

Unannounced Care Inspection Report 27 June 2016



Ashgrove Care Home

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

1.0 Summary

An unannounced inspection of Ashgrove Care Home took place on 27 June 2016 from 10:00 hours to 17:00 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients through the competent delivery of safe care. Recruitment and induction practices were evidenced to be well managed and there was evidence of appropriate management of staff registration with their various professional bodies. Staffing levels were well maintained and reflected the dependency levels of patients. Staff training was generally well maintained. The environment in the home was welcoming and had a dementia focus. There was also a closed garden area which was well maintained and used by patients. Some attention is required to the outer grounds area. One recommendation is made in this domain.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. Care records were generally well maintained and included assessment of patients' needs, risk assessments and a comprehensive care plan which evidenced patient/representative involvement. There was evidence of effective team working and good communication between patients and staff. Some areas for improvements are required regarding the dining experience in the Clanrye unit; a requirement is made. A recommendation is also made in relation to wound care management.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were praiseworthy of staff and a number of their comments are included in the report. Staff interactions with patients were observed to be compassionate, caring and respectful. Patients were afforded choice, privacy, dignity and respect. All patients spoken with were complementary regarding the staffs' attitude and attentiveness to detail. There was evidence of patient, representative and staff consultation. There were no requirements or recommendations made in this domain.

Is the service well led?

A new manager has been in post from 27 May 2016. The manager stated that she is settling in well, is currently being inducted and is enjoying the new role. There was good evidence of the home having systems and processes in place to monitor the delivery of care and services within Ashgrove Care Home.

Compliance with the one requirement and two recommendations made in the safe and effective domain, will improve the overall services provided, the experience of service users and leadership within the home.

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 (DHPSS) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jolly Joseph, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. There were no areas that required to be followed up in this inspection.

2.0 Service details

Registered organisation/registered provider: Four Seasons Healthcare Maureen Claire Royston	Registered manager: Jolly Joseph (registration pending)
Person in charge of the home at the time of inspection: Jolly Joseph	Date manager registered: Registration pending
Categories of care: NH-DE	Number of registered places: 52

3.0 Methods/processes

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

Prior to inspection the following information was 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 plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 22 patients, eight care staff, three registered nursing staff, two kitchen staff, one domestic and eight patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to Adult Safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures
- 'Four Seasons Healthcare (FSHC) Quality Of Life Review'

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. There were no issues required to be followed up during this inspection and any action taken by the registered person/s, as recorded in the QIP will be validated by the pharmacy inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 22 December 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (2) (a) and (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of three care records evidenced that they were revised and updated as changes occur in patients' circumstances.	
Requirement 2 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall ensure that the patient's plan is kept under review.	Met
	Action taken as confirmed during the inspection: A review of the care records evidenced that they were kept under review.	

<p>Requirement 3</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the nursing home is conducted so as –</p> <p>(a) to promote and make proper provision for the nursing, health and welfare of patients;</p> <p>(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.</p> <p>Wound care must be delivered as prescribed and records maintained to evidence delivery.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of two patients' care records evidenced that wound care was delivered in accordance with best practice. Records were maintained and updated as changes occurred or following advice from the Tissue Viability Nurse. A recommendation is made that wound care is supported by photography in keeping with the homes policies and procedures and NICE guidelines.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 27 (4) (b) & (d) (v)</p> <p>Stated: First time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There were no doors observed to be wedged open during the inspection. Staff spoken with were aware of fire precautions arrangements in the home and confirmed that they attend training at least twice annually.</p>		

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review in order to ensure that the assessed needs of patients were being met. Examples of the indicators used to evidence that there were sufficient staff to meet the needs of the patients were provided, this included details of patients' dependency levels.

A review of the staffing roster for weeks commencing 20 and 27 June 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff staffing rosters it was confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. However, three members of staff stated that dependency was really high during meal times. Relatives commented positively regarding the staff and care delivery.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The manager had also signed the record to confirm that the induction process had been satisfactorily completed.

Review of two records and discussion with the manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.

Training was available via an e learning system. There were systems in place to monitor staff attendance and compliance with training. Review of staff training records for 2015 evidenced that the attendance/compliance levels with adult safeguarding was 85% compliant. Infection control training attendance/compliance was 70%. Following discussion with the manager it was ascertained that the staff that had not completed their training were staff currently on long term leave or worked as bank staff. A management system is in place to ensure that those staff required to attend training are identified and reminded to complete their training when they return to work.

Discussion with the manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff receives supervision and appraisal. Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed.

A review of two personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.

A review of documentation confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA have been appropriately notified. The manager described robust systems in place to monitor the progress of safeguarding issues should any be reported with the local health and social care trust or the Police Service of Northern Ireland (PSNI).

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans. A recommendation is made regarding wound care and details are discussed in section 4.4.

Discussion with the manager and review of records also evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The manager completed a monthly analysis of falls to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction. There were no issues identified with infection prevention and control practice.

The environment in the home was welcoming and had a dementia focus. There was also a closed garden area which was well maintained and used by patients. Some attention is required to the outer ground area which is currently affecting the outlook from some patients' bedrooms. Quotations to have the work completed have been sourced to have this work completed. A recommendation is made.

Areas for improvement

One recommendation is made in relation to the management of the grounds.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Review of four patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. A comprehensive, holistic assessment of patient's nursing needs was completed at the time of admission to the home. As previously discussed a range of validated risk assessments were completed as part of the admission process. The outcome of patient assessments of need and risk assessments were evidenced to inform the care planning process.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and palliative care nurse facilitators. Care records were regularly reviewed and updated, as required, in response to patient need. Two care records evidenced that the management of wound care had improved from the previous care inspection, initial and on-going wound assessments were appropriately completed and body maps were updated. A recommendation is made that wound care records should be supported by the use of photography in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidelines.

Staff demonstrated awareness of the importance record keeping and of patient confidentiality in relation to the storage of records.

There was evidence within the care records that patients and/or their representatives were involved in the care planning process. There was also evidence of regular, ongoing communication with relatives. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Discussion with the manager and staff evidenced that nursing and care staff attends handover meetings at the beginning of each shift. Staff spoken with were aware of the importance of handover reports in ensuring effective communication. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

The manager confirmed that staff meetings were held and that records of these meetings were maintained. The manager explained that they set the initial agenda and then staff could add items to the agenda. A review of records evidenced that the signatures of the staff attending, issues discussed and any agreed outcomes were recorded. The manager confirmed that the record of each meeting was made available to staff. The most recent general staff meeting was held on 9 June 2016, a meeting with registered nursing staff is planned for 5 July 2016.

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

We discussed how management consulted with patients and relatives and involved them in the issues which affected them. The manager explained that there were meetings held with patients and relatives. The most recent patients' meeting was held on 11 January 2016. They are planned every six months. A relatives meeting is planned to be held on 6 July 2016. Minutes of the meetings held were reviewed and confirmed attendance and the detail of the issues discussed.

A notice board displaying information for relatives was provided in each unit. Information is also displayed in the front foyer area this included the statement of purpose, patient guide, the date of the planned relatives meeting, how to make a complaint and the adult safeguarding procedures.

The serving of lunch was observed in both units. Meals were transported from the kitchen in heated trolleys and served by the kitchen staff; this left the registered nurses and care staff free to attend to the nutritional needs of the patients.

The Carlingford unit had tables nicely set with cutlery, condiments and napkins. Those patients who had their lunch in the lounges or bedrooms were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The registered nursing staff were observed to be involved in the management of patients nutrition during this time. The lunch served in both units appeared very appetising and patients spoken with stated that it was always very nice.

The management of mealtimes is required to be reviewed in the Clanrye unit. Dependency in this unit during the serving of the lunch time meal was observed to be high. Most patients were observed to need some level of assistance during this time. At times the dining room was left unattended as care staff had to attend to patients' personal care needs. Tables were not set prior to the meal time and there was no evidence of specialist equipment to assist patients to eat their meal in a dignified manner. Staff were observed to take time and ensure patients received their full meal, however, this was a timely task and some patients' meals were observed to go cold during this time. During discussion, it was stated that the manager had identified a need to review the management of meals in this unit. It is intended to discuss the lunchtime routine with staff in the unit to find solutions to the above issues. Suggestions included having two sittings, changing the time of the serving of the meal or redeploying other staff to this area during meal times. A requirement is made that the management of the meal times are reviewed and that meals are served in a timely way to meet the needs of the patients. Following the review, if additional staff are required to meet the needs of the patients, this should be accommodated. One relative spoke specifically about the cook stating that he was very accommodating in meeting patients' individual needs and commended him highly. This compliment was provided to the manager and cook.

Areas for Improvement

There was one requirement and one recommendation made in this domain.

Number of requirements	1	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with approximately 22 patients individually and with others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care and that they were offered choices at mealtimes and throughout the day.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients identified as being unable to verbalise their feelings were communicated effectively with and if additional support was required, they would get this from the registered nursing staff.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. There were arrangements in place to structure patients' day. Staff supported patients to maintain friendships and socialise within the home. Discussion with staff also confirmed that there were opportunities for patients to attend external activities. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regard to what they wanted to participate in. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. There were various photographs displayed around the home of patients' participation in recent activities.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon. Four Seasons Health Care, (FSHC) have recently introduced 'A Quality of Life Programme' which provides patients, relatives and visitors an opportunity to have their say about their experiences regarding the home. The manager also informed the inspector that she formally seeks views from two patients and relatives at least weekly. The findings are recorded in the home's 'TRaCA system'.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Review of the compliments records evidenced that there was evidence that the staff cared for patients and their relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives.

All comments on the returned questionnaires were positive. Some comments received during the inspection and in the returned questionnaires are detailed below:

Staff

- "When understaffed it is hard to give 100%"
- "We work so well together as a team"
- "Satisfied that care provided meets the individual needs of service users"
- "I think we work so well together as a team. Communication in the home is good"
- "We all try so hard to ensure our patients are at the top of our priorities"
- "I think the care in the home is excellent"
- "The food is fabulous"

Discussions were held with approximately 22 patients both individually and in groups. Patients spoken with were positive regarding the care they were receiving all were complementary of the staff and were complementary regarding the food served. There were no issues raised during the inspection by patients. Some comments were made by patients as follows:

Patients

- "Care is excellent"
- "All is good here"
- "The dinner was so tasty, I could not have done better myself"
- "I'm happy"
- "I've no worries"

During the inspection eight relatives were spoken to they were very positive regarding all aspects of care. There were no issues raised. Some comments were made by relatives as follows:

Patients' representatives

- "My relative is receiving excellent care"
- "Staff treats my relative with dignity and respect"
- "Very satisfied that staff take appropriate action if my relatives condition changes"
- "I am made to feel very welcome here"
- "Sometimes it appears that staff are very busy"
- "I know there is a new manager"
- "If I ever need to raise anything it is usually dealt with quickly"

Visiting professional

A member of FSHC quality team visiting on the day of inspection informed the inspector that in their opinion the home was generally well managed, that their instructions and guidance were usually adhered to.

Areas for improvement

There were no requirements or recommendations made in this domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the manager. The manager had recently appointed a new team leader and nursing sister. Staff felt this complimented the staff team. Both stated they were adapting to their new roles well.

Discussion with the manager and observation of patients evidenced that the home was operating within its registered categories of care. The manager was aware of her responsibility to keep this under review. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The policies and procedures for the home were systematically reviewed at least on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Relatives spoken with were aware there was a new manager in post and most of them stated that she had introduced herself to them. Discussions with staff confirmed that there were good working relationships and that they knew the regional manager and that management were responsive to any suggestions or concerns raised.

There was evidence that systems were in place to monitor and report on the quality of nursing and other services provided. For example, there was evidence that the manager completed the following audits:

- accidents/incidents
- wound management
- medicines management
- care records
- infection prevention and control
- environment audits
- complaints

The audits were observed to be conducted in keeping with best practice. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the manager and review of records evidenced that Regulation 29, of the Nursing Homes Regulations (Northern Ireland) 2005, monthly monitoring visits were completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement. Discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas for improvement

Some areas for improvement have been identified in the management of safe and effective care and improvements are required to enhance the overall services provided, the experience of service users and leadership within the home.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jolly Joseph, 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 provider 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 the 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: First time</p> <p>To be completed by: 12 August 2016</p>	<p>The registered persons must ensure that the management of meal times are reviewed and that meals are served in a timely way to meet the needs of the patients. Following the review if additional staff are required to meet the needs of the patients this should be accommodated.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered person detailing the actions taken: The Resident's meal time in the identified unit has been reviewed. A quality dining audit has been completed and the resident's need assessments reviewed. Any areas of improvement, including the need for any specialised equipment, have been incorporated into an action plan and are being addressed.. A review of residents needs is currently being undertaken using FSHC CHES model, and the need for additional staff will be reviewed on completion of the audit.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 43.11</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered persons should ensure that the planned works to the outer grounds area is completed as planned.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered person detailing the actions taken: The work to the grounds is currently still ongoing, but will be completed before 30 August 2016.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered persons should ensure that wound care records are supported by the use of photography in keeping with the home's policies and procedures and the NICE guidelines.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered person detailing the actions taken: The identified issue was resolved on the day of Inspection. This recommendation has been discussed with all registered Nurses. This will be monitored by the HM whilst completing wound care audits..</p>



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