Unannounced Care Inspection Report
10 March 2021

Ashgrove

Type of Service: Nursing Home
Address: 55 Belfast Road, Newry, BT34 1QA
Tel no: 028 3026 9110
Inspector: Dermot Walsh

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 nursing home registered to provide nursing care for up to 46 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Natasha Southall – Registration pending	**Registered Manager and date registered:** Wendy Miniss – Registration pending
Person in charge at the time of inspection: Wendy Miniss	**Number of registered places:** 46 All 46 residents accommodated shall be assessed as DE.
Categories of care: Nursing Home (NH) DE – Dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 26

4.0 Inspection summary

An unannounced inspection took place on 10 March 2021 from 09.30 to 17.00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Wendy Miniss, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. All 10 were returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for week commencing 1 March2021
- staff training records
- a selection of quality assurance audits
- incident and accident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- complaints/compliments records
- menu
- RQIA certificate
- monthly monitoring reports
- three patients' care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 September 2020. No further actions were required to be taken following the most recent inspection.

6.2 Inspection findings

Staffing

On the day of inspection 26 patients were accommodated in the home. The manager confirmed the staffing arrangements in the home at the commencement of the inspection. Planned staffing levels were reflected on the duty rota week commencing 1 March 2021. The nurse in charge of the home in the absence of the manager was highlighted on the duty rota. Additional staff, such as agency staff, were recorded on the rota and their hours worked included. The manager had signed the rota to confirm the hours worked.

Staff consulted during the inspection confirmed that patients' needs were met with the planned staffing levels and skill mix. Observation of care delivery during the inspection raised no concerns in relation to the staffing arrangements. Patients spoke positively on the care that they received. One told us, "The staff are very nice here. They help me. Wendy is a nice person."

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. Training had been provided in a variety of ways; face to face taking social distancing into consideration, electronic learning and through remote teaching via video link. The manager confirmed that they have been trained to provide in-house training on patient moving and handling, basic first aid and administration of medicines. Compliance with mandatory training was monitored on a training matrix by the homes management on a monthly basis. The majority of staff were compliant with training requirements. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

A competency and capability assessment matrix was utilised to ensure that the relevant staff maintained competencies in areas such as wound care, medicines management, catheterisation and taking charge of the home in the absence of the manager.

A system was in place to ensure that staff received an annual appraisal and at minimum two recorded supervisions throughout 2021. Supervision planners and appraisal planners were available for review.

There was evidence of a recent staff meeting with registered nurses. Minutes of the meeting were available and included discussions had and decisions made. Dates for upcoming staff meetings were identified on a staff noticeboard involving care staff, domestic and kitchen staff.

Care delivery

There was a relaxed environment in the home throughout the day. Staff were observed to interact with patients in a compassionate and caring manner. One patient told us, "This is a great place. Everything is done for you. Everywhere is nice and clean." Patients who could not verbally communicate appeared relaxed and comfortable in their surroundings. Patients which we encountered were well presented in their appearance. Staff were aware of patients' needs and requirements.

A dedicated activities coordinator was employed to coordinate activities in the home. The manager confirmed that they were actively recruiting a second activities person for the home. An activities room was available to host group activities. The coordinator advised that due to social distancing only six patients at a time could engage in group activity at any given time. Patients were observed enjoying arts and crafts during the inspection. On admission, a care plan was developed for each patient identifying which activities that they enjoyed and at which level they could participate. Each patient had a 'life story' displayed in their bedroom which staff could use when engaging conversation with them. An individual patient record was maintained daily of activities each patient was involved in or offered to them. One to one activities included bible reading, soft toy exercises, reminiscence or using Ipads for a variety of entertainment. The activities coordinator would network with other activity staff within Four Seasons Health Care group and within the local Trust groups to share ideas and update on new activity methods.

An indoor visiting area had been identified in the home taking IPC measures into consideration. Visits were by appointment only. Visitors were required to complete a track and trace form, perform hand hygiene and wear a facemask before entering the visiting room. In addition to indoor visiting, virtual and window visiting was encouraged.

The manager confirmed that they would normally communicate any change with patients' relatives via the telephone or email or during meetings with them when they came to visit loved ones or leave items for them.

The manager confirmed that they were open to the care partner concept. A letter had been sent to patients' relatives/representatives providing information in relation to the care partner concept but so far the home had not received any requests from patients or their representatives to progress with the role.

During the inspection we reviewed the lunchtime meal experience. Patients dined in one of the two dining rooms in use or their own preferred dining area including their own bedrooms. Social distancing was promoted in the dining area and staff were observed wearing the correct PPE when serving or assisting with meals. However, there was no system evident that patients pre-selected meals prior to lunch. Meals had been plated in the kitchen and then sent to the unit in a heated trolley. The pictorial menu on the wall required updating to reflect food served. This was discussed with the manager and identified as an area for improvement.

A number of compliments were noted and logged from thank you cards and letters received by the home, examples included:

- 'Thank you for everything that you do. It is a difficult time after a very difficult 2020 and there is still so much uncertainty at the moment.'
- 'To all the staff at Ashgrove who truly looked after … with kindness and compassion over the past… . We are forever grateful to you all especially in these strange and dangerous times. We appreciate your dedication and thank you sincerely for putting yourself on the front line.'
- 'Sincere thanks for all your care and attention especially to …, who is a very special friend to our family.'

Ten patients' questionnaires were returned. All respondents indicated that they felt safe, the staff were kind, the care was good and that the place was well organised. Comments in returned questionnaires included:

- 'The staff are very dedicated.'
- 'I feel well looked after.'

We also reviewed feedback from a recent customer satisfaction survey. Comments included:

- 'The care … has received is exceptional, keep her safe and cared for in what has been very challenging year. Arranging to visit … was very straight forward and the staff are excellent at keeping me informed.'
- 'I'm happy … is there close to me. He has illness other than vascular dementia. He is cared for and I'm kept up to date with anything that happens to him.'

During the inspection we consulted with seven staff. Staff consulted confirmed:

- 'I really enjoy working here.'
- 'I enjoy looking after the patients with a dementia.'
- 'I like it. You can get attached to the patients. I really enjoy working here.'

Care records

Three patients' care records were reviewed during the inspection. Care plans were in place to guide staff in relation to nutritional requirements, however, a review of one patient's nutritional records included information which was conflicting and not consistent within care plans relating to eating and drinking. This was discussed with the manager and identified as an area for improvement. Staff were aware of the patient's actual nutritional requirement.

We reviewed supplementary care records in relation to food and fluid intake. Intake records did not consistently record when patients received food supplements. The fluid intake was not consistently totalled and there was frequently no evidence of oversight that fluid targets were being met. This was discussed with the manager and identified as an area for improvement.

Patients' risk of falls were recorded on admission and reviewed on a monthly basis or after a fall had occurred in the home. Care plans were in place to identify measures in place when a risk of falls was identified. Bedrail risk assessments had been completed to ensure safe use and when a patient required an alarm mat, there was evidence within the records of consent for use; why they were being used and when specifically they were to be used.

Infection prevention and control measures

When we arrived to the home we were required to wear a facemask, complete a self-declaration form regarding recent contacts and symptoms and have our temperature checked and recorded. Hand hygiene was available at the entrance to the home. Personal protective equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE. There was evidence that the supply of PPE was monitored in the home and that PPE dispensers were checked to ensure that they were full. Staff were observed wearing PPE correctly during the inspection.

When staff presented to the home, they entered through an alternative door close to their changing area. Staffs' temperatures were checked and symptoms checked. Staff would log into the home, change into uniforms, sanitise their hands and put on PPE before any contact with patients. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all patients on a four weekly basis. Patients' temperatures were checked twice a day as a means to detect if any were developing symptoms. The majority of staff and patients in the home had received the second dose of a COVID – 19 vaccine.

Staff confirmed that training on IPC measures and the use of PPE had been provided. Regular hand hygiene audits had been conducted to ensure this vital practice had been conducted appropriately. We observed staff performing good hand hygiene practices during the inspection. All staff were bare below the elbow and not wearing any wrist jewellery which would inhibit effective hand hygiene. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. The frequency of the cleaning of touchpoints had increased. Night duty staff had a separate cleaning schedule to complete.

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. Corridors and stairwells were clear of clutter and obstruction. Fire exits and fire extinguishers were also maintained clear of obstruction. Chairs and tables in the dining area had been adequately spaced to allow for social distancing. Doors leading to rooms which may contain potential hazards to patients had been appropriately locked when not in use. The home was clean, warm and tidy.

Compliance with infection prevention and control had been well maintained. Isolated areas were managed during the inspection.

Several areas in the home required redecoration. The manager was aware of these areas through internal audits which had been completed. The manager confirmed that a refurbishment plan was in place and information sent to RQIA following the inspection confirmed that this was due to commence the week after Easter.

Leadership and governance

There was a clear organisational structure in the home. Since the last inspection there had been a change in the management arrangements. A new home manager was in post and an application for the manager's registration with RQIA had been made and was in process.

Discussion with staff confirmed that the manager's appointment has had a positive impact with staff. Staff described the manager as 'very approachable' and confirmed that there was 'very good support from the manager.' The manager confirmed that they were currently recruiting for a deputy manager to assist in the running of the nursing home.

A record of all accidents, incidents and injuries occurring in the home was maintained and any required to be reported to RQIA had been received. Accidents had been reviewed monthly for patterns and trends as a means to identify if any further falls could potentially be prevented. The number of falls in the home was low. A falls safety cross had been implemented to indicate when a fall occurred during the month.

Monthly monitoring visits were conducted by a senior manager. Reports of the visits were available and included an action plan identifying any improvements required. The action plan was reviewed at the subsequent monthly visit to ensure completion. Infection control, PPE, waste disposal and cleaning was reviewed during the monthly monitoring visits.

A complaints file was available for review. An up to date complaints policy was included within the file for ease of reference. Complaints records included details of the complaint and the actions taken to remedy any complaint including the response returned to the complainant. The complaint we reviewed evidenced satisfaction from the complainant with the home's response to the concern identified. Complaints were audited monthly and informed the monthly monitoring visit. We discussed that any area of dissatisfaction should be recorded as a complaint.

A system was in place to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council and care workers with the Northern Ireland Social Care Council.

Discussion with staff and the manager confirmed that there were good working relationships in the home between staff and management. The manager confirmed that they felt well supported from senior managers within Four Seasons Health Care.

Areas for improvement

Areas for improvement were identified in relation to patients' choice of meals at mealtime, recording of food and fluid intake and nutritional care planning.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

The atmosphere in the home was relaxed throughout the inspection. Staff were observed attending to patients needs in a caring and compassionate manner. Patients have commented positively on the care that they received and were well presented in their appearance. Compliance with IPC had been well maintained. Staff had received IPC training and training in the use of PPE. This training had been embedded into practice. The staffing arrangements in the home were suitable to meet the needs of patients. There was evidence of good working relationships between staff and management. A plan was in place to redecorate the home. Three areas for improvement have been identified.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wendy Miniss, Manager, 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

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 12 **Stated:** First time **To be completed by:** 10 April 2021	The registered person shall ensure that a system is in place where patients receive a choice of meal. This will refer to all patients regardless of their nutritional requirement. Ref: 6.2
	Response by registered person detailing the actions taken: There is a choice of two different meals provided each day, if patients do not wish to have either, the Home will accommodate their requests.
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 17 March 2021	The registered person shall ensure that the identified patient's nutritional care records are up to date and consistently reflect the patient's nutritional requirements throughout in accordance with SALT/dietician recommendations. Ref: 6.2
	Response by registered person detailing the actions taken: The identified patients records have been reviewed and are now fully reflective of the patients requirement / Recommendations. This will be monitored during care plan audits by Home Manager
Area for improvement 3 **Ref**: Standard 4 Criteria (9) **Stated:** First time **To be completed by:** 10 April 2021	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. Ref: 6.2
	Response by registered person detailing the actions taken: Staff involved in the delivery and recording of fluids are aware that all fluids must be clearly and accurately documented, the importance of communicating where patients have not met their recommended intakes and evidence recorded within the patients notes of actions taken.

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

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