

Inspection Report

20 January 2022



Ashbrook Care Home

Type of Service: Nursing Home

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

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ashbrook Home Ltd Registered Person: Mr. Marcus James Mulgrew	Registered Manager: Ms. Kathleen Bucat Date registered: Registration pending
Person in charge at the time of inspection: Ms. Kathleen Bucat	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: 40
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 59 patients. There is a Residential Care Home in the same building and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 20 January 2022, from 9.40am to 2.40pm by a care inspector.

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

The home was warm and free from malodour and bedrooms were tastefully personalised. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

Patients were seen to be well cared for and said that living in the home was a good experience. There was evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

The feedback from patients confirmed that they were satisfied with the care and service provided in the home.

Two areas requiring improvement were identified at the time of this inspection. These were in relation to establishing a training matrix for staff and managing an identified complaint.

RQIA were assured that the delivery of care and services provided in the home was safe, effective, and compassionate and that the service was well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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 on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection

4.0 What people told us about the service

In accordance with their capabilities, patients told us that they were well cared for. They described the staff as being helpful and friendly. Comments included: "All great staff, they all work very hard and are so very kind." and "all's very good here. I couldn't be treated any better."

One patient expressed dissatisfaction and complaint about the provision of meals which was referred to the management team to address.

A visiting relative spoke with praise for the kindness and support received from staff and the good relationship they had with the management of the home.

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 30 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that dietary supplements that are prescribed for patients are stored safely in a secure place at all times in order to protect the health and welfare of patients.	Met
	Action taken as confirmed during the inspection: Dietary supplements were seen to be stored safely.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that appropriate notifications are submitted to RQIA without delay.	Met
	Action taken as confirmed during the inspection: All appropriate notifications have been submitted to RQIA without delay.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the patients were met.

Competency and capability assessments were completed for any member of staff left in charge of the home when the manager was not on duty.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. An area of improvement was made to put in place a matrix of all mandatory training received by staff and when such training is due for renewal. This would give added assurances in managing this.

There was a planner in place to ensure that staff received regular supervision and appraisal.

Appropriate checks had been made to ensure that all staff maintained their registration with the Nursing & Midwifery Council (NMC) and / or Northern Ireland Social Care Council (NISCC). These checks are carried out on a monthly basis by the manager.

Staff said teamwork was good and that management were approachable. Staff were seen to attend to patients' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Patients were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Patients said that they felt safe in the home and that staff were always available and were kind to them. Two patients made the following comments; "It's very good here. No problems." And "They (the staff) are grand. I am very happy here."

5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was calm and relaxed. Patients appeared settled in their surroundings and were able to choose how they spent their day.

Staff were observed to be skilled in communicating with patients.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Patients' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the patient, their next of kin and their aligned named worker to direct staff on how to meet patients' needs. Patients' care records were held safely and confidentially.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Detailed and comprehensive care plan evaluations were retained in patients' care records. These provided up to date information about each patient and any change in their condition. These monthly evaluations evidenced communication with the wider multi-disciplinary team including the GP, district nurses, and care managers.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. It was observed that patients were enjoying their meal and the overall dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. One patient made the following comment: "The food is very good. Plenty of variety." One patient expressed dissatisfaction and complaint about the provision of meals which was referred to the management team to address.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and that an appropriate onward referral had been made to the GP in respect of an identified patient's weight loss.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included a sample of bedrooms, bathrooms, storerooms and communal areas such as lounges and dining room. The home was clean, warm and well maintained. Areas of the older part of the home were tired and dated in appearance but assurances were received from the director that plans are being put in place to address such.

Patients' bedrooms were personalised with items important to them such as pictures and sentimental items. Communal areas were well decorated, suitably furnished and comfortable.

Fire safety training, fire safety drills and fire safety checks in the environment were maintained on a regular and up-to-date basis.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff and the manager advised that any outbreak would be reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Patients

Positive interactions were observed between staff and patients throughout the inspection. Patients spoke positively about the care they received in the home and were complementary towards the staff. One patient made the following comment; "This is a very good home. I am very happy and so is my family. I would have nothing but praise for the staff."

The atmosphere in the home was relaxed and pleasant. The genre of music played and television was appropriate to the age group and tastes of patients.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Ms. Kathleen Bucat has been appointed the manager of the home and the application for registration is pending with RQIA. She is supported in her role by a general manager, Mrs. Dymrna Farnan. Both were available throughout this inspection for clarification and support. The director, Mr. Seamus Mulgrew also made himself available at the conclusion of the inspection.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home. An area of improvement was made in respect of an identified issue of complaint raised during this inspection, as outlined in 5.2.2. This complaint was not recorded in the record of complaints and needs to be appropriately managed and recorded and in consultation as appropriate with the patient's next of kin and aligned named worker. Assurances were received from the home's management team to confirm that this would be acted upon without delay.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their aligned named worker and to RQIA.

The home was visited each month by responsible individual to consult with patients' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms. Kathleen Bucat, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 24(3) Stated: First time To be completed by: 21 January 2022	<p>The registered person must ensure that the identified issue of complaint is appropriately managed and recorded and in consultation as appropriate with the patient's next of kin and aligned named worker.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Formal complaint taken and recorded on 20th January. Explained to resident about the complaint process, NOK and key worker updated on complaint and how it has been managed by the Home.</p> <p>Nurse Manager to ensure all future complaints are recorded as per Complaints Policy and keyworker and NOK informed.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 39(9) Stated: First time To be completed by: 20 February 2022	The registered person shall to put in place a matrix of all mandatory training received by staff and when such training is due for renewal Ref: 5.2.1
	Response by registered person detailing the actions taken: Matrix of all mandatory training in place and up to date. Senior Management Team to ensure matrix is updated when necessary and staff informed of all due trainings.

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



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