Ashbrooke Care Home
RQIA ID: 1853
2a Ashbourne Manor
Old Tempo Road
Enniskillen
BT74 4BB

Inspector: Aveen Donnelly
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Unannounced Care Inspection
of
Ashbrooke Care Home

26 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 26 January 2016 from 10.45 to 16.15 hours. The inspection was undertaken in response to information received by RQIA in respect of the number of patient falls in the home, availability of face cloths, towels, incontinence products and limited availability of hot water.

This inspection sought assurances that the care and welfare of patients in Ashbrooke Care Home was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes, July 2015.

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. The concerns raised which provoked this inspection were not validated.

For the purposes of this report, the term 'patients' will be used to describe those living in Ashbrooke 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 29 July 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	*5

The total number of recommendations above includes one recommendation that was stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Countrywide Care Homes Ltd./Victoria Craddock	**Registered Manager:** Heather Johnston
Person in Charge of the Home at the Time of Inspection: Heather Johnston	**Date Manager Registered:** 19 October 2010
Categories of Care: NH-I, RC-DE, NH-DE	**Number of Registered Places:** 64
Number of Patients Accommodated on Day of Inspection: 44	**Weekly Tariff at Time of Inspection:** £470 - £593

3. Inspection Focus

Information/correspondence was received by RQIA on 22 January 2016 regarding concerns in relation to the care and welfare of patients in Ashbrooke Care Home.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that the planned inspection of the home would be brought forward. It was decided that the following areas would be examined:

- health and welfare of patients
- management of continence
- staffing arrangements.

The inspection also 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, one senior carer, two nursing staff, one visiting professional and three 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

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 29 July 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 29 July 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 12 (1) (a) **Stated:** First time	The arrangements for the provision of activities in the home must be reviewed, to ensure that planned activities are formalised. This must include for the provision of activities in the absence of the person designated to carry out activities.	**Met**
	Action taken as confirmed during the inspection: The activity programme was reviewed and there was evidence of significant improvement since the previous inspection. There was evidence of planned activities. Discussion with staff confirmed that care staff provided activities to support the activities coordinator's role. There was evidence that sensory stimulation boards and memory boxes had been developed. Cognitive stimulation was also provided using an electronic device. There were also plans in place to develop relations with outside communities. The progress made regarding activities is to be commended.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 5.3 **Stated:** First time	It is recommended that the patients' and residents' pressure relieving equipment in use on patients and residents' beds and when sitting out of bed be addressed in patients' care plans on pressure area care and prevention.	**Met**
	Action taken as confirmed during the inspection: A review of two patients' care records confirmed that pressure relieving equipment was included in the patients' care plans.	
Recommendation 2 **Ref**: Standard 36 **Stated:** First time	All policies and procedures should be reviewed to ensure that they are subject to a three yearly review. • A policy on communicating effectively should be developed in line with current best practice, such as DHSSPSNI (2003) *Breaking Bad News.* • A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines (2013)* and should include the out of hours procedure for accessing specialist equipment and medication and referral to palliative care specialists, • A policy on death and dying should be developed in line with current best practice, such as DHSSPSNI (2010) Living *Matters: Dying Matters* and should include the procedure for dealing with patients' belongings after a death. The policies and guidance documents listed above, should be made readily available to staff.	**Partially Met**
	Action taken as confirmed during the inspection: The policies on palliative and end of life care had been reviewed. There was evidence that the procedure for dealing with patients' belongings after a death had been included in the policy. The policy on breaking bad news had also been developed. However, a review of the policy on end of life care did not evidence the out of hour's procedure for accessing specialist equipment and medication or the referral procedure to palliative care specialists. This element of the recommendation was not met and was stated for the second time.	

Recommendation 3 **Ref**: Standard 39 **Stated:** First time	Staff member's competency assessment for the use of thickening agents should be included in the staff induction programme.	**Met**
	Action taken as confirmed during the inspection: A review of the staff induction programme confirmed that the use of thickening agents was included.	
Recommendation 4 **Ref**: Standard 4.5 **Stated:** First time	Patients' care plans should be developed with the involvement of their relatives/representatives.	**Met**
	Action taken as confirmed during the inspection: There was evidence that patients and/or their relatives/representatives were involved in the development of patient care plans.	
Recommendation 5 **Ref**: Standard 43 **Stated:** First time	A dementia audit must be completed, to assist in the re-decoration of the dementia nursing and dementia residential suites. **A copy of the dementia audit must be submitted to RQIA with the returned QIP, together with a decoration plan, to address the issues identified in this report.**	**Met**
	Action taken as confirmed during the inspection: A dementia audit was completed and submitted to RQIA. There was evidence of significant improvements to the environment of the dementia suites.	
Recommendation 6 **Ref**: Standard 35.6 **Stated:** First time	The registered manager's weekly auditing process should include: • Storage of linen trolleys and incontinence pads in bathrooms • Cleanliness of sluice rooms on both floors.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the above areas had been included in the manager's weekly auditing processes. There was no evidence of incontinence pads being stored with the packaging removed and the sluice rooms were found to be clean and well maintained.	

5.3 Health and Welfare of Patients

The management of falls was discussed with the registered manager. Accident reports and copies of the previous three month's accident/incident analysis reports were reviewed. There was evidence that there had been an increase in the number of patient falls occurring within the home during this period. For example, the records confirmed that there had been 13 patients who had fallen in November 2015. The number of patient falls recorded in December 2015 had increased to 24. Whilst this increase of falls was not in itself concerning, the management of falls and the analysis of the reasons, timing and prevention of further falls was not appropriately maintained.

The monthly accident/incident analysis provided detail regarding the numbers of incidents and the timing of the event; however there was no traceability of audit, in terms of the specific patients involved and/or location of fall. A review of the accident/incident analysis reports also evidenced an increase in the incidence of patient falls, specifically on the 24.00hrs – 08.00hrs shift; however there was no action plan in place to address the identified trend, nor was there reference to the previous month's accident analysis report. In discussion with the registered manager, advice was given regarding the required improvements. A recommendation was made.

5.4 Management of Continence

A review of the care assistant induction programme confirmed that the management of continence and infection control were included. Care staff were consulted regarding care delivery, the availability of supplies such as face cloths, towels and wipes, incontinence pads, hot water, training and reporting of concerns; no issues were raised. Staff on the residential suite confirmed that incontinence products were supplied by the Trust and that there was never any shortage of incontinence pads. All staff consulted were knowledgeable regarding how to access incontinence pads, should there be a shortage.

The management of malodours was discussed regarding difficulties staff had managing the incontinence needs of two identified patients. It was evident that the approach to continence care for residents who resist care intervention should be addressed. The registered manager provided assurances that advice would be sought from Health and Social Care (HSC) professionals on appropriate methods and aids to communication, to address the matter. A recommendation was made.

Training records regarding infection prevention and control were reviewed. These confirmed that all of the permanent registered nursing and care staff had completed training in this regard. There were ten bank staff identified on the training matrix. However, there was no evidence of the dates that the bank staff had completed mandatory training, which includes infection control. A recommendation was made in this regard.

The content of training provided was also not available for inspection. This was discussed with the registered manager. A recommendation was made and is incorporated into the recommendation above, regarding training.

5.5 Staffing Arrangements

Discussion with the registered manager confirmed that there was a high usage of agency nursing staff due to difficulties recruiting registered nurses to the home. A review of the regulation 29 monthly monitoring report confirmed that staffing arrangements were being monitored. Plans were in place to block-book regular agency nursing staff, to ensure continuity of care. A review of the agency staff induction records confirmed that all agency staff had an induction completed. The registered manager confirmed that five registered nurses were in the process of being recruited.

The dependency levels of the dementia nursing suite were discussed with the registered manager and there was evidence that staff were liaising appropriately with Health and Social Care professionals with regard to patients whose behaviour was impacting on the staff's ability to meet the patients' needs.

5.6 Staff, Patients' and Patients' Representative Comments

All comments on the returned questionnaires were positive. Some comments received are detailed below:

Staff

'I love it here.'
'I want the best for the residents here.'
'I'm getting on great.'
'This is a great place.'

Patients

'It's grand here.'
'I am very happy.'

Patients' representatives

'Everything is first class.'
'We have no concerns.'

Visiting Professionals

One visiting professional commented that communication within the home was very good and commented that the local Health and Social Care Trust was working with the home to manage complex behaviour management; no concerns were raised.

5.7 Environment

A general examination of the home was undertaken which included review of a number 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. Refer to section 5.4 above for inspector comment on the management of malodours within the home.

There was an adequate supply of towels stored on each floor. A number of towels were observed to be very worn and torn at the edges. These matters were discussed with staff who advised that the torn towels were used as bath mats for patients. The issue of poor quality towels was discussed during feedback and the registered manager gave assurances this would be actioned immediately. A recommendation was made.

5.8 Areas for Improvement

The accident/incident analysis should be further developed to include traceability of audit and follow up action on identified issues.

Advice should be sought from HSC professionals on appropriate methods and aids to communication, to address the difficulties meeting two identified patients incontinence needs. This information should be documented in the patients care plans.

The registered manager should ensure that the training matrix includes details of mandatory training attended by bank staff. Content of all training should also be maintained in the home and available for inspection.

The quality of the towels used by patients should be reviewed. Those which are torn should be replaced.

Number of Requirements:	**0**	**Number of Recommendations:**	**4**

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager 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. 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. 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref**: Standard 36 **Stated:** Second time **To be Completed by:** 23 March 2016	All policies and procedures should be reviewed to ensure that they are subject to a three yearly review. A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines (2013)* and should include the out of hours procedure for accessing specialist equipment and medication and referral to palliative care specialists. The policies and guidance documents listed above should be made readily available to staff. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Company policies for End of Life Provision and Care and Communication (Death and Dying) were introduced and updated in 2015. These include reference to RQIA standards, GAIN and Nice guideance and also to relevant best practice advice to residents, families and carers. Staff have a full list of out of hours contacts within the nurse in charge folder in the home which is also included on all new staff induction to the home. .
Recommendation 2 **Ref**: Standard 35.3 **Stated:** First time **To be Completed by:** 23 March 2016	The accident/incident analysis should be further developed to include traceability of audit and follow up action on identified issues. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Following discussion with inspector on 09.03.16 this will be addressed moving forward.
Recommendation 3 **Ref**: Standard 21.1 **Stated:** First time **To be Completed by:** 23 March 2016	The continence assessments and care plans of two identified patients should be reviewed, to include the input form HSC professionals. **Ref: Section 5.4**
	Response by Registered Person(s) Detailing the Actions Taken: One patient has now left Ashbrooke, the other patient has had a referal made to the continence nurse within the WHSCT.

Recommendation 4 **Ref**: Standard 35.3 **Stated:** First time **To be Completed by:** 23 March 2016	The registered manager should ensure that the training matrix includes details of mandatory training attended by bank staff. Content of all training should be maintained in the home and available for inspection. **Ref: Section 5.4**
	Response by Registered Person(s) Detailing the Actions Taken: Content of training is available on each certificate which is held in personnel files, bank staff training is now available on matrix.
Recommendation 5 **Ref**: Standard 6.1 **Stated:** First time **To be Completed by:** 23 March 2016	The registered manager should review the quality of the towels used by patients and replace those which are worn and beyond use. **Ref: Section 5.5**
	Response by Registered Person(s) Detailing the Actions Taken: New additional stock of towels has been ordered along with current ongoing orders.

Registered Manager Completing QIP	Heather Johnston	**Date Completed**	10/03/16
Registered Person Approving QIP	Victoria Craddock	**Date Approved**	10/03/16
RQIA Inspector Assessing Response	Aveen Donnelly	**Date Approved**	11/03/2016

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