

Inspection Report

Name of Service: Ashwood House

Provider: Ashwood Prop Investment Ltd

Date of Inspection: 21 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Ashwood Prop Investment Ltd
Responsible Individual:	Mr Kevin Pollock
Registered Manager:	Mrs Anne Marie Morris
Service Profile – This home is a registered nursing home which provides general nursing care for up to 36 persons. The home is divided over two floors with bedrooms and lounges on both floors. The dining room is located on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2024, from 9.10 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 4 July 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in an effective and compassionate manner, improvements were required to ensure the oversight of certain aspects of care delivery and record keeping. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are helpful", "I like the company here", "The staff are very attentive", "It's a pleasure being here" and "I am looked after well".

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. One patient shared comments regarding the activities in the home and said; "There's always plenty to do."

Patients who were less able to share their views were observed to be at ease in the company of staff and content in their surroundings.

Relatives spoken with confirmed they were happy with the care their loved one receives in Ashwood House. Comments shared on a questionnaire which was completed following the inspection included; "My mum and our family really like this nursing home, my mum enjoys everything about this home, the food and care are excellent. Special mention to the activities coordinator, who goes above and beyond for my mum".

Staff were also observed to be working well as team and said they "loved their job". Staff were observed to have positive interactions with patients and one another.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and it was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy and that staffing levels were satisfactory.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

Patients looked well cared for and were observed having warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients.

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 offered patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. However, examination of records evidenced that patients were not always repositioned as prescribed in their care plans. An area for improvement was stated for a second time.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. It was observed that staff had made an effort to ensure patients were

comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food in Ashwood House.

The importance of engaging with patients was well understood by the manager and staff. A number of patients were observed watching a documentary about the history of Bangor. Other patients were observed in their bedrooms with their chosen activity such as reading, listening to music, watching television or waiting for their visitors to come.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display in the foyer and the Christmas schedule of events was available in patient bedrooms. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the month of November included games, art, pampering sessions, religious services, cooking and live music.

Relatives and patients spoke positively about the activity staff member and the variety of activities provided in the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

A record was kept of what patients had to eat and drink. Patients had been assessed and prescribed a fluid target, however; records did not always evidence the daily oversight and ongoing management or actions taken by the registered nurse when a patient had not achieved their target. An area for improvement was identified.

Review of care records for patients requiring assistance with their mobility did not always evidence the specific equipment required to assist the patient with their mobility needs. An area for improvement was identified.

A selection of other patient care records evidenced that they were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

3.3.4 Quality and Management of Patients' Environment

The atmosphere throughout the home was warm, welcoming and friendly. The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Concerns were identified with regards to the management of risks to patients; sluice rooms were observed unlocked with access to cleaning products, a cleaning store was also left unlocked by the domestic staff and a number of hairdressing products and equipment was accessible to patients. An area for improvement was stated for a second time.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction; fire exits were also free from obstruction.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records kept.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last care inspection; Mrs Anne Marie Morris has been the registered manager of Ashwood House since 1 April 2005.

Staff commented positively about the manager and described her as supportive and approachable.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	2

* the total number of areas for improvement includes two regulations that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gualberta Soliveres, Registered Nurse 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	
<p>Area for Improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 21 November 2024</p>	<p>The Registered Person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • patients are repositioned in keeping with their prescribed care • repositioning records are accurately and comprehensively maintained at all times • patient care plans include the prescribed repositioning regimen patient care plans <p>Ref: 2.0 and 3.3.2</p> <p>Response by registered person detailing the actions taken: Supervision has commenced with all RNs to remind that repositioning assessment outcomes should always be recorded in care plans. RNs have been asked to commence review of Pressure Ulcer Risk Assessment for their respective residents. Care Staff supervision in relation to completion of repositioning records within time framework specified in assessment has commenced. Management have increased daily audit of repositioning schedules.</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 21 November 2024</p>	<p>The Registered Person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>This is stated in reference to patients' access to potentially harmful items within the identified areas in the home.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff reminded to ensure home is kept hazard free. Both sluices, both cleaning stores and hair dressing room all to have key pads fitted. Director K.Pollock arranging same.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 27 November 2024</p>	<p>The Registered Person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Hydration Policy reviewed. Commenced RNs supervision in relation to actions that should be taken if a resident isnt reachin target intake goals. We had previously asked G.P.s to recommend an acceptable/realistic fluid intake goal by writing to them, we didn't get any response.Daily auditing by Management to be enhanced</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 27 November 2024</p>	<p>The Registered Person shall ensure care records in relation to patient mobility detail all the assessed equipment required.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: RNs have all been reminded to ensure that residents careplans/assessments show clearly what equipment is to be used for transferring/mobilising.</p>

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