

Inspection Report

25 August 2021



Ashgrove

Type of service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ann's Care Homes Limited Responsible Individual: Mrs Charmaine Hamilton	Registered Manager: Mrs Wendy Miniss Date registered: 4 June 2021
Person in charge at the time of inspection: Mrs Wendy Miniss	Number of registered places: 46 All 46 residents accommodated shall be assessed as DE.
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 27
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 46 patients who have a dementia. Patients have access to communal lounges, dining rooms and a garden space.	

2.0 Inspection summary

An unannounced inspection took place on 25 August 2021 from 9.15am to 5.00pm by a care inspector.

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.

Patients were well presented in their appearance and spoke positively on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and the staff are included in the main body of this report.

Areas for improvement were identified in relation to the environment, use of personal protective equipment, management of hydration and with nutritional screening.

RQIA was assured that the delivery of care and service provided in Ashgrove was safe, effective and compassionate and that the home was well led. Staff were knowledgeable about the patients in their care and care was delivered in a caring and compassionate manner.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Wendy Miniss, Registered Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Eight patients and seven staff were consulted during the inspection. Patients spoke positively about their engagements with the staff in the home and with the environment in which they lived. Staff described the teamwork in the home as 'brilliant' and confirmed that they enjoyed working in the home and interacting with the patients. Staff and management were delighted that Ashgrove Care Home had been awarded the Top 20 Nursing Homes Award for Northern Ireland.

There were no responses from the online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 10 March 2021		
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 12 Stated: First time	The registered person shall ensure that a system is in place where patients receive a choice of meal. This will refer to all patients regardless of their nutritional requirement.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met and this will be discussed further in section 5.2.2.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that the identified patient's nutritional care records are up to date and consistently reflect the patient's nutritional requirements throughout in accordance with SALT/dietician recommendations.	Met
	Action taken as confirmed during the inspection: The identified patient's nutritional care records had been reviewed and were up to date in accordance with SALT recommendations.	
Area for improvement 3 Ref: Standard 4 Criteria (9) Stated: First time	The registered person shall ensure that food and fluid intake records are recorded accurately and there is evidence within patients' care records of any actions taken when any deficit is identified.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in section 5.2.2.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

All staff were provided with a comprehensive induction programme, in accordance with their role, to prepare them for working with the patients. There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety.

A system was in place to ensure that staff completed their training. The manager confirmed that the home had recently been taken over by a new provider company; Ann's Care Homes Limited, and that the training system in use at the time of the inspection would be changed to a new system. Additional staff training had also been planned to meet the needs of patients intended for admission to a unit in the home which was undergoing redevelopment at the time of the inspection.

Regular checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Staff confirmed that they were 'very busy' in the home but said that there was good teamwork. One staff stated, "We are like one big family here." Another staff suggested a way to further enhance the teamwork in the home which was shared with the manager for their review and action as appropriate. Agency staff had been employed in the home and the use of the same agency staff promoted consistency in care.

Staff were satisfied that the needs of patients were met with the number and skill mix of staff on duty. The staff duty rota accurately reflected all of the staff working in the home on a daily basis. This included the use of agency staff. The duty rota identified the nurse in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Patients spoke positively on the care that they received and confirmed that staff attended to them when they needed them. Those patients who could not verbally communicate appeared comfortable and settled in their surroundings. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially. The manager and staff confirmed plans to move to electronic record keeping for patients' care records.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. A record of repositioning had been maintained and included evidence of skin checks on repositioning. A review of wound care records evidenced that the appropriate documentation had been completed to guide staff in the care of the wound and monitor the progress of the wound care delivery.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. The manager described recent actions taken with staff to improve falls management in the home and in particular the reporting of falls to relevant authorities.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats, tag monitors and/or bed rails. Review of two patients' care records and discussion with the manager confirmed that the correct procedures had been followed when restrictive practices had been implemented.

Care plans were also in place where patients required assistance in making complex decisions. As the unit in Ashgrove was a locked unit, Deprivation of Liberty care plans were in place to reflect best interest discussions for patients and identifying who was consulted such as the patient, next of kin, general practitioner and members of the multidisciplinary team.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. Patients were offered a choice of chicken or roast beef for lunch. Other preferences were also catered for. Patients could take their meals in the dining room, one of the lounges or their own bedrooms if they preferred.

Nutritional risk assessments were carried out monthly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST). A MUST assessment for a patient who had significant weight loss had been scored incorrectly. This was discussed with the manager and identified as an area for improvement. The patient did not come to any harm as a result of this gap in record keeping and had been appropriately referred to dieticians and monitored by dieticians. However, an incorrect MUST score may not prompt the appropriate response required from trained staff.

We reviewed the hydration records for two patients. Both patients had a 24 hour fluid target to work toward. However, gaps were identified within the food and fluid intake records.

Appropriate oversight of the fluid intakes was not evidenced within the patients' care records. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. There was evidence of redecoration since the last care inspection.

Only one half of the home was open to patients. Renovation works were in progress in the second half. RQIA had been appropriately informed and will review the completed works prior to patients being accommodated within this unit again.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

During the inspection we observed a heated breakfast trolley accessible to patients in a lounge which would present as a burn risk if any patient had touched it. The door to the treatment room was observed open where medications were also accessible to patients. A thickening agent was observed within a communal lounge in the home where patients were present without staff supervision. These areas were discussed with the manager and identified as an area for improvement.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff. Environmental infection prevention and control audits had been conducted monthly.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. However, while PPE was worn appropriately during care delivery, noncompliance was observed during environmental cleaning. This was discussed with the manager and identified as an area for improvement.

5.2.4 Quality of Life for Patients

Patients' care plans indicated how they like to spend their day. Patients, who could, would make their own preferential choices throughout the day and staff were observed in assisting patients with their choices. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

Patients had access to a garden area and could enter a second enclosed garden area whenever they wanted to go for a walk or sit in the fresh air. The activity coordinator was observed engaging with patients on a one to one basis and on a group basis. Arts and crafts had been planned for the day where patients could make Hawaiian decorations for a planned Hawaiian party scheduled for the coming Friday. Additional activities included exercises, music, sensory activities, reminiscence and church services. A programme of activities was displayed and records were maintained of activity provision in the home.

Visiting and care partner arrangements were in place, in accordance with DOH guidelines, with positive benefits to the physical and mental wellbeing of patients. Visiting was by appointment only and patients were offered up to three visits per week. Patients could also leave the home with their families for planned trips out. The activity coordinator confirmed an upgrade in the Wi-Fi provision in the home allowed for greater coverage to facilitate virtual visits. Patients spoke positively on the visiting arrangements in the home.

The home had also developed a newsletter to be shared with patients and their visitors/relatives. The newsletter aim was to keep readers up to date with any updates or events relating to the home. Issue one introduced the manager of the home and also introduced Ann's Home Care as the new provider of care taking over from Four Seasons Health Care. The newsletter also identified the visiting arrangements in the home and discussed lateral flow testing as a non-compulsory additional protective measure to visiting in the home and keeping patients safe against COVID - 19.

5.2.5 Management and Governance Arrangements

Since the last care inspection, Mrs Wendy Miniss became the Registered Manager of the home on 4 June 2021 when the RQIA registration process was completed. Ann's Home Care took over the running of the home from Four Seasons Health Care on 26 July 2021.

Staff commented positively about the manager and described her as always approachable and they felt that she would listen to them if they had any concerns. Staff who had met with Ann's Home Care senior management described them as 'lovely people who made them feel as part of the team'. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Staff were aware of who the person in charge of the home was in the absence of the manager, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

Auditing records evidenced the actions taken when deficits were identified. The manager confirmed that from July 2021 the home were using Ann's Home Care auditing tools.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. The newsletter invited anyone with a concern to speak with the manager or a member of the team. A complaints and compliments file was maintained to keep a record of any complaints/compliments received. The manager confirmed that any learning from complaints or any compliments received would be shared with staff.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to, although, five staff consulted were not aware of who the adult safeguarding champion for the home was. The adult safeguarding champion is the person nominated in the home who has responsibility for implementing the regional protocol and the home's safeguarding policy. This was discussed with the manager who agreed to address this with all staff.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients appeared happy living in the home evidenced by what they told us and in their demeanour. Staff were knowledgeable in relation to each patient's individual needs and care was provided in a caring and compassionate manner. There was adequate staff available to provide the care required.

Patients' bedrooms were personalised with their own belongings and communal living areas were maintained clean and tidy. The activities provided were meaningful to the patients. Ann's Home Care had taken over the running of the home with positive outcomes for both patients and staff. Systems were in place to monitor the care provision in the home. Visiting and care partner arrangements continued in accordance with DOH guidelines.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner and that the service is well led by the manager.

Four areas for improvement were identified as part of this inspection and these are included in the Quality Improvement Plan below. Addressing these areas for improvement will further enhance the quality of care and the patients' experience in the home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	3*

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Wendy Miniss, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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: With immediate effect</p>	<p>The registered person shall ensure that any area accessible to patients is maintained hazard free.</p> <p>This is in relation to:</p> <p>Patients' access to heated trolleys in any area of the home where there is no staff supervision</p> <p>Patients' access to medications in the treatment room</p> <p>Patients' access to thickening agents in any area of the home.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Health and Safety concerns have been discussed with the staffing team, to ensure that all areas accessible to the patients within home are kept Hazard Free at all times. Thickening Agents are to be kept locked away until in use. Treatment room to be remain locked at all times. Heated trolley to be supervised by staff at all times, only to be brought to the unit just prior to service.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: Second time</p> <p>To be completed by: 25 September 2021</p>	<p>The registered person shall ensure that food and fluid intake records are recorded accurately and there is evidence within patients' care records of any actions taken when any deficit is identified.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Issue Identified and discussed with staff, emphasising the importance of accurate recording and appropriate follow up actioned and clearly recorded within the patient's care records. This will be monitored by Home Manager and Clinical Lead.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 25 September 2021</p>	<p>The registered person shall ensure that MUST assessments are accurately scored.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All Nurses, reminded of the importance of ensuring all patients Must are reviewed when required and accurately scored. This will be monitored via the audit process monthly.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46 Criteria (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that training provided on infection prevention and control is embedded into practice. This is in particular reference to staff compliance with the use of personal protective equipment.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The use of PPE will continue to be monitored through the use of an IPC observation tool for PPE to ensure full compliance, with correct Donning and Doffing. Any area of concern will be addressed immediately.</p>

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