



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Ashgrove**

**30 June 2015**

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

An unannounced care inspection took place on 30 June 2015 from 09.45 to 17.30 hours.

The inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall 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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of 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 24 March 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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>5</b>

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Healthcare	<b>Registered Manager:</b> Ms Bijini John
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Bijini John	<b>Date Manager Registered:</b> 1 March 2010

<b>Categories of Care:</b> NH-DE	<b>Number of Registered Places:</b> 52
<b>Number of Patients Accommodated on Day of Inspection:</b> 48	<b>Weekly Tariff at Time of Inspection:</b> £593

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

#### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### 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 inspectors met with five patients individually and with others in groups, three staff nurses, four care staff 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 last inspection
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- staff competency and capability records
- staff induction records
- four care records
- a selection of policies and procedures
- incident and accident records
- care record audits

- guidance for staff in relation to palliative and end of life care.

## 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 24 March 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 16(1)(2) <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> From the care records examined it was evidenced that the care plans were updated and reflected the patients' prescribed care and treatment. This requirement has been met.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 15 (2) <b>Stated:</b> First time	Assessment of patients need must be reviewed and updated at least annually for all patients to ensure that these reflect their current condition.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> From the care records reviewed it was evidenced that the annual assessment of need was up to date. This requirement has been met.	
Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 32.1 <b>Stated:</b> First time	The home is to be kept clean and decorated to a standard acceptable for the patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the premises found these to be well presented and clean. There were some concerns identified in Carlingford Suite in relation to infection control. A requirement has been made in this regard. Please refer to section 5.5.2 for further information.  This recommendation has been met.	

<b>Recommendation 2</b> <b>Ref:</b> Standard 25.11	Audits of care records should be undertaken and the findings acted upon to enhance the standards of record keeping.	<b>Met</b>
<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> From a review of care records, care record audits and discussion with the manager it was evidenced that care record audits had been completed in April and May and the audits were returned to the named nurse to address any issues.  This recommendation has been met.	

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy and procedure was not available on communicating effectively but this was to be included in a new palliative and end of life care manual which was under development. A draft of this document and the regional guidelines on breaking bad news were available for staff to view.

A sample of training records could not evidence that staff had completed training in relation to communicating effectively with patients and their families/representatives. However, nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.

#### Is Care Effective? (Quality of Management)

Care records reflected patients' individual needs and wishes in relation to their care. Care records included reference to the patients' specific communication needs including cognitive and sensory impairments.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by providing time and privacy for any discussions. Staff acknowledged the importance of support by the patients' representatives as many patients in the home have advanced dementia. The nursing staff all emphasised the need to keep patients and their representatives updated on a regular basis and to build professional relationships with them. Discussions with relatives were well documented in the patients' care records.

### Is Care Compassionate? (Quality of Care)

Staff spoken with were able to demonstrate their knowledge and skills in breaking bad news as discussed above.

Many of the patients were not able to communicate verbally with the inspector but they indicated by their demeanour that they were relaxed and contented. The patients were also observed to be very well presented.

Staff were observed to be responding to patients in a dignified manner. Staff were noted to be caring for patients in a kind and patient manner, using a soft tone of voice. Staff spoken with were knowledgeable about the patients and their individual needs.

One relative commented in a letter to the home following the death of their loved one that staff always informed them immediately of any change in their loved one's condition.

### Areas for Improvement

A recommendation has been made that 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.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

As stated above, a palliative and end of life care manual is currently under review by Four Seasons Healthcare to ensure that they are reflective of best practice guidance such as Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes (2013). A copy of the draft manual was reviewed and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that a number of staff had undertaken e-learning in palliative care. Care staff spoken with would be keen to undertake further training in this area of care. This was discussed with the manager and a recommendation has been made that staff should receive training or supervision on best practice in palliative and end of life care. Please refer to section 5.3 for further information.

The manager and staff explained to the inspectors that Ashgrove was taking part in a research study led by Queen's University, Belfast. This project aimed to improve advanced care planning in dementia care. The lead researcher had addressed patients' representatives at a recent meeting and many relatives were now meeting individually with representatives of the research team to discuss their loved ones' wishes for end of life care. The outcome of these discussions will be passed on to the nursing team with consent. Staff commented on how relatives had responded so positively to the opportunity to discuss these issues. Staff expressed a desire to understand more about the project. This was fed back to the manager.

Discussion with the manager confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. However, in discussion some registered nurses were not aware of how to refer to these services.

Discussion with the manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or medications was in place and discussion with staff confirmed their knowledge of the protocol.

The home were able to access syringe drivers from the local trust. Some staff had received training on their use and were further supported by the community nurses as required.

There was no palliative care link nurse identified for the home as the previous link nurse had left. The benefits of appointing another nurse to this role were discussed with the manager.

### **Is Care Effective? (Quality of Management)**

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered.

Care records did not evidence discussion between the patient, their representatives and staff in respect of death and dying arrangements. None of the care records reviewed reflected a preferred place of care or death. The section of the needs assessment in relation to death and dying tended to reflect only if a "do not attempt resuscitation order" was in place. One staff member commented that the Queen's project had enabled relatives to talk about this and had increased the relatives' awareness that quality palliative care could be offered in the home.

A key worker/named nurse was identified for each patient approaching end of life. Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year found that these had been managed appropriately.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Staff consulted demonstrated an awareness of patient's expressed wishes and needs in this regard.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Staff confirmed that relatives were made welcome at any time and were offered regular beverages and snacks.

From discussion with the manager and staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Those staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included the support of the team and the manager.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included four seasons information of bereavement and literature from the bereavement network.

### Areas for Improvement

As stated above, a recommendation has been made that 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.

A recommendation has been made that staff are made aware of the referral arrangements in place to obtain advice and support from relevant health care professionals with expertise in palliative care.

A recommendation has been made that 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.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b> <b>*1 recommendation made is stated under Standard 19 above</b>	<b>3</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Comments of patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were spoken with. Questionnaires were issued to patients' representatives and staff. All comments received were generally positive. Some comments received are detailed below.



## Patients' comments

Many of the patients were unable to communicate verbally with the inspectors. All patients were observed to be very well dressed and presented. They were observed to be relaxed and relationships with staff were friendly. One patient commented:

"It's all OK and staff do their best."

## Patients' representatives' comments

The inspectors spoke with two patient representatives and three patients' representatives completed questionnaires. Examples of their comments include:

"I feel my .... has settled well due to the attentiveness and respect of the carers.

"I really like the building and the facilities available. I love how they have the gardens"

"I have absolutely no worries about my ....'s care in Ashgrove care home. .... is looked after well and staff could not be kinder."

The manager stated that relatives had nominated a number of care staff for the four season's staff awards. These nominations were viewed and very positive comments had been made about the care provided by these staff.

## Staff comments

Staff consulted were generally happy working in the home and were satisfied that the care provided was of a high standard. A number of issues were raised in consultation with staff.

Care staff stated that the handover could be improved and if they had a period of time off they may need more information on any changes to the condition of existing patients or newly admitted patients. One member of staff also raised a concern that some staff did not have good English skills and they found it particularly difficult to communicate on the telephone.

This was discussed with the manager. She stated that the issues concerning handover had been discussed with the staff and the onus was on them to let the nurse know if they had had a period of absence and also to ask the nurse in charge of the unit for more information should they require this. She did acknowledge that some nurses required further development of their handover skills and agreed to address this with the individuals concerned.

A review of the complaints record identified an issue regarding the telephone communication of one nurse with a patient's relative. The manager confirmed that this had been highlighted by a member of trust staff at a care review and the trust had already addressed this issue with the home. The manager assured the inspectors that all staff for which English was a second language were encouraged to attend English language classes. This will continue to be monitored as part of ongoing inspection activity.

Staff also commented that they were frequently short of glasses and spoons for patients at meal times. A review of catering staff meeting minutes found that this issue had been raised with the manager in February 2015. This was discussed with the manager who stated that she had asked for an inventory of these items to be done by the catering staff.

There was, however, no formal system in place to ensure this stock was controlled and restocked as required. A recommendation has been made in this regard.

### **5.5.2. Environment**

The home was generally well presented to a good standard of hygiene and décor. Two bathrooms identified for refurbishment had been completed. One bedroom was in need of refurbishment and this was being kept vacant until this was completed.

An inspection of the premises identified issues with a sluice room in Carlingford Suite. This was found to be cluttered and used as storage for items such as vacuum cleaners, mops and paint. This is not in accordance with best practice in infection prevention and control. It was unclear following consultation with staff if this room was being used as a sluice or a domestic store. This was discussed with the manager and a recommendation has been made that the purpose of this room 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.

Another sluice in Carlingford suite was found to have no soap dispenser available at the hand washing sink. A ripped chair was noted in a specified sitting room which cannot be effectively cleaned. A rusted shower chair was noted in a specified bathroom and rust was also noted on the water outlet. In one store in Carlingford suite it was noted that items were being stored on the floor.

A requirement in regard to infection prevention and control has been made to address these issues.

### **5.5.3 Care Practices**

In one patient's bedroom a commode cleaning schedule was in place. Whilst this was good practice the schedule was displayed on the patient's wall. In the interests of privacy and dignity, it was agreed with the home manager that this would be moved to a more private location.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms 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](mailto:nursing.team@rqia.org.uk) (non-paperlite) 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 within this report do not absolve the registered person/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 person/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

Ref: Regulation 13 (7)

Stated: First time

To be Completed by:  
28 August 2015

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:

- clutter in one sluice
- the need for a soap dispenser at the hand-washing sink in one sluice
- a rusted shower chair in one bathroom
- a rusted water outlet in one bathroom
- a ripped seat in a lounge
- items stored on the floor in the store room.

#### Response by Registered Person(s) Detailing the Actions Taken:

All unwanted items from the identified sluice room has been removed and it made free from clutter .  
I can confirm that a soap dispenser is now placed in the identified sluice room .  
Rusted shower chair has been replaced with new one .  
New chairs are approved for the lounge to replace the ripped seat .  
Awaiting for the delivery .  
I can confirm that a new shelf has been fixed in the identified linen store and Items are now being stored appropriately as per infection control guidelines .

### Recommendations

#### Recommendation 1

Ref: Standard 32

Stated: First time

To be Completed by:  
30 September 2015

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.

#### Response by Registered Person(s) Detailing the Actions Taken:

Commenced and is ongoing .  
Training sessions has been planned for nursing and care staff from 7<sup>th</sup> August -6<sup>th</sup> November .This training has been aligned to the review the palliative policy which includes :

- Difference between palliative and end of life care
- Gold standards framework
- RQIA standards 19, 20, 32 & 33
- Advance Care Planning
- Palliative Care Register
- Nutrition and Hydration
- Sub Cut Fluids
- Pain Management
- Mouth Care
- Spirituality

	<ul style="list-style-type: none"> <li>• GAIN guidelines</li> <li>• Care after death</li> <li>• Last Offices</li> <li>• Bereavement Support .</li> </ul>		
<b>Recommendation 2</b> <b>Ref: Standard 32</b> <b>Criterion 2</b> <b>Stated: First time</b> <b>To be Completed by:</b> <b>30 August 2015</b>	<p>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.</p> <p>Training sessions planned . All staff are made aware about who they need to contact in relation to palliative referrals.</p>		
<b>Recommendation 3</b> <b>Ref: Standard 20</b> <b>Criterion 2</b> <b>Stated: First time</b> <b>To be Completed by:</b> <b>30 September 2015</b>	<p>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.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Staff made aware of the same . An advance care plan in place for few residents as from a pillot project in conjunction with Queens University .</p>		
<b>Recommendation 4</b> <b>Ref: Standard 35</b> <b>criterion 3</b> <b>Stated: First time</b> <b>To be Completed by:</b> <b>30 August 2015</b>	<p>A system should be put in place to ensure that sufficient cutlery and glasses are available to meet the patients' needs at meal times.</p> <p>I can confirm that there are enough cutlery &amp; crockery in the kitchen at present and will continue to monitor and will maintain the stock on a monthly basis.</p>		
<b>Recommendation 5</b> <b>Ref: Standard 44</b> <b>criterion 11</b> <b>Stated: First time</b> <b>To be Completed by:</b> <b>30 August 2015</b>	<p>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.</p> <p>All domestic cleaning equipment has been taken out from the identified sluice room and is now using for sluice purpose only .  Separate area has been provided to store domestic equipments and cleaning products .</p>		
<b>Registered Manager Completing QIP</b>	Bijini John	<b>Date Completed</b>	14.07.15
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date</b>	15.07.15

		Approved	
RQIA Inspector Assessing Response	<i>J. Scarlett</i>	Date Approved	27/7/15

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**

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