



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 15 January 2020



Ashgrove

Type of Service: Nursing Home
Address: 55 Belfast Road, Newry, BT34 1QA
Tel No: 028 3026 9110
Inspector: Joanne Faulkner

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 provides nursing care for up to 46 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Denisa Baluta – 10 December 2019
Person in charge at the time of inspection: Denisa Baluta	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: 38

4.0 Inspection summary

An unannounced inspection took place on 15 January 2020 from 10.15 to 16.00 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 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 following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements

Evidence of good practice was found in relation to the delivery of care to patients which took into account personal preferences of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver the care patients' required. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Three areas requiring improvement were identified during this inspection in relation to infection prevention and control and the safe storage of cleaning products and chemicals.

Patients described living in the home in positive terms. Patients 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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Denisa Baluta, Registered 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 10 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

- where possible, speak with patients, people who visit them 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 retained

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. No patient/relative's questionnaire were returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 06 January 2020 to 19 January 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for October and November 2019
- RQIA registration certificate
- staff training records

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

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

6.0 The inspection

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person should implement a robust audit tool to monitor the management and administration of medicines.	Met
	Action taken as confirmed during the inspection: It was identified that a weekly medication audit is completed by the registered nurses in the home and a monthly audit completed by the manager; action plans are completed. In addition a quarterly audit is completed by the pharmacy that supplies the medication to the home.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (e)</p> <p>Stated: First time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was identified that all staff had completed fire awareness training on 9 December 2019. There was evidence which indicated that training will be completed twice yearly.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (c) and (d)</p> <p>Stated: First time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was noted that the emergency lighting BS5266 periodic inspection had been completed on 1 August 2019; the certificate to indicate that remedial works were completed was viewed.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that obsolete dosage directions for warfarin are cancelled and archived.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>From medication records viewed it was identified that obsolete dosage directions for warfarin are cancelled and archived.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care records viewed indicated that patient charts including repositioning and daily care charts are completed contemporaneously.</p>		

Area for improvement 3 Ref: Standard 11 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The home is currently operating as a single unit. The activities board was completed in a pictorial format and centrally located to ensure that patients could view the activities planned for each day.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements; the home manager was registered in December 2019. There is currently a vacancy for a deputy manager. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the Regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes housekeeping, laundry, maintenance and kitchen staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff and a sample of the home's rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager stated that there are a number of vacant posts for a deputy manager and care assistants. The manager stated that currently they have been using a number of care staff from a number of registered care agencies to ensure the required staffing levels are maintained.

Discussions with a number of relatives during the inspection identified that they had no concerns with regards to their relative receiving the appropriate care and support to meet their needs. One relative stated that they felt that there was a reduced number of staff in the afternoon; the manager stated that the appropriate number of staff are on duty in the afternoon to meet the needs of the patients; they stated that staff may be at other parts of the unit but are available to provide care as required.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team which included regular agency staff as required; it was felt that this supports the home in ensuring continuity of care to patients. Staff stated that they felt that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with relatives evidenced that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Relatives indicated that the manager and staff are approachable and always willing to take time to speak with them.

Discussions with staff and relatives, and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful, calm and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate. Observations of patient and staff interactions evidenced that patients were offered choice, staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

A number of the relatives consulted with spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The manager described how they are continually striving to ensure that the home is safe and pleasant for the patients and their visitors. Fire exits and corridors were observed to be clear of clutter and obstruction. Fire doors were noted to be alarmed as appropriate.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control and making a complaint. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered. The sample of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients. We observed that paint was chipped on a small number of walls in the corridors and lounges; the manager discussed the ongoing programme to repaint a number of areas within the home and to update the décor in the dining rooms.

We noted that there were no malodours detected in the home. It was identified that in a number of bathrooms/toilets that pull cords had not been covered in keeping with best practice with regards to infection prevention and control (IPC). An area for improvement was identified. We noted rust on one raised toilet seat and a bath chair; this was discussed with the manager and an area for improvement was identified. A supply of gloves and aprons were readily available to staff throughout the home; it was noted that on most occasions staff used this appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, patients and their visitors.

We observed that the doors of two sluice rooms were open and that in one of the sluice rooms cleaning chemicals were not stored safely. An area for improvement was identified.

We noted that in a number of patient bedrooms and a coffee area for relatives a range of food and drinks were in view; this was discussed with the manager in relation to the risk this may have for those patients who have been identified at risk of choking or are on modified diets. It was agreed with the manager that risk assessments would be completed in relation to the risk to patients and appropriate measures put in place to minimise the risk.

6.2.3 Care records

The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, risks and likes/dislikes. The records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans.

Care plans viewed provided details of the care required by individual patients; they were noted to include details of any practice deemed to be restrictive. Staff record daily the care provided to patients and care plans are reviewed monthly.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate; care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT) and Tissue Viability Nurses (TVN).

Discussions with staff and a number of relatives, and observations made provided assurances that care is provided in an individualised manner. Staff described how they support patients to be involved in all aspects of their care and to promote their independence.

There was evidence that patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Staff stated that patients had 24 hour access to food and fluids. There is evidence of SALT and dietetic input into the assessment and care planning of patients if required.

6.2.4 Dining experience

We noted that mid-morning and mid-afternoon patients were offered a range of hot and cold beverages and a selection of biscuits. We observed the serving of the mid-day meal; the atmosphere the dining rooms was calm and relaxed. Food served was noted to be appetising and well presented. Food was covered when being transferred from the dining room to patients who were eating in the bedrooms. A number of patients spoken with indicated that the food was good.

The dining rooms were observed to be clean and table settings were noted to be appropriate, napkins and cutlery were provided. Details of the menu were displayed in a pictorial format. The manager stated that they are in the process of decorating the dining areas to make best use of the space available.

It was noted that a number of patients required staff support with eating their meal; staff were observed taking time to chat to the patients and in ensuring they were satisfied with their choice.

We observed staff offering and providing assistance in a discreet and sensitive manner when necessary. The majority of staff were wearing appropriate protective clothing with regards to food hygiene good practice; one staff member proceeded to apply an apron when the inspector entered the dining room. This was discussed with the manager who stated that all staff would be reminded to wear appropriate protective clothing when serving food.

One relative indicated that they had raised concerns in relation to the consistency of the food provided to their relative; this was discussed with the manager who provided evidence that staff retraining had been planned for kitchen staff and care staff. The manager stated that the registered nurses observe the food served to patients at all meal times and report any concerns to them.

6.2.5 Activities

During the inspection it was observed that a number of patients were supported by one the activity coordinators to participate in an activity in one of the lounges. There was evidence that a varied programme of activities is available to patients in the home; they included craft and music activities. Activities planned are detailed on a notice board that is centrally located within the home; it is in a pictorial format.

6.2.6 Complaints

Discussions with the manager and the review of records indicated that complaints received by the home since the previous inspection had been managed appropriately. Discussions with the manager indicated that they were knowledgeable in relation to managing complaints received. Complaints are audited monthly as part of the quality monitoring audit.

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding since the last inspection had been managed in accordance with the homes policy and procedures. Adult safeguarding matters/ referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Relatives who spoke to the inspector could describe the process for reporting concerns they had in relation to care provided; they indicated that the manager and staff were approachable.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

6.2.9 Consultation

During the inspection we spoke with small groups of patients in the dining room or lounge areas, four relatives and four staff members. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patient's comments

- "I like it here; I am happy."
- "It is okay."
- "Staff are nice; food is nice."
- "I am happy here."

Staff comments

- "I have worked here since it opened over 20 years ago; I love it here."
- "The patients are well cared for."
- "I am happy here."
- "No concerns at the minute."
- "Staffing is better now; we get agency if we are short."
- "We get regular agency staff it is better for the residents."
- "I think the residents are safe."
- "Training is good."
- "Manager is approachable."
- "We try to get them (patients) to engage in activities."

Relatives' comments

- "Staff are excellent; I have no concerns."
- "Care for ***** (patient) very well; they come to turn her every two hours. Nothing is a bother to them (staff)."
- "Staff are very attentive and very kind to us also."
- "Excellent place."
- "Very happy with everything; ***** (patient) is very happy and contented here."
- "Staff are great."
- "We have no concerns and we are in most days."
- "Food is good."

Relatives stated that staff were friendly and approachable; the majority stated that they had no concerns in relation to the care provided to them. A matter relating to food preparation/presentation highlighted by one relative was discussed with the manager; details were provided of the actions that had been taken to address the matter.

We observed a number of staff supporting patients in the dining room and lounge areas; the activities coordinator was encouraging and supporting patients to be involved in an organised activity. Observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a calm, relaxed and welcoming atmosphere in all areas within the home.

Discussion with the manager, relatives and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; no response was received prior to the issuing of this report

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.10 Governance Arrangements

The manager provided evidence that systems were in place to monitor and report on the quality of care provided. The home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. The inspector reviewed a sample of the audit reports that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. It was identified that a comprehensive action plan is generated to address any area for improvement. The records indicated engagement with staff, patients, and where appropriate their representatives. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control and the safe storage of cleaning products and chemicals.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Denisa Baluta, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14. (2)(a)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that all chemicals and cleaning products are securely stored within the home to comply with Control of Substances Hazardous to Health (COSHH).</p> <p>This relates specifically to ensuring that sluice doors are securely locked at all times and that all cleaning chemicals are stored appropriately.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: All chemicals have been removed and stored in a key padded store. This will be monitored by the Home Manager and Housekeeper.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that pull cords throughout the home are covered in order to minimise the risk of infection to patients and staff.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: Review completed and all pull cords have been covered with a wipeable cover.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that damaged equipment is replaced in order to adhere to infection prevention and control policies and procedure.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: The damaged equipment has been removed and new items have been ordered.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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