

Inspection Report

19 May 2022



Ashgrove

Type of Service: Nursing Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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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: 36
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. Patients have access to communal lounges, dining rooms and a garden space.	

2.0 Inspection summary

An unannounced inspection took place on 19 May 2022 from 09.20 to 17.00 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.

The home was warm, clean and comfortable. Patients were well presented in their appearance and appeared happy and settled in the home. Comments from patients were positive in regards to their interactions with staff and with the food provision in the home. Those patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management. Staff told us that their managers were approachable and that they felt any concerns shared with managers were listened to. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified in relation to the supervision of patients in an identified lounge, the recording of complaints, wound care planning, compliance with control of substances hazardous to health (COSHH) legislation and with the recording of neurological observations following a fall in the home. RQIA was 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 management team with the necessary information to improve staffs' 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 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 eight patients, one visitor and six staff. Patients spoke positively on the care that they received and with their interactions with staff describing staff as 'really good' and 'nice'. One told us, "Staff are nice and you couldn't beat the food here with a big stick." All staff confirmed that they enjoyed interacting and engaging with the patients, though, staff also identified factors which could inhibit effective teamwork. The staffs' concerns were shared with the manager for their review and action as appropriate. The visitor was complimentary in relation to interactions with staff in the home and the quality of the food provision.

There were no questionnaire responses and we received no feedback from the staff online survey.

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 25 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	<p>The registered person shall ensure that any area accessible to patients is maintained hazard free.</p> <p>This is in relation to: Patients' access to heated trolleys in any area of the home where there is no staff supervision Patients' access to medications in the treatment room Patients' access to thickening agents in any area of the home.</p>	Met
	<p>Action taken as confirmed during the inspection: Heated trolleys in accessible areas were supervised. Patients did not have access to medicines or thickening agents in the home.</p>	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Criteria (9) Stated: Second time	<p>The registered person shall ensure that food and fluid intake records are recorded accurately and there is evidence within patients' care records of any actions taken when any deficit is identified.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that MUST assessments are accurately scored.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 46 Criteria (2) Stated: First time	The registered person shall ensure that training provided on infection prevention and control is embedded into practice. This is in particular reference to staff compliance with the use of personal protective equipment.	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 were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for working with the patients; this also included agency or temporary staff. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training. Staff confirmed that they had received training on the management of dementia.

Staff confirmed that they were further supported through staff supervisions and appraisals. A supervision and an appraisal matrix was maintained to ensure that all staff received an annual appraisal and at minimum two supervisions per year. Supervisions were conducted on an individual and/or group basis.

Staff confirmed that the teamwork in the home was generally good, however, also identified potential barriers to effective teamwork. These were shared with the manager for their review and action as appropriate.

Staff were satisfied that the number and skill mix of staff on duty at any given time met the needs of the patients, however, during the inspection we observed an identified lounge unsupervised. Patients at high risk of falls were in the lounge at the time. Staff confirmed that the lounge should be supervised at all times. While no patients came to any harm, this was discussed with the manager and identified as an area for improvement.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. This included the use of agency staff. The duty rota identified the nurse in charge when the manager was not on duty. Staff employed to provide one to one care, in addition to the planned staffing levels, were also identified on the duty rota.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them. It was observed that staff responded to requests for assistance in a timely manner. Patients who could not verbalise their feelings appeared to be settled and content in their environment.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. An allocation sheet was utilised to identify which areas in the home each staff member was assigned to provide care. Staff 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.

Staff provided dignified care 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. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff communicated well with patients and they were respectful, understanding and sensitive to their needs.

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. Patients' care records were held confidentially.

Where a patient was at risk of falling, a falls care plan was in place to direct staff in how to manage this area of care. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. A review of accident records following a patient's unwitnessed fall evidenced that clinical observations only had been recorded. There was no record that neurological observations had been completed given the potential for a head injury. This was discussed with the manager and identified as an area for improvement.

Risk assessments had been completed to determine if patients were at risk of skin breakdown. Where a risk was identified, a care plan was in place to guide staff on how to manage the risk. Patients who had a wound had an initial wound assessment completed and a wound care plan in place.

However, a review of one patient's wound care plan identified that it was not in sufficient detail to identify the care required to treat the wound and surrounding skin. This was discussed with the manager and identified as an area for improvement.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails. When bedrails had been used, a bedrail risk assessment had been completed and reviewed monthly to ensure safe use. Bedrail checks had been completed and recorded when the bedrails were in use.

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. Records of patients' intake and outputs were recorded where this was required. Staff consulted were able to identify signs of dehydration in patients. Care staff were aware of the importance of reporting this to the nursing staff. Nutritional risk assessments were carried out to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

Food was plated in the kitchen and served from a heated trolley. Food served appeared appetising and nutritious. A system was in place to ensure that each patient's nutritional requirements had been communicated to all relevant staff. The dining room was well supervised by staff who were wearing the appropriate personal protective equipment (PPE) and took the opportunity for hand hygiene at the appropriate times. A range of drinks were served with the meal. Patients were complimentary in relation to the food provision in the home.

Supplementary care records had been completed by care assistants to evidence care delivery such as personal care. The records evidenced the actual care delivered such as oral care, body wash or shower. Bowel management had been evidenced well within record keeping.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

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. The home was warm, clean and comfortable and there were no malodours detected. Although, during the inspection we observed chemicals accessible to patients in two unsupervised areas in the home. This was discussed with the manager and identified as an area for improvement.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Records of completed fire drills in the home had been maintained and identified which staff had participated.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Planned improvement works were ongoing in the Carlingford Suite. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Environmental infection prevention and control audits had been conducted monthly. All visitors, including health care professionals, to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear PPE. Visits were by appointment only.

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

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients, who could, could choose what they wore and what they preferred to eat.

The home was in the process of recruiting for a second activities therapist to assist in the provision of activities. A programme of activities was available and took into account group activities and one to one activities for those patients who could not engage in, or did not wish to engage in, group activity. Activities included arts and crafts, gardening, sing-a-longs, boccia, sports, reminiscence, visual quiz, religious services, sensory activities and bingo. Activities were conducted both indoors and outdoors, weather permitting. Activities' care plans were in place for each patient and daily records of completed activities were maintained. The activity room was equipped with a large screen and patients were observed enjoying a movie during the inspection.

Visiting arrangements were in place in line with the Department of Health guidelines. As well as indoor visiting, patients were permitted outings with family members away from the home. There was 1 care partner arrangement in place in the home. Both the visiting and care partner arrangements were in place with positive physical and mental wellbeing benefits to the patients.

5.2.5 Management and Governance Arrangements

Since the last inspection the management arrangements in the home had not changed. Mrs Wendy Miniss has been the registered manager in the home since 4 June 2021. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

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, care practices or the environment.

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 care plans, wound care, restrictive practice and IPC. Where action plans were developed, there was evidence that these had been reviewed to ensure completion.

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 complaints file was maintained. We discussed that any areas of dissatisfaction received in the home should be recorded as a complaint. An area for improvement was identified to ensure that sufficient detail was included in the recording of complaints and that records evidenced all corresponding actions taken in response to the complaint. Cards and any compliments received were kept on file and shared with 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.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Twenty two staff had recently completed this training on 12 May 2022. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

6.0 Quality Improvement Plan/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).

	Regulations	Standards
Total number of Areas for Improvement	3	2

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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the identified lounge is adequately supervised when in use by patients deemed at high risk of falls.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: We have allocated a lounge as a supervised area for all residents deemed at high risk of falls.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All nurses have undertaken falls awareness, falls protocol has been discussed and displayed for staff, which details the process for CNS observation</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals in the home are appropriately stored when not in use and not left accessible to patients.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All chemical are stored appropriately within the home and only accessible to staff. Staff have been reminded of the need to ensure rooms are closed securely.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that wound care plans are completed in full and maintained up to date at all times. Ref: 5.2.2
	Response by registered person detailing the actions taken: Discussion with all Nurse's in relation to the required documentation and to ensure this is fully completed and reflective of the resident current needs.
Area for improvement 2 Ref: Standard 16 Criteria (11) Stated: First time To be completed by: 30 June 2022	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: All complaint records are now maintained on file with corresponding documentation in place.

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