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# Unannounced Care Inspection
# of
# Ashgrove

## 22 December 2015

The Regulation and Quality Improvement Authority
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## 1. Summary of Inspection

An unannounced care inspection took place on 22 December 2015 from 09.10 to 15.10 hours.

The inspection sought to assess progress with the issues raised during and since the previous inspection.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 30 June 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | **4** | **0** |

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Bijini John, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

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| **Registered Organisation/Registered Person:** Four Seasons Health Care | **Registered Manager:** Bijini John |
| **Person in Charge of the Home at the Time of Inspection:** Bijini John | **Date Manager Registered:** 1 March 2010 |
| **Categories of Care:** NH-DE | **Number of Registered Places:** 52 |
| **Number of Patients Accommodated on Day of Inspection:** 48 | **Weekly Tariff at Time of Inspection:** £593 |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with six patients individually and with the majority of others in groups, three care staff, three registered nurses and two patient's visitors/ representatives.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- The previous care inspection report.

The following records were reviewed during the inspection:

- three patient care records
- staff duty rota from 14 to 27 December 2015
- staff training records
- staff meeting minutes
- complaints record
- incident and accident records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection on 30 June 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care (Same specialism) Inspection

| Last Care Inspection Statutory Requirements | | Validation of Compliance |
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| **Requirement 1**<br><br>**Ref**: Regulation 13 (7)<br><br>**Stated:** First time | The registered persons shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff. This is in regards to the following issues in Carlingford suite:<br><br>• clutter in one sluice<br>• the need for a soap dispenser at the hand-washing sink in one sluice<br>• a rusted shower chair in one bathroom<br>• a rusted water outlet in one bathroom<br>• a ripped seat in a lounge<br>• items stored on the floor in the store room. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The sluices in Carlingford suite were clean and clutter free. Soap dispensers were available in the sluices. No rusted shower chairs or water outlets were noted. No ripped seating was observed. No items were found stored on the floor of the store room.<br><br>This requirement has been met. | |
| **Last Care Inspection Recommendations** | | **Validation of Compliance** |
| **Recommendation 1**<br><br>**Ref**: Standard 32<br><br>**Stated:** First time | Staff should receive training/supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>A number of care staff had received training on palliative care either face to face or through e-learning. There were more dates planned for this training in 2016.<br><br>This recommendation has been met. | |

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| **Recommendation 2**<br><br>**Ref**: Standard 32 Criterion 2<br><br>**Stated:** First time | It is recommended that staff are made aware of the referral arrangements in place in the home to obtain advice and support from relevant health care professionals with expertise in palliative care. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Registered nurses were aware of the specialist services available to them in relation to palliative and end of life care.<br><br>This recommendation has been met. | |
| **Recommendation 3**<br><br>**Ref**: Standard 20 Criterion 2<br><br>**Stated:** First time | It is recommended that where appropriate, end of life care and after death arrangements are discussed with the patient and their representatives and documented to include their preferred place of care and death. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Two patients' records were reviewed and discussions around end of life care were recorded to include the patients' preferred place of care and death.<br><br>This recommendation has been met. | |
| **Recommendation 4**<br><br>**Ref**: Standard 35 criterion 3<br><br>**Stated:** First time | A system should be put in place to ensure that sufficient cutlery and glasses are available to meet the patients' needs at meal times. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The manager stated that an inventory of cutlery and glasses had been carried out and an order was due for delivery. No shortages were noted on observation of the breakfast and lunch time meals. Staff stated that they would only be short on occasion but that this had generally been addressed appropriately.<br><br>This recommendation has been met. | |

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| **Recommendation 5**<br><br>**Ref**: Standard 44 criterion 11<br><br>**Stated:** First time | It is recommended that the purpose of one sluice in Carlingford suite is clarified, this decision communicated to staff and a minor variation submitted to RQIA if the purpose of this room is to change from a sluice to a domestic store. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The manager stated that the sluice was to continue to be used as a sluice. On observation the sluice was not being used to store any inappropriate items.<br><br>This recommendation has been met. | |

## 5.3 Additional Areas Examined

### 5.3.1. Comments of patients, patient representatives and staff

As part of the inspection process the views of patients, their representatives and staff were sought and their comments are included below.

**Patients**

The majority of patients were unable to communicate verbally with the inspector. However, patients were noted to be well presented and relationships between staff and patients were observed to be relaxed and friendly. Staff were noted to be responding promptly to patients' needs.

**Patients' representatives**

Two patients' representatives spoke with the inspector. They commented that they were happy with the care provided to their loved ones and stated that the staff were very caring. No issues or concerns were raised.

**Staff**

Those staff consulted were happy working in the home and found the manager to be supportive. Two activity co-ordinators spoke with the inspector and commented that the manager was very supportive of their efforts. They were able to show detailed records of the activities they carried out with residents and how they had used these to enable reminiscence with them. They had also created a number of engaging wall displays in the home. This was commendable.

Two registered nurses commented that they were using a number of agency nursing staff and, as a result, they were acting as "named nurses" for a greater number of patients. As "named nurses" they were responsible for updating the care records for their group of patients and, due to the increased numbers, they were experiencing difficulty in updating these records in a timely way. Please refer to Section 5.3.2 for further information.

### 5.3.2. Care Records

Three patient care records were reviewed and risk assessments and care plans had not been updated in a timely manner. One patient's pain assessment had not been updated since 29 July 2015. In two records reviewed, risk assessments had been done but had been incorrectly totalled. However, in each case an appropriate care plan was in place despite the errors.

In one patient record a care plan had not been reviewed since 29 July 2015 and in another record, since 3 August 2015. A requirement has been made that the assessments of patients' needs are reviewed and revised at least monthly or as the patient's condition changes. A requirement has also been made that patients' care plans are kept under regular, monthly review.

Concerns were also identified in relation to wound care documentation. In one patients' record a care plan was in place detailing the dressings to be applied. However, this differed from the entries made in the progress notes and the most recent recommendations of the specialist tissue viability nurse from the trust. It could not be ascertained from the care plan when the dressing was next due and the last entry stated that the wound had not been dressed since 11 December 2015.

This was discussed with a registered nurse, who was clearly knowledgeable about the needs of the patient. She stated that the patient's wound was last dressed on 19 December 2015 and was due again on the day of the inspection. Entries had been made in the daily diary indicating that the wound had been dressed as stated. However, this was not recorded appropriately on the open wound care chart. As a result the condition of the wound at the previous dressing change was not recorded. On inspection, the patient's wound dressing was found to be clean and intact.

The nurse was confident that care was being delivered but acknowledged that the standard of documentation fell below that expected. A requirement has been made that wound care is delivered as prescribed and records maintained to evidence care delivery.

The standard of record keeping was also discussed with the manager who confirmed that a registered nurse had recently resigned and another was on long term sick leave. The gaps in care documentation had already been identified by the manager and the regional manager. There was evidence in the staff meeting minutes on 18 December 2015 that this had been addressed with staff and that the manager had allocated registered nurses dedicated time to complete their records each afternoon. A new sister had recently been appointed and was due to start in January and the manager stated that this would help to address the situation.

The manager had plans in place to introduce the new four seasons health care quality initiative and, as part of this, care records will be reviewed monthly. The manager was of the opinion that this would enable issues to be identified earlier and addressed more promptly.

### 5.3.3. Environment

The home was maintained to a good standard of hygiene and décor throughout. The home was generally fresh smelling but a malodour was identified in one bathroom.

Bathrooms were clean and uncluttered but unlabelled toiletries were noted in one bathroom cabinet which had the potential to be shared. There issues were highlighted to the manager who agreed to address them. These will continue to be monitored as part of ongoing inspection activity.

It was noted that the pictorial menu displayed in one of the dining rooms was for the day before. The manager spoke with the kitchen assistant and it emerged that the choices were correct but the day had not been changed. This was promptly updated.

A number of bedroom doors were found to be propped open using various methods, representing a fire risk. This was highlighted to the manager on the day of inspection and a requirement has been made.

**Areas for Improvement**

A requirement has been made that the assessment of patient needs are kept under review and revised as necessary.

A requirement has been made that a nursing care plan is prepared as to how the patient's needs are to be met and that this is kept under review.

A requirement has been made that wound care is delivered as prescribed and records maintained to evidence care delivery.

A requirement has been made that adequate precautions against the risk of fire are in place and that robust systems are in place to review the adherence to these precautions.

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| **Number of Requirements:** | **4** | **Number of Recommendations:** | **0** |

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Bijini John, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

| Statutory Requirements | |
|---|---|
| **Requirement 1**<br><br>**Ref:** Regulation 15 (2) (a) and (b)<br><br>**Stated:** First time<br><br>**To be Completed by:** 31 January 2016 | The registered person shall ensure that the assessment of the patient's needs is kept under review and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.<br><br>**Ref: Section 5.3.2**<br><br>**Response by Registered Person(s) Detailing the Actions Taken:** Arrangements are in place to audit all care plans, the Home manager has a process in place and this will be completed by 29 Feb 16. An action plan will be devised and discussed with the named nurse . The Home Manager will complete the re- assessment and the findings will be discussed with named nurses . This will ensure that all files are kept under review and revised as needed not less than annually. |
| **Requirement 2**<br><br>**Ref:** Regulation 16 (2) (b)<br><br>**Stated:** First time<br><br>**To be Completed by:** 31 January 2016 | The registered person shall ensure that the patient's plan is kept under review.<br><br>**Ref: Section 5.3.2**<br><br>**Response by Registered Person(s) Detailing the Actions Taken:** Identified issues have been addressed and arrangements are in place to monitor the records on monthly basis. |
| **Requirement 3**<br><br>**Ref:** Regulation 13 (1) (a) and (b)<br><br>**Stated:** First time<br><br>**To be Completed by:**<br><br>31 January 2016 | The registered person shall ensure that the nursing home is conducted so as –<br>(a) to promote and make proper provision for the nursing, health and welfare of patients;<br>(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.<br><br>Wound care must be delivered as prescribed and records maintained to evidence delivery.<br><br>**Ref: Section 5.3.2**<br><br>**Response by Registered Person(s) Detailing the Actions Taken:** Monthly wound care audits are carried out in the home. A weekly review is undertaken by Home Manager. The identified issues on the day of the ispection have been addressed. |
| **Requirement 4**<br><br>**Ref:** Regulation 27 (4) | The registered person must ensure that adequate precautions against the risk of fire are in place and that robust systems are in place to review the adherence to these precautions. |

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| (b) & (d) (v)<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>29 December 2015 | **Ref: Section 5.3.3** |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>Identified issues have been discussed with staff. Fire training is to be continual throughout the year where the identified issues will also be discussed. An audit has been completed to ascertain the need for hold open devises, which will be purchased as needed by 31 March 16. Home manager /maintenanace person and fire wardens will continue to monitor on a dialy basis. |

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| **Registered Manager Completing QIP** | Bijini John | **Date Completed** | 1/2/16 |
| **Registered Person Approving QIP** | Dr Claire Royston | **Date Approved** | 11.02.16 |
| **RQIA Inspector Assessing Response** | Karen scarlett | **Date Approved** | 12/02/16 |

***Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address***

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| Please provide any additional comments or observations you may wish to make below: |