

Inspection Report

22 November 2021



Chestnut Grove

Type of service: Residential Care Home
Address: 59-61 Somerton Road, Belfast, BT14 4DD
Telephone number: 028 9504 1610

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager: Mr David Geary, not registered
Responsible Individual Dr Catherine Jack	
Person in charge at the time of inspection: Attracta Hughes, senior manager	Number of registered places: 44
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 19
Brief description of the accommodation/how the service operates: Chestnut Grove is a registered Residential Care Home which provides health and social care for up to 44 residents. The home is over two floors with shared living on both floors and dining room on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 22 November 2021, from 9.45 am to 5.15 pm by a care inspector.

The inspection assessed progress with the areas for improvement identified in the home at 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.

Evidence of good practice was found in relation to staffing and their training and development. Systems were in place to manage risks to residents. Records were well maintained and the care team worked well together. There was a compassionate culture and ethos evident in the home. The regional manager was available and approachable and had put in place effective governance systems to ensure the delivery of a quality service.

Areas requiring improvement were identified in relation to the environment and records from allied health professionals.

Residents have all been recently discharged from hospital and are continuing their rehabilitation at Chestnut Grove with some awaiting care packages. Residents were relaxed and comfortable in their surroundings and said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Chestnut Grove was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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 residents, 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 and 'Tell Us' cards were provided to give residents 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 area manager, at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 10 residents and eight staff members. Residents' spoken with were content and the atmosphere was calm and relaxed. Residents expressed no concerns about the care they received. We received completed questionnaires from residents following the inspection, and they stated they were very satisfied with all aspects of care in the home.

The only negative comments received from residents, staff and in a returned questionnaire was in regard to the lack of space in the bedrooms. This feedback was shared with the management team, and an area for improvement identified regarding the environment. Details are included in the report below.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 December 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4) (c) Stated: First time	The registered person shall ensure equipment is stored appropriately and that all corridors are kept clear and unobstructed at all times.	Met
	Action taken as confirmed during the inspection: A review of the premises confirmed that this area for improvement has been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 13.4 Stated: First time	The registered person shall ensure that a review of therapeutic activities is undertaken, record all activities provided including time scale, develop and display programme in an appropriate location so that residents and their representative know what is scheduled.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for Improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure in regard to those residents who require a fluid restriction: <ul style="list-style-type: none"> • fluid intake is consistently recorded • the daily fluid intake is calculated and evaluated by the senior care staff to review the effectiveness of the care provided. 	Met
	Action taken as confirmed during the inspection: There were no residents on fluid restriction on the day of inspection. However; discussion with the area manager provided assurance that adequate systems were in place to meet this area for improvement.	
Area for improvement 3 Ref: Standard 20.10 Stated: First time	The registered person shall ensure when an action plan is devised following an audit any action taken to make improvement is signed and dated when completed.	Met
	Action taken as confirmed during the inspection: A review of records and discussion with the area manager confirmed that any action plans required following audits are devised, signed, dated and reviewed at the monthly monitoring visits.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager confirmed that the numbers of residents admitted was kept under review according to staffing levels.

Observation of care delivery evidenced that the staffing levels were sufficient to meet the needs of the residents. Relatives and residents spoken with raised no concerns regarding the staff or staffing levels.

Call bells were available for residents who confirmed that these were answered promptly. Residents told us that they were very well cared for by the staff with one lady saying she was cared for so well that her relatives think she is in a 5 star hotel.

Staff told us that there was enough staff on duty and confirmed that sometimes short notice staff absences were covered by temporary or agency staff. Staff were confident that the needs of the residents were consistently met.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

5.2.2 Care Delivery and Record Keeping

The home provides care to residents who require a period of rehabilitation. Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff were knowledgeable of residents' needs, their daily routine, likes and dislikes. Staff confirmed the importance of good communication within their team and with the management.

Staff were seen to provide a prompt response to residents' needs and demonstrated an awareness of individual patient preferences. Staff were observed to be respectful during interactions and to communicate clearly, for example, when assisting a patient with personal hygiene needs. Residents were well presented, content in their surroundings and at ease in their interactions with staff.

Examination of records and discussion with the area manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Observation of the dining experience confirmed that it was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Four care records were reviewed and risk assessments were completed and care plans in place to meet the residents' current needs. Care plans were person centred and were reviewed on a regular basis.

Care records were reviewed in relation to nutrition, diabetes, catheter care, arterial ulcers and falls. Care plans were in place for modified diets and reflected the recommendations of Speech and Language Therapists (SLT). Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded, however these records were kept by the healthcare professionals and not available to staff in the home. An area for improvement is given that the health care professionals also document the care, treatment or instructions provided in the resident's daily record.

There was evidence that body maps were completed on admission and as required thereafter. Residents were regularly weighed and there was evidence of ongoing referral to specialists as required.

As the length of stay at Chestnut Grove is short there was no resident eligible for an annual review of their care.

5.2.3 Management of the Environment and Infection Prevention and Control

A review of the internal environment of the home evidenced that although clean and tidy, the home requires a refurbishment that will meet the needs of service users who require ongoing cognitive and physical rehabilitation. An area for improvement was identified.

Residents' bedrooms were clean, tidy and personalised with items of importance to each resident, such as family photos, memorabilia, radios and sentimental items from home. However these rooms were small and none had ensuite facilities.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

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 residents, staff and care partners and any outbreak of infection was 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 (IPC) measures and the use of PPE had been provided.

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

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. As the emphasis is on rehabilitation there are occupational therapists and physiotherapists on site. Each resident has an individual activity record which are signed and dated.

Residents 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.

There was a range of activities provided for residents by staff. As said previously residents had been consulted/ helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

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

5.2.5 Management and Governance Arrangements

An acting manager has been in place since September 2021. 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 residents, care practices or the environment.

Staff commented positively on the manager and his availability and approachability. A whistleblowing policy was in place so staff could raise any concerns regarding the home and the care if required.

There was evidence that a robust 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. These were completed on a regular basis and when deficits were identified, actions were put in place to address these.

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

There was a system in place to manage complaints. Residents knew how to make a complaint.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. There were a large number of thank you cards retained from residents and representatives complimenting the care.

Regular meetings were held with staff, residents and their representatives. Minutes were maintained. There was evidence that residents' and their representatives' views and opinions were sought and acted upon.

Monthly quality monitoring visits were undertaken and the reports were available to review. An action plan was agreed following each visit and there was evidence that issues had been addressed.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team. As a result of the inspection two areas for improvement were identified in respect of the environment and documentation from visiting health professionals. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Attracta Hughes, regional 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 Stated: First time To be completed by: 30 June 2022	<p>The registered person shall refurbish the internal environment of Chestnut Grove residential home to ensure that it will meet the needs of service users who require ongoing cognitive and physical rehabilitation.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager had arranged a meeting with Estates prior to Christmas 2021 but unfortunately this was cancelled due to staff sickness and the meeting is now further delayed as the home is now in COVID outbreak.</p> <p>The meeting with Estates will now be convened in February 2022 to discuss commissioning a building condition survey report which will inform the the schedule of work required and costings for the refurbishment programme.</p> <p>The Service area will establish a steering group to oversee the the implementation of the refurbishment and agree a timetable for completion.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 22 Stated: First time To be completed by: 31 January 2022	<p>The registered manager shall ensure that visiting health care professionals, as well as keeping their own records, also document the care, treatment or instructions provided in the resident's daily progress notes.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All health care professionals including social work, occupational therapist, physiotherapists and community nursing will document the care, treatment and care planning or instruction to staff in the residents's daily progress notes. This will be communicated to all AHP staff by their line manager and the Band 5 on duty will oversee this action on a day to day basis.</p> <p>This will be fully implemented by 31 January 2022.</p>

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