

Announced Premises Inspection Report 15 November 2016



Chestnut Grove

Type of Service: Residential Care Home
Address: 59 – 61 Somerton Road, Belfast, BT15 4DD
Tel No: 028 9504 1610
Inspector: C Muldoon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Chestnut Grove took place on 15 November 2016 from 10.30 to 13.15hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However one issue was identified for attention by the registered provider. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Debbie Lyttle (Senior Carer in Charge), Mr Danny McCartney (Estates Operations Manager Belfast Trust), Mr Drew Denvir (Estates Officer Belfast Trust) and Mr Brian Marley (Fire Safety Officer Belfast Trust) as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 18 February 2014.

2.0 Service Details

Registered organisation/registered provider: Belfast HSC Trust Mr M Dillon	Registered manager: Ms Anne Doherty (Acting)
Person in charge of the home at the time of inspection: Ms Debbie Lyttle	Date manager registered: Acting Manager
Categories of care: RC-I, RC-E, RC-PH, RC-PH(E), RC-MP(E)	Number of registered places: 44

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Ms Debbie Lyttle (Senior Carer in Charge), Mr Danny McCartney (Estates Operations Manager Belfast Trust), Mr Drew Denvir (Estates Officer Belfast Trust) and Mr Brian Marley (Fire Safety Officer Belfast Trust).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 31 August 2016

The most recent inspection of Chestnut Grove was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 18 February 2014

Last residential inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulations 27.-(2)(c) 14.-(2)(c)</p> <p>Stated: First time</p>	<p>It should be confirmed that there are arrangements in place which will ensure that the portable electrical appliances are maintained in a safe condition.</p> <p>Action taken as confirmed during the inspection: There were records relating to the test and inspection of portable electrical appliances in June 2016. Refer also to section 4.3 item 1.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(b)</p> <p>Stated: First time</p>	<p>A survey of the internal fabric, finishes and fixtures should be carried out and a program of repair implemented.</p> <p>Action taken as confirmed during the inspection: A program of repair and decoration has been ongoing. Refer also to section 4.5 item 1 and recommendation 1 in Quality Improvement Plan.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulations 13.-(7) 14.-(2)(a) 14.-(2)(c)</p> <p>Stated: First time</p>	<p>It should be confirmed that all the actions necessary for the effective control of legionella have been implemented and are up to date.</p> <p>Action taken as confirmed during the inspection: It was confirmed through records and from the Trust staff at the inspection that there are measures in place towards the control of legionella. Refer also to section 4.3 item 2 and recommendation 2 in Quality Improvement Plan.</p>	Partially Met
<p>Requirement 4</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>It should be confirmed that all the issues identified in the current fire risk assessment have been addressed.</p> <p>Action taken as confirmed during the inspection: The fire risk assessment was reviewed by the Trust Fire Safety Officer in September 2016. The overall risk was considered to be tolerable. Refer also to section 4.3 item 3</p>	Met

<p>Requirement 5</p> <p>Ref: Regulations 27.-(4)(c) 27.-(4)(d)(i)</p> <p>Stated: First time</p>	<p>Confirmation should be provided that the planned installation of closers to bedroom doors has been completed</p> <p>Action taken as confirmed during the inspection: Bedroom doors have been fitted with automatic closers. The inspector was informed that there is a program to upgrade the closers to a free swing type.</p>	Met
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(f)</p> <p>Stated: First time</p>	<p>Arrangements should be made which will ensure that all staff participate in realistic practice fire drills which are in compliance with the emergency action plan. The drills should confirm that an effective evacuation of the building can be carried out at any time and when the minimum number of staff are on duty.</p> <p>Reference should be made to Northern Ireland Firecode document Health Technical Memorandum <i>84 Fire risk assessment in residential care premises</i>.</p> <p>Action taken as confirmed during the inspection: The officer in charge of the home and the fire safety officer confirmed to the inspector that fire training and drills are up to date.</p>	Met
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(d)(v)</p> <p>Stated: First time</p>	<p>Arrangements should be made for the emergency lights to be function tested in accordance with BS 5266.</p> <p>Action taken as confirmed during the inspection: A procedure has been drawn up by the Trust Estates department for carrying out a monthly function test of the emergency lights. Refer also to section 4.3 item 4 and requirement 1 in Quality Improvement Plan.</p>	Not Met
<p>Requirement 8</p> <p>Ref: Regulations 27.-(4)(b) 27.-(4)(c) 27.-(4)(d)(i)</p> <p>Stated: First time</p>	<p>It should be ensured that fire doors are not propped open.</p> <p>The use of block electrical adaptors should be discontinued.</p> <p>Action taken as confirmed during the inspection: There were no doors propped open or block electrical adaptors observed during the inspection.</p>	Met

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. It appeared, from the labels and records, that some portable electrical appliances may have been omitted from the most recent program of test and inspection.
Subsequent to the inspection it was confirmed to the inspector that a check was carried out to ensure that all areas and items in the home had been subject to up to date PAT.
2. The water risk assessment presented was dated January 2014. The Estates Operations Manager confirmed that a review of the risk assessment had been carried out recently and the report is pending. As part of the legionella controls the Belfast Trust has a risk assessed procedure for cleaning and replacing shower heads. An up to date record of this was not presented on the day of inspection. It is understood that chemical dosing is used as part of the legionella controls. No records were presented in relation to checks being carried out of this system.
Refer to recommendation 2 in Quality Improvement Plan.
3. The latest fire risk assessment contained some issues for attention. These were discussed with the Trust Fire Safety Officer and it is understood that arrangements are being made for them to be addressed.
4. The function testing of the emergency lights was discussed and the inspector was informed that the procedure which has been drawn up should be operational within one month. The emergency lighting system was maintained by a contractor in November 2015. The report on this service indicates that the fittings may not have been tested for their full duration.
Refer to requirement 1 in Quality Improvement Plan.

5. The home has thermostatic mixing valves fitted. There were records relating to the servicing of the thermostatic mixing valves in 2015 and 2016. The records for the two years were inconsistent and did not cover all outlets accessible to residents such as wash hand basins. There are no periodic checks that hot water from resident wash hand basins is being delivered at a safe temperature.
Refer to requirement 2 in Quality Improvement Plan.
6. It was observed that the bedrooms have standard steel radiators.
Refer to requirement 3 in Quality Improvement Plan.
7. There were records relating to the maintenance of the lift but not for the periodic LOLER thorough examination of the lift (Lifting Operations and Lifting Equipment Regulations (NI) 1999).
Refer to requirement 4 in Quality Improvement Plan.
8. A report was presented relating to the test and inspection of the electrical installation in February 2014. The report states that the installation was in unsatisfactory condition. On the day of inspection it could not be confirmed if the necessary action had been taken to restore the installation to satisfactory condition.
Refer to requirement 5 in Quality Improvement Plan.
9. Gas Safe documentation was presented. The documents for the laundry and catering installations included some recommendations. Subsequent to the inspection it was confirmed to the inspector that the recommended work had been completed.
10. During the walk round it was observed that a top hung window in a first floor toilet was not restricted.
Refer to requirement 6 in Quality Improvement Plan.

Number of requirements	6	Number of recommendations:	1
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit
Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. There has been an ongoing program of repair and redecoration. On the day of inspection new flooring was being fitted in parts of the home. There is some wear of surface finishes and the program of repair and redecoration should be maintained.
Refer to recommendation 1 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Debbie Lyttle (Senior Carer in Charge), Mr Danny McCartney (Estates Operations Manager Belfast Trust), Mr Drew Denvir (Estates Officer Belfast Trust) and Mr Brian Marley (Fire Safety Officer Belfast Trust) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to web portal for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulations 27.-(4)(c) 27.-(4)(iv) and (v)</p> <p>Stated: Second time</p> <p>To be completed by: 15 December 2016</p>	<p>The procedure for carrying out monthly function tests of the emergency lights should be implemented.</p> <p>The maintenance of the emergency lighting should be reviewed to ensure it is in line with good practice. Reference should be made to BS5266.</p> <p>Response by registered provider detailing the actions taken: Test points being relocated from live plant rooms to common areas to facilitate staff testing has been completed. Next stage is to provide training to staff to facilitate monthly testing it is envisaged that this will take place and be completed within year 16/17 ie by end of March 2017</p>
<p>Requirement 2</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2016</p>	<p>The arrangements for managing safe hot water and maintaining the thermostatic mixing valves should be reviewed. It should be ensured that compliance with good practice, including HSG274 Part 2, can be confirmed.</p> <p>It is recommended that all hot outlets accessible to residents are regularly checked for safe hot water temperature.</p> <p>Response by registered provider detailing the actions taken: The Belfast Trust carry out an inspection every 6 months and failsafe checks on all shower and bath TMV's. Hot water temperatures are checked and recorded on a regular basis by staff and any issues are reported immediately to the senior person on duty who informs Estates Department.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2016</p>	<p>A hot surface risk assessment should be carried out and actioned as appropriate. Reference should be made to Health Guidance Note 'Safe' hot water and surface temperatures.</p> <p>Response by registered provider detailing the actions taken: Hot Surface Risk assessment was available on day of inspection. This has now been updated and amended accordingly.</p>
<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2016</p>	<p>It should be confirmed that there is a valid LOLER thorough examination report for the lift which verifies that the lift is without defects.</p> <p>Response by registered provider detailing the actions taken: This has been obtained and forwarded to inspector at RQIA directly.</p>

<p>Requirement 5</p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2016</p>	<p>It should be confirmed that the electrical installation is currently in satisfactory condition.</p> <p>Response by registered provider detailing the actions taken: As indicated the wrong designation on current FWT Cert along with original Electrical contractor in liquidation therefore no follow up. This situation has directed Estates to have the building retested to provide a satisfactory Cert. JD McGeown to commence the testing on Monday 9th January, upon completion certification shall be forwarded to RQIA.</p>
<p>Requirement 6</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2016</p>	<p>All opening windows should be surveyed and, where necessary, the restriction arrangement brought into line with good practice such as the Health and Safety Executive document HSIS5 and relevant safety alerts available on the Northern Ireland Adverse Incident Centre website. It should be ensured that the necessary action is taken within an appropriate timescale.</p> <p>Response by registered provider detailing the actions taken: All windows where there is a risk of fall of more than 2m are surveyed on an annual basis, in line with the HSENI recommendations. The last inspection for this facility took place in April 2016 with no defects found. All windows have been checked again following inspection and any defects have been reported to Estates Department.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>It should be ensured that the program of repair and redecoration is maintained.</p> <p>Response by registered provider detailing the actions taken: Repair and redecoration is carried out by way of the BHSCCT job reporting system. Recently 12 bedrooms have been painted and some rooms new flooring along with other maintenance. Currently Estates have secured £130 k for Flooring/Painting/Sanitary ware replacement throughout the building dependant on priority. A further 70k has been secured to resurface dining room roof.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2016</p>	<p>The reviewed water safety risk assessment should be obtained. Arrangements should be made which will ensure that identified remedial works and the recommended scheme of legionella control arising from the reviewed risk assessment are implemented within timescales acceptable to the risk assessor.</p> <p>It should be ensured that records are maintained of all actions relating to the control of legionella.</p> <p>Response by registered provider detailing the actions taken: The Belfast Trust has a review programme for all water risk assessments, and implements a risk based approach when dealing with deficiencies, addressing what is reasonably practicable. The items on the action plan of the current risk assessment carried out in September 2016 are in the process of being addressed.</p>

Please ensure this document is completed in full and returned to web portal



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