



Unannounced Care Inspection Report

3 March 2020



Ashbrook Care Home

Type of Service: Nursing Home

Address: 50 Moor Road, Coalisland, Dungannon, BT71 4QB

Tel No: 028 8774 1010

Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 59 patients.

3.0 Service details

Organisation/Registered Provider: Ashbrook Home Ltd Responsible Individual: Marcus James Mulgrew	Registered Manager and date registered: Gillian Larmour 26 July 2016
Person in charge at the time of inspection: Gillian Larmour	Number of registered places: 59 A maximum of 1 patient in category NH-PH. Category NH-MP (E) for 1 identified patient only
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 59

4.0 Inspection summary

An unannounced inspection took place on 3 March 2020 from 09.50 hours to 15.30 hours.

The term 'patient' is used to describe those living in Ashbrook Care Home which provides nursing care.

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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- dining experience
- complaints
- adult safeguarding
- incidents
- governance arrangements

Evidence of good practice was found in relation to the delivery of care to patients. Staff demonstrated that they had a good understanding of the individual needs of the patients. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Two areas requiring improvement were identified during this inspection.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

We would like to thank the patients, relatives and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Gillian Larmour, Registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 13 November 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 13 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

Questionnaires 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 electronic questionnaire.

The following records were reviewed during the inspection:

- duty rota information for all staff from 24 February to 8 March 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for January and February 2020
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 5.8 Stated: Second time	The registered person shall ensure that information regarding patients' individual care recommendations is not on view in order to protect their human rights.	Met

	Action taken as confirmed during the inspection: It was noted that information regarding patients' individual care recommendations was not on view within the home.	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that thickening agents are safely stored and not left unattended where patients could access them.	Met
	Action taken as confirmed during the inspection: We noted that thickening agents were stored correctly and safely.	
Area for improvement 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that neurological observations are completed for the full 24 hour period of time following a fall. Any variance and the rationale for this should be recorded if necessary.	Met
	Action taken as confirmed during the inspection: It was noted that neurological observations had been completed for the full 24 hour period of time following a patient having fallen.	

6.2 Inspection findings

6.2.1 Staffing arrangements

We reviewed staffing arrangements within the home; the registered manager is supported by a deputy manager, a team leader, and a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes an administrator, housekeeping, laundry, maintenance, kitchen staff and an activities coordinator. There was evidence of a clear organisational structure within the home.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager and staff, and a sample of the home's rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients.

The manager stated that staffing levels were subject to ongoing review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. Observation of the delivery of care provided evidenced that patients' needs were met by the levels and skill mix of the staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Discussions with a number of patients and a relative during the inspection identified that they had no concerns regarding the care and support provided; they spoke positively in relation to the care provided.

The staff rota information viewed indicated that the care is provided by a core staff team; the manager stated that this supports them in ensuring continuity of care to patients. The manager and staff described how continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with a number of patients and a relative indicated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. They stated that the manager and staff are approachable.

Discussions with staff, patients and a relative, and observations made indicated that staff had a good understanding of the needs of individual patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate. Staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction.

The entrance area to the home was welcoming and well decorated; there was information available relating to Infection prevention and control (IPC), hand hygiene and raising a concern. No malodours were detected in the home.

We observed a number of the shared areas and noted that they well decorated, clean and uncluttered. The sample of patients' bedrooms viewed were found to be clean, warm and well decorated and had been personalised to the individual choices of patients. However, we noted the flooring outside on of the patients rooms to be uneven. In addition, we highlighted to the manager a number of areas that required attention; they included damage to a seat cushion of a patient's chair, faulty stitching on a hoist sling, and damage to a number of walls in the corridors. An area for improvement was identified.

Bathrooms/toilets were clean and fresh; a supply of gloves and aprons were readily available to staff throughout the home. It was noted that a small number of pull cords in a number of bathrooms needed to be covered in wipe able material and identified a number of commode chairs that were rusted or damaged. An area for improvement was identified.

Staff were observed to use appropriate protective equipment while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised by staff. Sluice doors were locked and chemicals stored safely.

6.2.3 Care records

The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, risks and care plans.

There was evidence that nurses assessed, planned, evaluated and reviewed care. Care plans viewed provided details of the care required by individual patients; staff record at least twice daily the care provided to patients; care plans and risk assessments are reviewed monthly. There was evidence that care plans had been updated following recommendations from professionals such as a Dietitian and the HSCT Tissue Viability Nurse (TVN).

There was evidence that patients' weight is monitored as required and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) utilised to determine the risk of weight loss or weight gain. There was evidence of SALT and dietetic input into the assessment and care planning of patients as required.

Discussions with staff, patients and a relative, and observations made provided assurances that care is provided in a person centred manner.

6.2.4 Dining experience

We noted that mid-morning and mid-afternoon patients were offered a range of hot and cold beverages and a selection of snacks. We observed the serving of the mid-day meal; the atmosphere in both the dining areas was calm and relaxed. Dining rooms were observed to be clean and table settings were appropriate; napkins, condiments and cutlery were provided and the menu was displayed.

Food served was noted to be appetising and well-presented and appropriate portion sizes were provided. It was noted that patients were offered a choice of food. A number of patients spoken with indicated that the food was good and that they were always offered a choice.

We observed that food being transferred from the dining room to patients who had chosen to eat in their bedrooms was covered and well presented.

A number of patients required staff support with eating their meal; we observed staff offering and providing assistance in a discreet and sensitive manner when necessary. Staff were wearing appropriate protective clothing with regards to food hygiene good practice. Patients were provided with appropriate clothing protection as required.

6.2.5 Complaints

Discussions with the manager and the review of records indicated that complaints received by the home since the previous inspection had been managed appropriately. Discussions with the manager indicated that they were knowledgeable in relation to managing complaints received. A record is retained for complaints received it details the actions taken and the outcome of any investigation. Complaints are audited monthly as part of the quality monitoring audit.

6.2.6 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that no referrals had been made in relation to adult safeguarding since the last inspection. A record is retained of actions taken in relation to adult safeguarding matters; this information is reviewed as part of the monthly quality monitoring process.

Discussions with the manager and staff demonstrated that they had a clear understanding with regards to adult safeguarding and the process for reporting concerns. Patients could describe the process for reporting concerns; they indicated that the manager and staff were approachable.

In addition, staff could clearly describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.7 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

6.2.8 Consultation

During the inspection we spoke with four patients, small groups of patients in the dining and lounge areas, five staff and a relative. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff.

Patients' comments

- "No issues, it is good."
- "Food good, we get enough."
- "Food okay, some days better than others."
- "Staff are nice, I am looked after well."
- "No complaints."
- "Happy; no problems."
- "Food is great, I get too much."
- "Staff are great, I am very happy."
- "Staff are nice, I am happy here. "

Staff comments

- “I have no issues, we have enough staff.”
- “I feel the patients are safe and well looked after.”
- “I have no problems; I can talk to the manager.”
- “Working here seven years and I like it.”
- “I can raise issues.”
- “No issues, I am happy here. It is a good place and a very good team.”
- “We have lovely staff.”

Relative's comments

- “I have no issues; it is all good.”

Patients stated that staff were friendly and approachable; they indicated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas; the interactions indicated that staff were respectful of patients. There was a relaxed and welcoming atmosphere in all areas within the home.

Discussion with the patients, a relative and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home.

Ten questionnaires were provided for distribution to the patients and/or their representatives to give them with the opportunity to provide feedback to us in relation to the quality of the care provided. Five responses were received prior to the issuing of this report. The respondents indicated that they were very satisfied that care provided was safe, effective, compassionate and well led. Comments included:

- “Very happy with all aspects of care.”
- “Ashbrook in my opinion is top class in their care for my mother. I can leave the care home content that we have left her in the best care always.”
- “My mother is here since July 2019 and has been cared for with great respect and kindness.”
- “A great all round home.”

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.9 Governance arrangements

We viewed evidence that a system was in place to monitor and report on the quality of care provided. The system includes that completion of a monthly quality monitoring audits and the development of a report in accordance with Regulation 29.

A sample of the reports viewed indicated that the monitoring visits were completed in accordance with the regulations. It was identified that an action plan is generated to address any identified areas for improvement. Reports viewed were noted to include details of the review of the previous action plan, staff training, care records environmental matters and complaints. We discussed with the manager the benefits of including information relating to the review of staffing arrangements, adult safeguarding matters and review of incidents. It was identified that this information is reviewed monthly however not included in the report; the manager stated that they would ensure that the information is included in future quality monitoring information.

Reports viewed indicated engagement with staff, patients, and where appropriate their representatives. Comments included: "The care is excellent, I couldn't ask for better."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and safeguarding matters. We noted that care was provided in a caring and compassionate manner.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to infection control and the environment and damaged equipment.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Larmour, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 nursing 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.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 3 June 2020	The registered person shall ensure that the following identified matters are addressed in relation to the premises: <ul style="list-style-type: none"> • Damaged paintwork throughout the home is repaired • Uneven flooring is repaired Ref: 6.2.2
	Response by registered person detailing the actions taken: Damaged paintwork within corridor area and uneven floor area will be repaired in accordance with timescale provided.
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that there is a managed environment that minimises the risk of infection for staff, residents and visitors. This relates specifically to: <ul style="list-style-type: none"> • the replacement of damaged commode chairs • replacement or repair of identified damaged seat cushion • replacement or repair of a faulty hoist sling • covering of pull cords with a wipe able material Ref: 6.2.2
	Response by registered person detailing the actions taken: Damaged commode chairs have been replaced and seat cushion has been removed. Hoist sling with stitching defect identified was new purchase and has therefore been replaced by supplier under warranty. Pull cords are being covered with wipeable material.

****Please ensure this document is completed in full and returned via Web Portal****



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care