



Unannounced Care Inspection Report

10 October 2019



Ashgrove

Type of Service: Nursing Home (NH)
Address: 55 Belfast Road, Newry, BT34 1QA
Tel No: 02830269110
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 is registered to provide nursing care for up to 52 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Denisa Baluta Registration Pending
Person in charge at the time of inspection: Lorraine Thompson Regional Manager	Number of registered places: 52 All 52 residents accommodated shall be assessed as DE
Categories of care: Nursing Home (NH) DE – Dementia.	Total number of residents in the residential care home on the day of this inspection: 42

4.0 Inspection summary

An unannounced inspection took place on 10 October 2019 from 09.50 hours to 17.25 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Ashgrove which provides nursing care.

The inspection assessed progress with 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 throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management and communication between patients, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified to ensure that all staff attend fire awareness training twice every year, that the emergency lighting BS5266 remedial works recommendations have been implemented and to ensure that the programme of activities is displayed in a suitable format, in an appropriate location in order that residents know what is scheduled.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/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	*3	*3

*The total number of areas for improvement includes one which has been stated for a second time and two which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Thompson Regional 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.

4.2 Action/enforcement taken following the most recent inspection dated 28 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 28 November 2018. 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 registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, 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 residents 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.

During the inspection a sample of records was examined which included:

- duty rota for all staff from 30 September to 13 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- five patient care records
- eleven patient care charts including daily care and reposition charts
- a sample of governance audits/records
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 16 August to 19 September 2019
- RQIA registration certificate

Areas for improvements 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 inspections

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 13(7) Stated: First time	The registered person shall ensure that the issues in relation to infection control are addressed.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of the environment evidenced that issues in relation to infection control have been addressed. This area for improvement has been met.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that a cleaning schedule is in place for the decontamination of wheelchairs and adherence to this is regularly monitored.	Met
	Action taken as confirmed during the inspection: Discussion with the manager, review of the wheelchair cleaning schedule for August and September 2019 and observation of a selection of wheelchairs throughout the home evidenced that this improvement has been met.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that patient charts including repositioning and daily care charts are completed contemporaneously in accordance with legislative requirements and best practice guidance.	Not met
	Action taken as confirmed during the inspection: Discussion with the manager and review of eleven patient repositioning and daily care charts, evidenced that this improvement has not been met and has been stated for a second time.	
Area for improvement 3 Ref: Standard 46 Stated: First time	The registered person shall ensure that a robust system is in place to audit and monitor hand washing and infection prevention and control of the environment within the home in order to minimise the risk of infection for staff, residents and visitors.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the hand washing audit for 4 September 2019 evidenced that this improvement has been met.	

Areas for improvement from the last pharmacy inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person should implement a robust audit tool to monitor the management and administration of medicines.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall ensure that obsolete dosage directions for warfarin are cancelled and archived.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 30 September to 13 October 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were

covered. Agency staff are block booked so that they are familiar with the residents to provide continuity of care. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

A staff member commented: "We can be short staffed at times. It's mainly due to staff being off at short notice. The home manager will try to arrange cover by our own staff. If they are unable to work sometimes agency staff will cover the shift."

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ashgrove. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019 evidenced that staff had attended training regarding moving and handling, dementia and Parkinson's disease. Observation of a safe moving and handling procedure was demonstrated by staff while maintaining the patient's dignity.

Review of staff training records for 2019 evidenced that fire awareness training for all staff was unavailable to view by the inspector. Fire awareness training should be completed at least twice every year by all staff. The manager advised after inspection that two sessions of fire awareness training has been arranged for December 2019. An area for improvement was identified.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 21 April to 19 September 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

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 clean throughout. It was noted that some areas of the home, especially corridors were in need of redecoration. This was discussed with the manager who advised that a refurbishment programme for 2019 had commenced and was ongoing.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training and adult safeguarding.

Areas for improvement

One area for improvement was identified to ensure that all staff attend fire awareness training twice every year.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of pressure relieving mattress settings in accordance with three patients' weight and restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bed rails. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Review of eleven patient daily care and repositioning charts identified gaps in recording the delivery of care. It was noted that the recording of three patients who required repositioning every three hours was inconsistent. This was discussed with the manager. An area for improvement was identified for the second time.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in The Carriage Restaurant. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The daily menu was displayed in a suitable, pictorial format to show patients what was available at each mealtime.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you for everything you did for ... it was greatly appreciated and will always be remembered.”

“Thank you for the wonderful, care and attention you shower ... with.”

During the inspection the inspector met with two patients, small groups of patients in the dining room and lounges, one patient’s relative and seven staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Ashgrove. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. No questionnaires were returned within the timescale specified.

A patient commented: “I’ve no concerns. They’re (staff) good to me.”

A patient’s representative commented:

“Staff know mum well. I’ve no concerns and I’m very happy with the care. Leadership is good.”

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Three staff members commented:

“All’s going well. I’m happy in my job and have no concerns.”

“It’s much better now. The manager’s very good.”

“Staff morale is much improved. The manager knows all the staff and residents well.”

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. The programme of activities was displayed in a suitable format in Carlingford Suite, however, no recording of the planned activities in Clanrye Suite was evident, so that residents know what is scheduled. This was discussed with the manager and an area for improvement was identified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

Areas for improvement

An area for improvement was identified to ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that all residents know what is scheduled.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. The manager was unavailable on the day of inspection. Lorraine Thompson regional manager was managing the home in her absence. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding the management of complaints, wounds, the use of bedrails and infection prevention and control practices including hand washing and the use of personal protective equipment (PPE).

Discussion with the manager and review of records from 16 August to 19 September 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

The estates inspector did not attend this inspection. The care inspector reviewed requested fire safety documents and relayed details to the estate inspector. It was observed that the emergency lighting BS5266 maintenance engineer certificate dated 1 August 2019 had works action plan remedial items listed and requiring attention. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified to ensure that the emergency lighting BS5266 remedial works recommendations listed on the inspection report dated 1 August 2019 have been implemented.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Thompson, Regional 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 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 24 August 2018	The registered person should implement a robust audit tool to monitor the management and administration of medicines. Ref: 6.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Regulation 27(4)(e) Stated: First time To be completed by: 30 December 2019	The registered person shall ensure that all staff complete fire awareness training provided by a competent person at the start of employment and that this is repeated at least twice every year in order to comply with the required NIHTM 84 standards. Ref: 6.3 Response by registered person detailing the actions taken: Fire awareness training was held on 9 th December - 2 sessions. Further Fire awareness training will be planned with the Health and Safety advisor for next year to ensure all staff comply with the required standard.
Area for improvement 3 Ref: Regulations 27 (4)(c)&(d) Stated: First time To be completed by: 30 December 2019	The registered person shall ensure that the emergency lighting BS5266 remedial works recommendations listed on the inspection report dated 1 August 2019 have been implemented. Ref: 6.6 Response by registered person detailing the actions taken: Emergency lighting works completed by City FM on 01/08/2019
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 28 Stated: First time To be completed by: 24 August 2018	The registered person shall ensure that obsolete dosage directions for warfarin are cancelled and archived. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Area for improvement 2 Ref: Standard 4.9 Stated: Second time To be completed: Immediate action required	The registered person shall ensure that patient charts including repositioning and daily care charts are completed contemporaneously in accordance with legislative requirements and best practice guidance. Ref: 6.1 & 6.4
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed: Immediate action required	Response by registered person detailing the actions taken: Daily checks to be carried out by SN on duty and charts to be signed by SN to evidence that checks are being completed. This should be reported on 24hr shift report, Home Manager will monitor as part of daily walk around 3 times per week. The registered person shall ensure that the programme of activities is displayed in each unit, in a suitable format, in an appropriate location in order that residents know what is scheduled. Ref: 6.5 Response by registered person detailing the actions taken: Activities are displayed in both units, however this will move to one board with the reconfiguration of the the units

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



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