



The Regulation and
Quality Improvement
Authority

Chestnut Grove
RQIA ID: 10060
59-61 Somerton Road
Belfast
BT15 4DD

Inspector: Bronagh Duggan
Inspection ID: IN022328

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**Unannounced Care Inspection
of
Chestnut Grove**

29 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 29 September 2015 from 11.00 to 17.30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care in Standard 14 and the theme inspected.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

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	1	2

The details of the QIP within this report were discussed with Mrs Mairead McCartan registered manager as part of the inspection process. One requirement was restated for a second time and two recommendations were made. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast HSCT/Mr Martin Dillion	Registered Manager: Mrs Mairead McCartan
Person in Charge of the Home at the Time of Inspection: Mrs Mairead McCartan	Date Manager Registered: 30 September 2015
Categories of Care: RC-E, RC-MP(E), RC-PH, RC-PH(E), RC-I	Number of Registered Places: 44
Number of Residents Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: £470 per week.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection the following records were analysed: Notification of accident and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with 11 residents individually, four care staff, and received 14 completed questionnaires from residents and staff.

The following records were examined during the inspection:

- Four care records
- Relevant policies and procedures
- Staff training records
- Accident and incident records
- Complaints and compliment records
- Fire Safety Risk Assessment
- Monthly monitoring visits.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 27 July 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 25 February 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 24(4)	<p>The registered person shall, within 28 days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the investigation process, outcome and action (if any) that is taken.</p> <p>Reference to this is made in relation to the issues of complaint/concern raised about the provision of foods in the home. An action plan must be devised</p>	Met

	<p>in consultation with the residents detailing with timescales how matters raised will be resolved. A copy of this action plan must be submitted to RQIA.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that a range of actions have been taken in relation to addressing the complaints made about the provision of food in the home. This issue is being closely monitored by the registered manager. Feedback has been shared with the identified residents.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 27 (2)(t)</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in that all radiators/hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate guidance.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager provided risk assessments which had been completed for radiators/hot surfaces throughout the home. These were last reviewed in 2011. The registered manager confirmed that these shall be reviewed and updated.</p> <p>This requirement has been restated in the QIP for a second time.</p>	
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13.2</p>	<p>The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p> <p>Reference to this is made in that the choice of radio station played for residents needs to be in keeping</p>	Met

	with their age group and taste.	
	<p>Action taken as confirmed during the inspection:</p> <p>Residents confirmed they were happy with the choice of radio station within the home.</p>	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed that residents' can spend their final days in the home unless there are documented health care needs to prevent this. Currently there are only a small number of permanent residents living in the home. The majority of residents who access services at Chestnut Grove do so for short term periods of intermediate care following discharge from hospital.

Within this report much of the discussion regarding death and dying relates to the circumstances of expected death in the home. The registered manager confirmed dying and death is not frequently experienced in the home due to the small number of permanently placed residents. However it is acknowledged the event of sudden death could affect permanent or short term residents in the home at any time.

In our discussions with the registered manager and staff they confirmed that they would work closely with other health care professionals including the residents General Practitioner and the district nursing service. Staff were aware of the need to monitor residents food and fluid intake and to ensure regular repositioning to prevent skin breakdown. Staff also confirmed that changes in a resident's condition would be observed closely, reflected in their evaluation care records and documented in their care plan.

Staff confirmed to us that they would liaise closely with family members and keep them informed of any changes in the resident's condition. Staff confirmed all appropriate risk assessments would be in place. Staff have completed training relating to end of life care.

Is care effective? (Quality of management)

The home had a procedure in place regarding end of life care. This contained relevant information including support to be offered, skin care, and recognising approaching death. It also identified how to support other residents and staff. Staff have completed training titled "Journeys End" staff confirmed this training was beneficial and furthered their understanding of supporting residents in their last days and weeks of life.

We inspected four care records, these reflected residents' spiritual preferences and next of kin /administrator details. Care records inspected included information relating to resident's wishes at the time of their death.

In relation to handling deceased residents' belongings the registered manager confirmed that this is family led and the next of kin are given whatever amount of time they need.

Is care compassionate? (Quality of care)

The registered manager and staff confirmed to us that the needs of the dying resident are met with a strong focus on dignity and respect. Staff confirmed that information would be communicated sensitively to family members who would be given time and privacy to spend with their loved one.

The registered manager confirmed to us that following the death of a resident other resident's would be informed in a sensitive manner. Residents and staff would have the opportunity to pay their respects and be provided with support if needed. This information was also reflected in the homes procedure regarding end of life care.

We viewed a number of compliment and thank you cards received from families of former residents. The cards contained words of praise and gratitude for the kindness and compassion received during their time at the home.

Areas for improvement

We identified no areas of improvement in relation to this standard. Overall this standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Theme: Residents receive individual continence management and support**Is care safe? (Quality of life)**

In our discussions with staff they demonstrated knowledge of supporting residents' with their continence needs. Staff were aware of the need to make onward referrals to the continence team if they witnessed any changes in relation to residents' continence needs. Staff were aware of the homes infection control procedures and confirmed there was usually a good supply of continence products in the home. The registered manager confirmed residents admitted from hospital to the home would have a continence assessment completed upon their arrival at the home.

We inspected four care records two of these indicated that residents were independent in this area. One care record contained specific information in relation to one resident's more complex continence needs. We noted that although the residents care plan outlined when the continence product should be changed records in the home did not reflect this on a regular basis. The need to ensure records were accurately maintained to reflect the change of product within the defined timescale was discussed with the registered manager. We made a recommendation that records should be maintained on a regular basis to accurately reflect when the continence product has been changed.

We observed good supplies of continence products, aprons, gloves, and hand washing dispensers throughout the home.

Is care effective? (Quality of management)

The home had a policy in place regarding the management of continence. This contained relevant information relating to assessment, specialist input, promotion of continence, dignity, and respect. Staff completed training in infection control and continence management in 2015.

In our discussions with staff they showed good knowledge of residents' individual needs and measures to promote continence management.

Is care compassionate? (Quality of care)

Staff were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. Observations of general care practices indicated that continence care was undertaken in a discreet and private manner.

Areas for improvement

We identified one area of improvement for this theme. Overall this theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Residents views

We spoke with 11 residents individually and received 8 completed resident questionnaires. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and with the care provided.

Some of the comments received from residents included:

- "Everything is very good here".
- "The staff are kind and helpful".
- "You couldn't get better, this is a great place".
- "I am getting on very well here, I have all I need".

5.5.2 Staff views

We spoke with four care staff and received six completed staff questionnaires. Staff confirmed that they were supported in their respective duties and were provided with relevant training resources to undertake their duties.

5.5.3 Accidents and incidents

We reviewed the accident and incident reports from the previous inspection and found these to be appropriately managed and reported.

5.5.4 Fire Safety

An up to date Fire Safety Risk Assessment was in place. This had been completed in September 2015. The registered manager confirmed she was addressing the recommendations made. Staff fire safety training was completed on an up to date basis.

5.5.5 Compliments and complaints

We reviewed records of compliments and complaints maintained in the home. There were a number of recent compliments given to the home. In relation to complaints records reviewed we made one recommendation that the complainant's level of satisfaction with the complaints investigation and outcome should be recorded.

5.5.6 Monthly monitoring reports

We inspected a sample of monthly monitoring records these contained relevant information and were maintained on an up to date basis.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Mairead McCartan 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.

6.5 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.6 Recommendations

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

6.7 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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 care.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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27 .2 (t)</p> <p>Stated: Second time</p> <p>To be Completed by: 10 November 2015</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in that all radiators/hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate guidance.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: Risk assessments in place on day of inspection for radiators/hot surfaces throughout the home. These risk assessments have since been reviewed and updated.</p>	

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 22.4</p> <p>Stated: First time</p> <p>To be Completed by: 27 October 2015</p>	<p>The registered manager should ensure that a regular system is in place to record when the identified residents continence products have been changed.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: The manager will ensure that records are maintained on a regular basis which accurately reflect when the continence product has been changed.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection and ongoing.</p>	<p>The registered manager should ensure that the complainant's level of satisfaction with the outcome of the complaint investigation and outcome is recorded.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: Registered manager will ensure complainant's level of satisfaction with outcome of complaint investigation is recorded.</p>	

Registered Manager Completing QIP	Mairead McCartan	Date Completed	30/10/15
Registered Person Approving QIP	Martin Dillion	Date Approved	19/11/15
RQIA Inspector Assessing Response	Bronagh Duggan	Date Approved	23/11/15

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address

