



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 13 November 2019



## Ashbrook Care Home

**Type of Service: Nursing Home**

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

**Tel No: 02887741010**

**Inspector: Julie Palmer**

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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

<b>Organisation/Registered Provider:</b> Ashbrook Home Ltd  <b>Responsible Individual(s):</b> Marcus James Mulgrew	<b>Registered Manager and date registered:</b> Gillian Larmour – 26 July 2016
<b>Person in charge at the time of inspection:</b> Gillian Larmour	<b>Number of registered places:</b> 59
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 52  A maximum of 1 patient in category NH-PH and category NH-MP(E) for 1 identified patient only.

### 4.0 Inspection summary

An unannounced care inspection took place on 13 November 2019 from 10.00 hours to 16.40 hours.

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

Evidence of good practice was found in relation to staffing, training, the meal time experience, the culture and ethos of the home, dignity and privacy, communication, listening to and valuing patients, teamwork and maintaining good working relationships, governance arrangements and quality improvement.

Areas requiring improvement were identified in relation to confidentiality of patient information, safe storage of thickening agents and completion of neurological observations following a fall.

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

Comments received from patients, people who visit them, professionals and staff during and after 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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*3

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

Details of the Quality Improvement Plan (QIP) were discussed with Gillian Larmour, manager, and Marcus James Mulgrew, responsible individual, 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 4 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 4 December 2018. 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 care inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals 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 kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 4 to 17 November 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records including food and fluid intake charts and reposition charts
- staff appraisal schedule
- nurse competency and capability assessment records
- a sample of governance audits/records
- complaints and compliments record
- a sample of monthly monitoring reports from January 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (d) (iii) <b>Stated:</b> First time	The registered person shall ensure that fire exits are kept clear and are free from obstruction.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that all fire exits were clear and free from obstruction.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall make suitable arrangements to provide a safe system for the moving and handling of patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  Observation of moving and handling practice and discussion with staff evidenced that a safe system for the moving and handling of patients was maintained.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 37.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff duty rotas are not altered using white adhesive paper in order that the previous records can be read in accordance with best practice in record keeping.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  Review of a random sample of the duty rotas evidenced that they had not been altered using white adhesive paper.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that store cupboards containing cleaning products are locked to comply with Control of Substances Hazardous to Health (COSHH) in order to maintain a safe environment within the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  Observation of the environment evidenced that store cupboards containing cleaning products had keypad locks in situ and were locked.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 5.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that information regarding patients' individual care recommendations is not on view in order to protect their human rights.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  Observation of both dining rooms evidenced that lists of individual patients' care recommendations/preferences were on display. This area for improvement had not been met and will be stated for a second time.</p>	<p><b>Not met</b></p>

## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with were satisfied with staffing levels; they told us that if short notice leave occurred shifts were usually 'covered'. One staff member commented that "it's busy but manageable".

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with were generally satisfied with staffing levels; they told us:

- "The staff are always busy."
- "Staff are very good, they do their best."
- "Sometimes there aren't enough staff."
- "They look after me really well."

Patients' visitors spoken with were satisfied with staffing levels; comments included:

- "The staff are terrific."
- "Staff are very good."
- "The wee lassies (staff) are just great."

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires. Six responses were received, two from patients, four from relatives, all of whom indicated that they were satisfied/very satisfied with staffing levels.

We observed that staff were responsive to patient's needs; assistance was provided in a timely manner and call bells were answered promptly. Patients who had chosen to remain in their rooms had call bells within reach.

We reviewed two staff recruitment and induction files and these evidenced that staff had been vetted prior to commencing employment to ensure they were suitable to work with patients in the home.

Staff spoken with stated they had completed, or were in the process of completing, a period of induction and review of records confirmed this.



A staff appraisal schedule was in place; however, there was no supervision schedule. Review of records and discussion with staff confirmed that appraisals and supervisions were completed. The manager told us that supervisions were completed on an ad hoc basis. We discussed the need for a supervision schedule to be developed; following the inspection the manager confirmed that a supervision schedule had been completed and was in place.

Nurses had completed annual competency and capability assessments and a record of these was maintained.

We reviewed the system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due. Staff told us they were satisfied that their training needs were met.

Review of care records evidenced that a range of validated risk assessments was completed and informed the care planning process for patients. Where practices were in use that could potentially restrict a patient's choice and control, for example, bedrails or alarm mats, the appropriate risk assessments and care plans had been completed.

We looked at the home's environment and reviewed a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluices, dining rooms and lounges. The home was found to be warm, well decorated, clean and fresh smelling throughout. Patients' bedrooms were attractively decorated and personalised. We observed that three fall mats in use in identified bedrooms had damaged covers. This was brought to the attention of the manager who assured us that these would be replaced; this was confirmed following the inspection. Minor environmental issues observed and brought to the attention of staff were resolved during the inspection.

A new kitchen, which had been installed, was in use for the first time on the day of the inspection. Although some minor works were still being completed disruption to patients was observed to be kept to a minimum. The housekeeping store was left unlocked so that workmen could access the loft area; discussion with the housekeeper evidenced that regular checks were maintained and the door was locked when the work was completed. Store cupboards which contained cleaning products were locked; this area for improvement had been met.

The manager told us that further improvements were planned in the home commencing with redecoration of the dining room following completion of the kitchen installation.

Fire exits were observed to be clear and free from obstruction; this area for improvement had been met.

Staff were observed to wear personal protective equipment (PPE), for example aprons and gloves, when required and PPE was readily available throughout the home. We also saw that staff carried out hand hygiene at appropriate times.



We observed that a variety of drinks were available in lounges and bedrooms and staff were observed to regularly offer drinks to patients. However, tubs of thickening agents had been left sitting out in three of the lounges and in one dining room. Thickening agents are required if the speech and language therapist (SALT) has recommended fluids be provided in a thicker consistency than normal for individual patients following a SALT assessment. We discussed this issue with staff who agreed that thickening agents should not be left out unattended and immediately removed the tubs to an appropriate storage area. Thickening agents should be safely stored and not readily accessible to patients; an area for improvement was made.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, ongoing redecoration and the new kitchen installation.

**Areas for improvement**

An area for improvement was identified in relation to the safe storage of thickening agents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

We observed the daily routine and the care given to patients and were satisfied that patients received the right care at the right time. Patients spoken with told us that their care needs were met.

Staff spoken with confirmed that they received a handover when they came on duty. They demonstrated their knowledge of patients’ care needs and confirmed these were regularly reviewed to determine the effectiveness of care delivered and if the patients’ needs had changed.

Review of four patients’ care records evidenced that a range of validated risk assessments had been completed to inform care planning and there was evidence of consultation with other members of the multi-disciplinary team as required. In one record reviewed we observed that some, but not all, of the risk assessments and care plans had been evaluated contemporaneously; this was brought to the attention of staff who assured us that evaluations were normally completed on at least a monthly basis. Staff assured us that they would complete the necessary evaluations immediately following the inspection.

Patients’ weights were monitored on at least a monthly basis and their nutritional needs had been identified. There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and/or SALT if required.

A monthly falls analysis was completed to determine if there were any trends or patterns emerging and an action plan was devised if necessary. Staff were knowledgeable regarding the actions to take to help prevent falls and how to manage a patient who had a fall. The relevant risk assessments and care plans had been reviewed and updated in the event of a fall. However, we observed that neurological observations had not been completed for the full 24 hour period of time following a fall in two of the records reviewed; an area for improvement was identified.

Wound care records reviewed were up to date and maintained in accordance with NMC guidelines. Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulcers.

We observed the serving of lunch in the dining room adjacent to the new kitchen; the menu was on display, tables were attractively set and patients were offered a choice of napkins and/or clothing protectors. A selection of drinks and condiments was available. Staff demonstrated their knowledge of how to thicken fluids if required and which patients required a modified diet. The food smelled appetising and was well presented; there were two choices available and patients were also offered other alternatives.

Staff wore aprons and were appropriately seated beside patients they were assisting; they obviously knew the patients very well and were aware of their likes and dislikes. However, we observed that a list of patients' names and dietary preferences/recommendations was displayed in both dining rooms; this area for improvement had not been met and will be stated for the second time.

Staff were seen to be very helpful to patients throughout the mealtime which was a calm and unhurried experience. Patients spoken with following the meal said that they had enjoyed their lunch; one told us that "the food is good and there is great variety". Snacks and drinks were served regularly throughout the day. Food and fluid intake charts were maintained and the records reviewed were up to date.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the daily routine, referral to the multi-disciplinary team and the meal time experience.

### **Areas for improvement**

An additional area for improvement was identified in this domain in relation to completion of neurological observations for the full 24 hour period of time following a fall.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 10.00 hours and were met by staff who were friendly and welcoming. Observation of care delivery evidenced that staff treated patients with dignity and respect. Patients were offered choice and the daily routine appeared to be flexible according to patients' needs and wishes. Patients were well presented; it was obvious that attention had been paid to all aspects of their personal care and grooming. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients' privacy.

During the inspection we spoke with 11 patients both individually and in small groups. Patients who were unable to communicate their views appeared to be content and settled. Patients who were able to express their views told us that they found living in Ashbrook to be a positive experience, comments included:

- "It's lovely here, they are great."
- "It's good here, no problems."
- "I like it here."
- "I'm very happy here."
- "They do their best."
- "I love it here."

Patient's visitors also commented positively about the care provided, they told us:

- "Staff know exactly what ... likes and doesn't like."
- "... is very well looked after, staff know her traits, likes and dislikes."
- "I love coming in here, it's a pleasure."

Patients and patients' visitors expressed their satisfaction with the levels of communication and consultation provided by staff. A visitor told us that there was "good communication, staff have been lovely".

We observed that the activity planner was displayed in the home. Patients spoken with were satisfied that the activities offered met their needs and interests, they told us:

- "There is something on every day."
- "I won the quiz on Monday, it was good fun."

A selection of activities was available; these included quizzes, games, musical bingo, pampering treatments, chats, walks and reading. The activity co-ordinator told us that she regularly reviewed the activities offered and ensured patients views and opinions were sought in this area. Patients' spiritual needs were recognised and provided for; it was possible for patients to take part in religious services daily via Skype and services were also held regularly in the home.

A record of compliments and thank you cards was maintained, comments included:

- “Thank you all very much for your kindness, hard work and support.”
- “Sincere thanks and appreciation.”
- “Many thanks for all the care and attention.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, communication, listening to and valuing patients and their representatives, taking account of the views of patients.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager’s hours and the capacity in which these were worked were clearly recorded. We observed that white adhesive paper had not been used when alteration to the duty rota was required; this area for improvement had been met.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Since the previous care inspection there had been a change in the categories of care registered; RQIA had been appropriately notified of and had approved this variation. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Patients, visitors and staff spoken with were all on first name terms with the manager and told us that she was accessible and approachable. Staff commented positively about teamwork and working relationships; they said:

- “There is good teamwork and support.”
- “The owners and the manager are all very good.”
- “I love it here.”

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. Audits were completed, for example, regarding accidents/incidents, IPC measures, hand hygiene and wounds.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed. A relative who had responded to the questionnaire commented that “I had one minor complaint, dealt with very well”.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A record of any notifiable events reported to RQIA or other relevant bodies was maintained.

We reviewed a selection of monthly quality monitoring reports and found these to be informative and to include an action plan.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork and maintaining good working relationships, governance arrangements, management of complaints and incidents and quality improvement.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 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, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that information regarding patients' individual care recommendations is not on view in order to protect their human rights.</p> <p>Ref: 6.1&amp; 6.4</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>Notices regarding resident's diets removed from display in the dining room and placed on a noticeboard in the kitchen for kitchen staff only to see. All staff reminded regarding confidentiality and the importance of not leaving resident information visible or accessible to the general public.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that thickening agents are safely stored and not left unattended where patients could access them.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff reminded that tubs of thickening agents should not be left unattended in the dayrooms and thickening agents should be stored in locked treatment rooms or kitchen at all times if not being used by care staff.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff reminded that neurological observations should be continued for a full 24 hours following a fall. Reminder also placed into accident book regarding completion of neurological observations.</p>

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





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