Ashbrook Care Home
RQIA ID: 1477
50 Moor Road
Coalisland
Dungannon
BT71 4QB

Inspector: Aveen Donnelly
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Unannounced Care Inspection
of
Ashbrook Care Home

17 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 17 November 2015 from 09.00 to 16.00.

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.

For the purposes of this report, the term 'patients' will be used to described those living in Ashbrook Care Home which provides both nursing and residential care.

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 12 May 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
Total number of requirements and recommendations made at this inspection	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Carmel Connery, nurse in charge and Seamus Mulgrew, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ashbrook Home Ltd Mr Marcus James Mulgrew	**Registered Manager:** Marina McElvogue - Acting
Person in Charge of the Home at the Time of Inspection: Carmel Connery	**Date Manager Registered:** No application received. Refer to section 5.3 for further details.
Categories of Care: NH-PH, NH-DE, NH-1, NH-MP(E), RC-1	**Number of Registered Places:** 68
Number of Patients Accommodated on Day of Inspection: 61	**Weekly Tariff at Time of Inspection:** £470 - £662.06

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

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 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 four patients, six care staff, two nursing staff and four patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- complaints records
- incident analysis reports
- Regulation 29 monthly monitoring reports
- competency and capability assessments for the registered nurses who have responsibility for being in charge of the home

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 dated 12 May 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection on 12 May 2015.

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 41 **Stated:** First time	The manager should complete competency and capability assessments for all nurses taking charge of a shift in the absence of the manager using the home's recently revised competency and capability assessment.	**Partially Met**
	Action taken as confirmed during the inspection: A review of the competency and capability assessments of 13 registered nurses who had the responsibility of taking charge of the home confirmed that 11 were completed using the newly devised assessment tool. Competency assessments had not been completed for two registered nurses. However, on the day of inspection, a matrix was developed to track the dates that competency assessments were due for renewal. Following the inspection, information was submitted to RQIA on 10 December 2015, confirming that the outstanding competency and capability assessments were completed.	
Recommendation 2 **Ref**: Standard 39 **Stated:** First time	The care staff induction programme for care staff should be reviewed and updated by the registered person to incorporate palliative and end of life care and death and dying.	**Met**
	Action taken as confirmed during the inspection: The care assistant induction form was reviewed and included a section on palliative and end of life care.	

Recommendation 3 **Ref**: Standard 19 **Stated:** First time	The manager should ensure all staff receives communication training relevant to their specific roles and responsibilities.	**Met**
	Action taken as confirmed during the inspection: A review of training records confirmed that seven registered nurses and 12 care staff had undertaken training on understanding the factors that influence communication and interaction with individuals who have dementia.	
Recommendation 4 **Ref**: Standard 4 **Stated:** First time	Pain assessments should be effectively completed for all patients receiving analgesia and the effectiveness of prescribed analgesic treatment should be consistently monitored and recorded contemporaneously.	**Met**
	Action taken as confirmed during the inspection: A review of five patient care records confirmed that pain assessments were in place and were regularly updated.	
Recommendation 5 **Ref**: Standard 35 **Stated:** First time	The registered person must ensure that staff record sufficient detail regarding the circumstances of death when submitting death notifications to RQIA.	**Met**
	Action taken as confirmed during the inspection: A review of the notifications submitted to RQIA confirmed that there was sufficient detail provided.	

Recommendation 6 **Ref**: Standard 16 **Stated:** First time	The registered person must ensure that RQIA are informed of the outcome of one complaint investigation. Complaint investigation records should reflect each complainant's level of satisfaction, and the next steps to be taken should the complainant continue to remain dissatisfied should also be recorded.	**Met**
	Action taken as confirmed during the inspection: RQIA were informed of the outcome of the complaint investigation, referred to in this recommendation. A further review of the complaints records confirmed that records were appropriately maintained and that sufficient detail was recorded regarding the complaint resolution.	
Recommendation 7 **Ref**: Standard 35 **Stated:** First time	The registered person should include reference to progress made in addressing Quality Improvement Plans issued by RQIA in monthly monitoring reports.	**Met**
	Action taken as confirmed during the inspection: A review of the three regulation 29 monthly monitoring reports confirmed that requirements and recommendations made by RQIA were monitored.	

5.3 Additional Areas Examined

Care Records Audits

A review of the falls analysis identified that post-falls investigations were in place for every incident. However, the falls analysis did not provide sufficient detail regarding the patients involved, the location and/or time of the incident. There was also no reference to previous falls analysis reports or action taken to prevent recurrence. For example, one patient was identified on the monthly falls analysis on three consecutive months and another patient was identified on three out of four reports. Advice was given to the nurse in charge and the responsible person regarding improvements in this area. A recommendation was made.

The format of the falls and infection control risk assessments did not lend itself to updating in a clear manner. Furthermore the falls risk assessment did not clearly indicate the level of the assessed risk. This was discussed during feedback with the nurse in charge and responsible person during feedback. A recommendation was made.

Comments of Patients, Patient Representatives and Staff

Staff comments

‘The care is very good here’
’It’s fantastic – very good’
‘It is excellent here. I am very happy’
‘There are no issues here. It’s all good’
‘I have no concerns whatsoever’
‘It’s a good place to work’

Patients’ comments

‘They couldn’t look after you better. Even when I visited (before being admitted), they even looked after me then’
‘I get what I need - everything that’s going, I get’
‘I call the staff ‘my friends’, because they are’
‘It’s alright here. They could improve’

Patients’ Representatives comments

‘It is A1 here - First class’
‘I have no concerns - It is very good’
‘They give you a great welcome here. The place has a great name’

One patient’s representative commented that the food was too hot when it was served and stated that this had been brought to the attention of management in the past. This was discussed with the responsible person during feedback and assurances were provided that this would be addressed.

Registered Manager Status

The management arrangements were discussed with the responsible person. Assurances were provided that a decision regarding the permanent management arrangements would be made early in 2016 and that an application for registration would be submitted as soon as practicable thereafter.

Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

Areas for Improvement

The falls analysis report should be further developed to provide sufficient detail regarding the patients involved, the timing and location of the fall. Reference should be made to previous month’s reports and an action plan should be formulated as appropriate.

The format of the falls risk assessment should also be further developed to ensure that the patients risk level is clearly identified.

Number of Requirements:	0	Number of Recommendations:	2

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carmel Connery, nurse in charge and Seamus Mulgrew, responsible person, 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 and the Residential Care Homes Minimum Standards, August 2011. 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 by the registered manager. Once fully completed, the QIP will be returned to **nursing.team@rqia.org.uk** 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

No requirements were made during this inspection

Recommendations

Recommendation 1 **Ref**: Standard 35.4 **Stated:** First time **To be Completed by:** 15 January 2016	The falls analysis report should be further developed to provide sufficient detail regarding the patients involved, the timing and location of the fall. Reference should be made to previous month's reports and an action plan should be formulated as appropriate. **Ref: Section 5.3**
	Response by Registered Persons Detailing the Actions Taken: A falls analysis report will be formulated at the end of each month beginning January 2016 to include each Residents name, time of fall, location of fall, and whether the Resident who sustained a fall is a "New Resident" i.e. admitted within last 30 days. This information will be made available to staff through a dedicated fall folder and a falls cross for each month will also be produced. The monthly falls analysis report will include reference to previous reports as appropriate with an action plan being generated if required.
Recommendation 2 **Ref**: Standard 4.1 **Stated:** First time **To be Completed by:** 15 January 2016	The format of the falls risk assessment should be further developed to ensure that the patients risk level is clearly identified. **Ref: Section 5.3**
	Response by Registered Persons Detailing the Actions Taken: The falls risk assessment is currently being revised to allow each Residents risk of falling to be more clearly defined.

Registered Manager Completing QIP	Marina McElvogue	**Date Completed**	21/12/15
Registered Person Approving QIP	Marcus Mulgrew	**Date Approved**	23/12/15
RQIA Inspector Assessing Response	Aveen Donnelly	**Date Approved**	29/12/2015

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address