that wound care plans are completed in full and maintained up to date at all times.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref: Standard 16 Criteria (11)** **Stated: First time**	The registered person shall ensure that detailed records are maintained of all complaints received in the home to include the nature of the complaint and details of all corresponding actions taken in response to the complaint.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. The protected time period could be increased if this was necessary to give new staff a longer period to adapt.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

A system was in place to monitor staffs' compliance with mandatory training. Staff were contacted six weeks prior to their training lapsing to give them time to repeat the required training. A list of upcoming training was displayed in the staff room. Training was completed on a range of topics, such as, infection prevention and control (IPC), moving and handling patients and fire safety. Staff completed training electronically, face to face and/or via a video platform. Staff also confirmed that they could request additional training relevant to their role. A training matrix was maintained to evidence dates when training was completed.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted confirmed they were satisfied that patients' needs could be met with the staffing levels and skill mix on duty, though, registered nurses identified workload pressures when the third nurse was not on duty during the morning shifts.

Staff were happy with the teamwork in the home and were observed working well and communicating well with one another during the inspection. An allocation sheet was utilised to inform staff which areas they were to work in and when to take breaks.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the nurse in charge of the home when the manager was not on duty.

5.2.2 Care Delivery and Record Keeping

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. Patients' care records were held confidentially.

All patients had a pressure management risk assessment completed monthly. Where a risk of skin breakdown was identified; a care plan was developed to guide staff in how to manage this risk. Where a patient had a wound, an initial wound assessment had been completed and a care plan was in place to guide staff on how to manage the wound. Wound evaluation records, completed at the time of wound dressing, monitored the progress of the care delivery.

An accident/incident report was completed by staff to record any accidents or incidents which occurred in the home. A review of two patients' accident records, following a fall in the home, evidenced that the patients had not been monitored in accordance with best practice guidance. This was discussed with the manager and identified as an area for improvement. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Patients' weights were monitored for weight loss and weight gain.

Patients dined in their preferred dining area; the dining room, lounge or their own bedrooms. Any food transferred from the dining area was covered on transfer. Food served appeared appetising and nutritious and the menu offered patients a choice of meals. There was a good range of foods on the menu.

The mealtime in the dining room was well supervised. Staff wore personal protective equipment (PPE) and patients, who required, wore clothing protectors to maintain their dignity. A range of drinks were served with the meals. There was a calm atmosphere at mealtime.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance and told us that they were happy living in the home. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company. The relative consulted was positive in relation to the care in the home and confirmed that their family member was happy to call Ashgrove 'home'.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Appropriate doors leading to rooms which contained hazards to patients had been locked. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. However, a number of bedroom floors were observed with wet floors following cleaning. Signage was not in place to alert patients, staff or visitors of the wet floor increasing the risk of an accident. This was discussed with the manager and identified as an area for improvement.

Environmental infection prevention and control audits had been conducted monthly. Action plans were developed when deficits were identified and these were reviewed to ensure that the identified actions had been completed. Monthly audits were also completed to monitor the condition and fittings of pressure relieving mattresses and cushions. Records of 'spot checks' and walkarounds the home were also available for review.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

A second activity therapist had been recently recruited to assist with the activity provision in the home. A weekly programme of activities was available for review. This programme was made available to those patients who chose not to or could not leave their rooms. Activities were conducted on a group and on a one to one basis and included chatting, massage, arts and crafts, outings, music, bingo, games, baking, gardening, bowling and boccia. There were pictures of patients enjoying pet therapy. Church services were shown and there were plans in place to celebrate the upcoming King's Coronation.

Further plans were in place for the development of a sensory garden, sensory room and the creation of a 'men's club'. Additional plans were in place to celebrate father's day in June. Photographs of patients enjoying activities were taken and displayed on the home's Facebook page, with the consent of the patients, where relatives could log in and see their loved ones. Files were kept in each unit of patients' life stories to give staff a better knowledge of their past and present life, hobbies and interests. Individual daily records of activity engagements were maintained for each patient in the home.

Patient and relatives' meetings were hosted on a monthly basis and allowed for patients to give their feedback on the services in the home including activity provision. Minutes of these meetings were maintained.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Visiting was open and visits could take place in patients' bedrooms or their preferred visiting area. Patients were free to leave the home with family members if they wished.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the management arrangements. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager and the management team to be 'approachable' and 'would listen to any concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required. Staff demonstrated good knowledge of the organisational structure in the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patients' care records, wound care, medicines management, restrictive practice, complaints, staff training and the environment.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints including any correspondence to or from the complainant. Complaints were analysed on a monthly basis to detect if there was any learning which could be shared with staff. Cards and letters of compliments were maintained in a compliments file. A compliments log was completed and included verbal compliments, thank you cards and any gifts received. This was poorly recorded and we discussed ways of enhancing the recording. The manager confirmed that all compliments received would be shared with the staff.

The home was visited each month by a representative of the registered provider 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Wendy Miniss, Registered Manager and Lorraine Thompson, Regional Manager, 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	
Area for Improvement 1 **Ref:** Regulation 12 (1) (a) (b) **Stated:** Second time **To be completed by:** Immediate action required	The registered person shall ensure that patients are appropriately monitored following a fall where a head injury has occurred or the potential of a head injury is possible. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All staff Nurses have been reminded in regards to the accurate monitoring of residents through Neurological observations and have been reminded of the current falls pathways and policies in place. This will be monitored by the Home Manager after each fall whereby a Falls TRaCA wil be completed.

Area for improvement 2 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that wet floors in the home are signed to alert anyone entering the area on the risk of slipping. Ref: 5.2.3
	Response by registered person detailing the actions taken: Domestic staff made aware of the importance of ensuring wet floor signs are in place if washing any floors, due to the risk of injury to residents, staff and Visitors. Additional floor signs have been ordered and received to ensure adaquate supply. This will be monitored by the Home Manager via Home Manager walk around audits.

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

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews