

Unannounced Care Inspection

Name of establishment:	Ashgrove
RQIA number :	1462
Date of inspection:	24 March 2015
Inspector's name:	Karen Scarlett
Inspection number:	IN021251

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of establishment:	Ashgrove
Address:	55 Belfast Road Newry BT34 1QA
Telephone number:	028 30269110
Email address:	ashgrove.m@fshc.co.uk
Registered organisation/ registered provider:	Four Seasons Health Care Mr James McCall
Registered manager:	Mrs Bijini John
Person in charge of the home at the time of inspection:	Mrs Bijini John
Categories of care:	NH-DE
Number of registered places:	52
Number of patients accommodated on day of inspection:	50
Scale of charges (per week):	£581.00 per week
Date and type of previous inspection:	17 December 2014, secondary unannounced inspection
Date and time of inspection:	24 March 2015 10.20 – 15.40
Name of inspector:	Karen Scarlett

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Method/process

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

- discussion with the registered nurse manager
- discussion with regional manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of staff training records
- review of staff supervision records
- review of a sample of care records
- review of care record audits
- evaluation and feedback
- observation during an inspection of the premises

5.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved in addressing the issues raised during and since the previous inspection on the 17 December 2014. At this inspection a number of ongoing issues were identified in relation to infection prevention and control and the fitness of the premises. Given these concerns had been raised for a third time the providers were invited to attend a serious concerns meeting at RQIA on 9 January 2015. At this meeting the providers produced a comprehensive action plan and provided assurances that the issues would be addressed and the home brought back in to compliance. RQIA agreed to allow further time for the home to implement their action plan and it was agreed that a follow up inspection would be carried out within a specified time period to assess compliance.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Ashgrove Care Home is situated close to Newry City within its own grounds on Newry's Belfast Road. The nursing home is owned and operated by Four Seasons Healthcare and Mr Jim McCall is the responsible individual for the company. The current registered manager is Mrs Bijini John.

Single storey accommodation is provided in two units known as Carlingford and Clanryre. Within each unit a number of communal lounge and dining areas are provided and a number of communal sanitary facilities are available throughout the home.

Both units are linked to service corridor where catering and laundry services are located.

A designated hairdressing area is available for patients and a cinema is located within Clanryre Suite. A sunroom is provided in Carlingford Suite and a secure courtyard area can be accessed by patients from both units. Car parking is available within the grounds of the home.

The home is registered to provide care for a maximum of fifty two patients under the following categories of care:

Nursing care

DE dementia care.

The RQIA certificate of registration was reviewed during this inspection and was displayed appropriately in the foyer area of the home.

7.0 Summary

This summary provides an overview of the services examined during an unannounced care inspection of Ashgrove Care Home. The inspection was undertaken by Karen Scarlett on 24 March 2015 from 10.20 to 15.40 hours.

Mrs Bijini John, registered manager, was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Bijini John and Lorraine Thompson, regional manager, at the conclusion of the inspection.

As a result of the previous inspection conducted on 17 December 2014, five requirements and five recommendations were made. The inspector evidenced compliance as follows; four requirements were assessed as compliant and one requirement, regarding care planning, was not compliant and has been stated for a second time. Of the five recommendations all were assessed as compliant. Details can be viewed in section 8.0 immediately following this summary.

The inspector met with patients, staff, relatives and a visiting professional, observed care practices, examined a selection of records and carried out a thorough inspection of the nursing home environment as part of the inspection process.

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard. Patients were observed to be well presented and treated with dignity and respect.

The action plan presented to RQIA at the meeting on 9 January 2015 had been implemented in full and the home's general environment had undergone significant improvement since the last inspection. Issues identified in relation to infection prevention and control had also been fully addressed. A number of rooms still required redecoration and this was to be completed by the end of March 2015. A recommendation has been made that the home is kept clean and decorated to a standard acceptable for the patients. This will continue to be monitored by RQIA during inspection. Details can be found in section 8.0 and 9.0 of the report.

During this inspection a number of care records were examined. Although these were generally presented to a good standard, two areas of improvement were identified. One record did not contain a care plan to address a patient's prescribed care and treatment. A previously stated requirement in this regard has been stated for a second time. It was further noted that in two of the records examined the assessment of need had not been completed annually and one did not reflect the current needs of the patient. A requirement has been made that the assessment of needs are reviewed and updated as necessary for all patients to ensure that these reflect their current condition.

As a result of this inspection two requirements, one restated, and two recommendations have been made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, registered manager, regional manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
C/F	13(1)(a)	<p>The registered persons must ensure that upon conclusion of safeguarding of vulnerable adult investigations, RQIA are informed of the outcome, and of any action which has been taken.</p> <ul style="list-style-type: none"> The registered manager agreed to inform RQIA of the outcomes and of any recommendations which are made to the home upon conclusion of on-going investigations. 	<p>The manager produced emails from the Trust representative which stated that the ongoing investigation was now closed. Mrs John has kept RQIA informed throughout the process.</p> <p>This requirement has now been addressed.</p>	Compliant

1	13(7)	<p>The registered persons must ensure that effective processes are in place to address infection control deficits.</p> <p>Evidenced based practice in terms of infection prevention and control must be instigated at all times.</p> <ul style="list-style-type: none"> • cream must only be used for the patient for whom it is prescribed • mattresses should be appropriately stored • hoisting slings should be stored appropriately and in accordance with manufacturer's instructions • the laundry must be upgraded • sink casing's which are worn should be replaced in identified bedrooms • menu holders must be kept clean <p>This requirement has been stated for a final time.</p>	<p>An inspection of the premises evidenced that all the issues had been addressed in relation to infection prevention and control. The home was clean and well organised.</p> <p>This requirement has been addressed.</p>	Compliant
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2	27(2)(d)	<p>The registered persons must ensure that all parts of the nursing home are kept clean and reasonably decorated.</p> <ul style="list-style-type: none"> walls throughout the premises must be maintained to a good state of repair to enable them to be effectively cleaned doors, architraves and skirting boards must be repaired, repainted and or replaced to enable them to be effectively cleaned; baths should be cleaned after use vacant rooms should be repainted before allocation to a new patient; patient seating should be kept clean and well maintained at all times the laundry ceiling should be repainted odour management issues in identified bedrooms and sluice areas must be effectively addressed the designated patient smoke room should be clean, tidy and available for its stated purpose the home must be kept clean at all times. <p>This requirement has been stated for a third and final time.</p>	<p>An inspection of the premises evidenced that extensive redecoration work had been carried out to address the issues identified. There was evidence of an ongoing programme of redecoration which is to be completed by the end of March 2015.</p> <p>The laundry had been repainted.</p> <p>Patient seating was observed to be clean and well maintained.</p> <p>Overall, odour management in the home had substantially improved. There were two bathrooms and a sluice room still requiring redecoration which is planned to be completed as part of the ongoing refurbishment programme. RQIA will continue to monitor progress through the inspection process.</p> <p>The designated smoking room was clean and tidy.</p> <p>This requirement has been addressed.</p>	Substantially compliant
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3	13(1)(b)	<p>The registered person must ensure that the health and welfare needs of patients are effectively addressed:</p> <ul style="list-style-type: none"> the personal care needs of an identified patient must be appropriately addressed. the health and welfare needs of patients must be promptly identified and addressed in a timely way. 	<p>The personal care needs of the identified patient have been addressed. All patients were well presented on the day of inspection.</p> <p>This requirement has been addressed.</p>	Compliant
4	16(1)(2)	<p>The registered person must ensure that each patient's plan of care is updated in a timely way to reflect the patient's prescribed care and treatment.</p>	<p>In one care record examined a care plan was not in place to reflect a patient's prescribed care and treatment.</p> <p>Assurances were given by the registered manager and the named nurse that this care plan would be put in place on the day of inspection.</p> <p>This requirement has been stated for a second time.</p> <p>Furthermore, it was noted that annual assessments of need were overdue in two out of the three records examined. In one case the assessment of need did not reflect the patient's current needs. A further requirement has been made in this regard.</p>	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	19.1	The registered manager must ensure that a completed bowel assessment referencing the Bristol Stool chart is completed for each patient.	A bowel assessment had been completed in the three records examined. These referenced the Bristol stool chart in each case. This recommendation has been addressed.	Compliant
2	19.1	The registered manager must ensure that patient daily progress notes reflect person centered information in respect of continence care, and a consistent record referencing the bristol stool chart is recorded in each patient's progress record to enable effective traceability of bowel function.	A consistent record referencing the Bristol stool chart was kept in each of the three progress notes examined. This recommendation has been addressed.	Compliant
3	19.4	The registered manager must confirm that all nursing and care staff have received continence care training.	An examination of the training records evidenced that the majority of staff had recently had training in continence care. Further dates were planned for staff. This recommendation has been addressed.	Substantially compliant
4	19.4	The registered manager should ensure that a link nurse(s) for continence care is appointed, and audits on continence management are undertaken and the findings acted upon to enhance standards of care.	A link nurse has been appointed for continence care and audits are being undertaken. This recommendation has been addressed.	Compliant

5	25.2	<p>The registered manager must review staffing arrangements to ensure patients' individual needs are delivered in a person centred way at all times.</p> <p>The registered manager must ensure that all staff providing care and treatment to patients can communicate effectively, and where necessary effective systems are implemented to support individual staff.</p> <p>RQIA should be informed of the staffing review outcome and of any action taken by management to assist communication for individual staff.</p>	<p>A review of staffing arrangements had been conducted by the management. As a result a housekeeper had been appointed which is having a positive impact on the cleanliness of the home.</p> <p>Staff were observed chatting and reading to patients during the late morning and early afternoon period. The activities person had also resumed work after a period of absence.</p> <p>No staff, patients or relatives raised concerns regarding staffing.</p> <p>The regional manager confirmed that some recently employed overseas staff were attending classes to further develop their English language skills.</p> <p>This recommendation has been addressed.</p>	Compliant
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8.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There has been one notification to RQIA regarding a safeguarding of vulnerable adults (SOVA) incident. An investigation had been ongoing involving the Police Service for Northern Ireland. The home manager had been recently informed that the investigation has now been concluded. RQIA were not part of the investigatory process however RQIA have been kept informed at all stages of the investigation.

Following discussion with the registered manager the inspector was satisfied that appropriate action had been taken to ensure the protection of the patients currently accommodated during the investigation process.

8.2 Care Practices

The staff were observed to be responding in a timely way to the needs of the patients throughout the day. They were observed reading to patients and chatting to them in the lounges. Relationships between staff and patients were relaxed and friendly. Assistance was being given as required to patients during lunch. All patients were observed to be very well presented in suitable clothing. Patients were observed having their hair done in the hairdressing salon. The activities person had returned following a period of absence and was planning to help patients to plant flowers in the garden in the afternoon.

8.3 Patients' and relatives' comments

Patients were unable to comment specifically on the care provided given the nature of their condition but they were found to be relaxed and content. Five relatives consulted were positive about the care provided and the staff and no concerns were raised. One visiting professional also commented positively about the home and the care staff. A complimentary letter was viewed in which a relative expressed their satisfaction with the redecoration work that had been undertaken.

8.4 Staffing and staff Comments

On discussion the registered manager confirmed that there were currently no issues with staffing. There were two vacancies for care assistant posts being recruited at present. A housekeeper had recently been recruited to supervise the domestic staff and this was a very positive appointment. Staff spoken with confirmed that they were currently adequately staffed. They all commented positively on the improved standards of cleanliness and the presentation of the home following the redecoration.

9.0 Areas Examined

9.1 Infection prevention and control

On the day of inspection the home was found to be clean and presented to a good standard of hygiene throughout. The previously identified issues had been addressed. There were no instances of equipment being stored inappropriately in the bathrooms, slings were stored appropriately and there was no evidence of shared creams being used in patients' bedrooms. The laundry had been redecorated and refurbished and was well presented. The menu holders had been replaced by wipeable bound booklets which were clean and well maintained. A number of sink units had been replaced and further units are to be replaced. New linen trolleys had been introduced to segregate used linen more effectively.

The home have recently employed a housekeeper responsible for supervising domestic staff and this appointment was having a positive impact on the cleanliness of the home. There were updated cleaning schedules in place specifying each cleaning activity and these were signed by the domestic assistant on completion. Review of the records evidenced that formal supervision of all domestic staff and care assistants in relation to infection control had been undertaken. Furthermore, all staff had received up to date training in infection prevention and control.

No other issues in relation to infection prevention and control were identified.

9.2 Fitness of the Premises

The home had undergone a comprehensive redecoration and refurbishment programme with the majority of rooms already redecorated. Painting was being undertaken on the day of inspection and the remaining rooms are to be redecorated by the end of March 2015. This is to include the repair and repainting of skirting boards, doors and architraves. The smoking room was tidy and uncluttered. The laundry had been repainted and shelving refurbished. Corridors and lounges had also been redecorated and seating replaced.

The previously identified odour management issues had been substantially addressed, particularly in patients' bedrooms and communal areas. There were two bathrooms and a sluice room identified which require further attention and these had been identified by the home for redecoration. A recommendation had been made that the home is kept clean and well decorated. Compliance will continue to be monitored by RQIA during inspection.

It was noted that a shower room was currently being used for storage and had been put out of use. The registered manager is considering converting this in to a larger treatment room. There were still adequate bathroom/toilet facilities for patients. The manager was advised to submit a variation application to RQIA once the function of the room is decided.

9.3 Care Records

A selection of care records were examined and these were found to be maintained to a good standard. Risk assessments and care plans were in place to address the needs of the patients and these were reviewed monthly. The care plans reviewed were observed to be person centred and reflected staff's knowledge of each individual patient.

Furthermore, in response to previous inspection findings, the home management had introduced a personal care checklist which detailed the specifics of care given daily to each patient. These were signed by the staff member and included attention to nails, hair, teeth and shaving as well as bed making and tidying the room. These also recorded instances in which certain aspects of personal care were declined. A review of these records evidenced that they were being consistently completed. Patients in the home were observed to be well groomed and well presented.

It was noted, however, that the assessment of need was not up to date in two of the records examined. These should be reviewed at least annually or as the patient's condition changes. Although care records were now being audited this shortfall had not identified. A requirement has been made that needs assessments are reviewed at least annually for all patients to ensure that these reflect their current condition. A recommendation has also been made that care records continue to be audited and the findings acted upon to further enhance the standard of record keeping.

A review of one care record found that a care plan was not in place to reflect the patient's prescribed care and treatment. Discussion with the manager and the named nurse confirmed that the required care was being delivered but it was agreed that the care plan would be completed that day to reflect this. A previous requirement in this regard has been stated for a second time.

Records were also reviewed in relation to restraint as this had been raised as an issue of concern at previous inspections. It was noted from the records that consent/discussion forms in relation to restraint had been completed in discussion with the patients' representatives. Patients' representatives had also been consulted when completing care plans. The home maintained records of when lap belts were released and these records were well maintained and reflected the recommendations made by health professionals. The home manager explained that no bed rails were being used in the home and falls risk was being managed by less restrictive options.

10. Quality improvement plan

The details of the quality improvement plan appended to this report were discussed with Bijini John, registered manager, and Lorraine Thompson, regional manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the quality improvement plan.

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.

Enquiries relating to this report should be addressed to:

Karen Scarlett
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Care Inspection

Ashgrove

24 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Bijini John and Lorraine Thompson during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

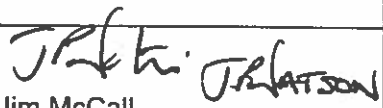
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	16(1)(2)	The registered person must ensure that each patient's plan of care is updated in a timely way to reflect the patient's prescribed care and treatment. Ref: section 8.0 and 9.0	Two	Patients plans of care are updated as needs change and also reviewed monthly A schedule of auditing is in place to ensure compliance	24 May 2015
2.	15 (2)	Assessment of patients need must be reviewed and updated at least annually for all patients to ensure that these reflect their current condition. Ref: section 9.0	One	Patients assessment needs are updated and reviewed at least annually or/and when needs change. A schedule of auditing is in place to ensure compliance	24 June 2015


Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	32.1	The home is to be kept clean and decorated to a standard acceptable for the patients. Ref: sections 8.0 and 9.0	One	There are new cleaning shedules/records in place. A rolling refurbishment plan is also in place.	Ongoing from date of inspection
2.	25.11	Audits of care records should be undertaken and the findings acted upon to enhance the standards of record keeping. Ref: section 9.0	One	Initial auditing has been completed and a schedule in place for reauditing to ensure all findings have been addressed.	Ongoing from date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / Identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Bijini John
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall MANAGING DIRECTOR 5/5/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	YES		22/5/15
Further information requested from provider			