

Unannounced Care Inspection Report

30 March 2021



Ashbrook Care Home

Type of Service: Nursing Home

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

Tel No: 028 8774 1010

Inspector: Linda Parkes

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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 nursing home registered to provide nursing care for up to 59 persons.

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: 49

4.0 Inspection summary

An unannounced care inspection took place on 30 March 2021 from 11.50 to 17.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- patients' care records
- governance and management.

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
Total number of areas for improvement	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Mulgrew, responsible individual and Gillian Larmour, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with four patients individually, small groups of patients in the lounges and four staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received within the timescale specified. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas from 22 March 2021 to 4 April 2021
- 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
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- compliments record
- two patients' care records
- two patients' daily progress records
- three patients' Central Nervous System (CNS) observation records
- two patients' monthly weight records
- RQIA registration certificate.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 3 March 2020.

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 44 Stated: First time	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. 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of paintwork and flooring throughout the home evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 46 Stated: First time	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 wipeable material 	Met
	Action taken as confirmed during the inspection: The manager advised that the identified damaged seat cushion had been disposed of and the faulty hoist sling has been replaced by the company it had been ordered from. Observation of a selection of commodes, seat cushions, hoist slings and pull cords throughout the home evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 The internal environment/infection prevention and control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

An inspection of the home's environment was undertaken which included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. The cleaner's store was observed to be locked appropriately.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

It was observed in an identified bathroom, that equipment such as hoists used to aid patient transfer was inappropriately stored. This was discussed with the manager who advised she would address the issue and that staff would be reminded not to store equipment in bathrooms.

Pull cords in bathrooms throughout the home were observed to be covered by a washable sleeve and could be easily cleaned in order to adhere to infection prevention and control best practice.

Information displayed on notice boards in the home was observed to be laminated and could be wiped clean in order to adhere to (IPC).

An identified store room was observed to be unlocked; a large number of prescribed supplements for patients on modified diets was easily accessible and not stored securely. This could cause potential risk to the health and welfare of patients. This was discussed with the manager and an area for improvement under regulation was identified.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

Fire exits and corridors were observed to be clear of clutter and obstruction.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 22 March 2021 to 4 April 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the

home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

We observed the serving of the lunchtime meal. Staff advised that due to social distancing guidelines, patients were having their meals delivered on trays to their rooms and that those who wished to have their meal in the dining room would also be accommodated. The food appeared nutritious and appetising and was covered on transfer whilst being taken to patients' rooms. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu for the day offering patients a choice of meal was displayed in a suitable format.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ashbrook Care Home. We also sought the opinion of patients and their representatives on staffing via questionnaires. Two patient questionnaires were returned within the timescale specified. All questionnaires returned indicated they were very satisfied that care was good, staff are kind and the home is well managed.

One returned questionnaire included the following comment:

"I'm very happy here."

Three patients commented:

"I'm looked after well and have no concerns."

"Lunch was lovely. I enjoyed it. It's very nice here and the staff look after me well."

"We get good food like you would get at home and there are two meal choices. They know what I like and will get it for me. The staff work hard and are good. They're all approachable and if I had a concern I would let them know and it would be dealt with and sorted out."

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Cards and letters of compliment and thanks had been received by the home. Some of the comments recorded included:

“We want to thank you from the bottom of our hearts for the sacrifice you all make each day.”
 “Thank you all so much for all the good that you do. You truly are amazing.”

6.2.3 Patients’ care records

Review of two patients’ care records evidenced that care plans regarding falls management and mobility were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Central Nervous System (CNS) observations following a head injury or an unwitnessed fall were reviewed for three patients. It was noted that each patient was monitored for twenty-four hours as per post fall protocol and observations were well documented.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Review of two patients’ daily progress records from 24 March 2021 to 30 March 2021 evidenced that they were well maintained.

Two patients’ monthly weight charts were checked for December 2020, January 2021 and February 2021 and a system was observed to be in place to monitor weight loss and weight gain. It was noted that one patient’s weight had remained stable and one patient had gained weight.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the tissue viability nurse (TVN), SALT or the dietician.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. Discussion with staff, patients and their representatives evidenced that the manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2020 evidenced that staff had attended training regarding adult safeguarding, first aid and fire safety.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls and infection prevention and control (IPC) practices, including hand hygiene.

We reviewed accidents/incidents records from 20 May 2020 to 25 March 2021 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Generally notifications were sent to RQIA in a timely manner however, review of two patients' records for February 2021 and March 2021 regarding significant incidents, evidenced this was not the case. This was discussed with the manager who checked records and confirmed that both notifications to RQIA had not been submitted. An area of improvement under regulation was identified.

Discussion with the manager and review of records from 25 January 2021 to 25 February 2021 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

The manager advised that systems were in place to ensure that complaints were managed appropriately. No complaints had been raised during the months of January 2021 and February 2021.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), the cleanliness of the environment and the personalisation of the patients' bedrooms. Good practice was found regarding adult safeguarding, patients' care records, risk management and communication between patients, staff and other professionals.

Areas for improvement

Two areas requiring improvement were identified. These related to the safe storage of supplements prescribed for patients and to ensure that appropriate notifications are submitted to RQIA without delay.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to infection prevention and control, to keep patients, staff and visitors safe in line with the Department of Health and the Public Health Agency guidelines.

Good practice was observed during the inspection in relation to maintaining good working relationships.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Mulgrew, responsible individual and 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 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed: Immediate action required	<p>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.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: All dietary supplements that are prescribed for residents are stored safely and securely in a locked storeroom. All staff reminded to ensure room is kept locked and supplements are not stored in other locations.</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that appropriate notifications are submitted to RQIA without delay.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Nurse Manager to ensure appropriate notifications are submitted to RQIA without delay</p>

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



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