



The **Regulation** and  
**Quality Improvement**  
Authority

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

**Inspector: Bronagh Duggan**  
**Inspection ID: IN022329**

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**Unannounced Care Inspection  
of  
Chestnut Grove**

**3 March 2016**

**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.rgia.org.uk](http://www.rgia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 3 March 2016 from 10.45 to 17.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. 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, and the DHSSPS Residential Care Homes Minimum Standards (2011).

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with the registered manager Mrs Mairead McCarten as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Belfast HSCT/Mr Martin Dillion	<b>Registered Manager:</b> Mrs Mairead McCartan
<b>Person in charge of the home at the time of inspection:</b> Mrs Mairead McCarten	<b>Date manager registered:</b> 30 September 2015
<b>Categories of care:</b> RC-E, RC-MP(E), RC-PH, RC-PH(E), RC-I	<b>Number of registered places:</b> 44
<b>Number of residents accommodated on day of inspection:</b> 19	<b>Weekly tariff at time of inspection:</b> £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 has been met:

**Standard 24: Staff are supervised and their performance appraised to promote the delivery of quality care and services.**

### 4. Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents reported to RQIA and the returned Quality Improvement Plan from the previous inspection on 29 September 2015.

During the inspection the inspector met with 16 residents, four care staff and one resident's visitor/representative.

The following records were examined during the inspection: three care records, relevant policies, accident and incident records, staff training records, complaints, supervision and appraisal schedule templates, and the homes Fire Safety Risk Assessment.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced finance inspection dated 21 January 2016. The completed QIP is due to be returned to the finance inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection on 29 September 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27.2(t)	The registered person shall, having regard to the number and needs of the residents, ensure that –  (t) a risk assessment to manage health and safety is carried out and updated when necessary.  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.	Met
	<b>Action taken as confirmed during the inspection:</b> An up to date risk assessment was in place having been completed on 30 October 2015.	

Previous Inspection Recommendations		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 22.4	The registered manager should ensure that a regular system is in place to record when the identified residents' continence products have been changed.	Met
	<b>Action taken as confirmed during the inspection:</b>  From our inspection of records available we can confirm that a regular system was in place to record when the identified resident's continence products were changed.	
<b>Recommendation 2</b> Ref: Standard 17.10	The registered manager should ensure that the complainant's level of satisfaction with the outcome of the complaint investigation and outcome is recorded.	Carried Forward
	<b>Action taken as confirmed during the inspection:</b>  No new complaints have been made since the previous inspection. This recommendation shall be carried forward to the next inspection, and is included in the QIP appended to this report.	

### 5.3 Standard 24: Staff are supervised and their performance appraised to promote the delivery of quality care and services.

#### Is care safe? (Quality of life)

In our discussions with the registered manager she confirmed that staff with the responsibility of carrying out supervision have been trained appropriately. We inspected training records maintained in the home these showed that staff had completed training relating to supervision and governance in 2012. A further update was provided for some staff in 2015. The registered manager confirmed she would ensure staff receive updates as required.

Staff confirmed to us they receive formal supervision from their designated supervisor on a regular basis. We viewed supervision templates available in the home. Staff confirmed that supervision sessions would be planned in advance allowing them time to prepare. Staff also confirmed to us that they participate in peer supervision sessions.

Staff with supervisory responsibilities confirmed they would report any serious or recurring issues arising in supervision to the registered manager.

The registered manager confirmed specific staff members are identified as key workers within the home for identified residents. We inspected three care records. We found care plans and

risk assessments were updated at regular intervals. We noted that one resident was due a care review with the referring Trust. We discussed this issue with the registered manager who informed us there had been some delays with getting care review dates from the Trust due to staff shortages. Records available in the home confirmed this. We found the care plans inspected were signed by residents and the staff member responsible for drawing them up. We made a recommendation that these should also be signed by the registered manager.

### **Is care effective? (Quality of management)**

The home had a procedure in place for staff supervision. The registered manager confirmed supervision sessions provided opportunity to ensure staff are competent to undertake their duties and to ensure training needs are met. Staff confirmed to us they found supervision sessions beneficial.

We discussed with the registered manager the procedures in place to ensure staff complete an annual appraisal. The registered manager confirmed to us that having come to the post in 2015 she was due to begin work with staff relating to their annual appraisals. Records available in the home confirmed this. The registered manager shared with us information which she had prepared in advance of carrying out annual appraisals with staff.

### **Is care compassionate? (Quality of care)**

In our discussions with staff they confirmed that residents' individual needs and preferences are at the centre of care provision in the home.

In our observations of care practices and interactions between residents and staff we found that residents were treated with dignity and respect when being supported by staff.

### **Areas for improvement**

Overall this standard was assessed to be met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## **5.4 Additional areas examined**

### **5.4.1 Residents views**

We spoke with 16 residents, in accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided. Two residents brought to our attention their dissatisfaction with the food provided in the home. This information was shared with the registered manager who confirmed that the catering services manager was due to visit the home personally during the next residents meeting in March 2016 to discuss with residents their concerns and identify a way forward.

Some comments from residents included:

- “No complaints from me, everyone is very good.”
- “I feel like I am getting VIP treatment, everyone is so kind.”
- “The food is good, my room is nice and clean, everyone is very god.”

- “You couldn’t fault it here.”
- “I just love it here. I only wish that I could stay.”
- “I have all that I need, I can’t complain.”
- “The food is marvellous, this is a great place.”
- “The care is excellent, they (staff) go beyond what you would expect. I don’t always like the food choices though.”
- “The staff are all very kind.”
- “The care is good, but the home is not the way it used to be there are a lot of people coming and going.”

#### **5.4.2 Relatives/representatives views**

We met with one visiting relative/representative. They informed us that they were very satisfied with the care provided to their relative in the home and were kept well informed by staff of any changes in their relative’s care.

#### **5.4.3 Staff views**

Staff confirmed that they felt supported with their respective roles and duties and that they had access to training and resources to support them in their roles. Staff shared with us that they found the changing needs of intermediate care residents being admitted to the home meant that the nature of their jobs had changed somewhat.

#### **5.4.4 General Environment**

In our inspection of the environment we found the home was warm, clean and tidy. Some of the décor and furnishings were tired and dated though fit for purpose.

#### **5.4.5 Accidents and incidents**

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

#### **5.4.6 Fire Safety**

An up to date Fire Safety Risk Assessment was in place. The registered manager confirmed any recommendations made had been actioned accordingly. Staff completed fire safety training in November 2015. There were no obvious fire risks observed.

#### **5.4.7 Complaints**

We inspected complaints records maintained in the home. There had been no new complaints recorded since the previous inspection.

#### **Areas for improvement**

We identified no areas for improvement from the additional areas examined.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Mairead McCarten 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 Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 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.

### 6.3 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](mailto: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 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			
<b>Recommendation 1</b> <b>Ref:</b> Standard 6.3  <b>Stated:</b> First time  <b>To be completed by:</b> 3 April 2016	The registered manager should ensure that care plans are signed by the resident or their representative where appropriate, the staff member responsible for drawing it up and the registered manager.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> Registered manager will ensure all care plans are signed by the resident or their representative where appropriate, the staff member responsible for drawing it up and the registered manager.		
<b>Recommendation 2</b> <b>Ref:</b> Standard 17.10  <b>Stated:</b> Carried Forward  <b>To be completed by:</b> 3 April 2016	The registered manager should ensure that the complainant's level of satisfaction with the outcome of the complaint investigation and outcome is recorded.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> As stated within the report, no new complaints had been received since the last inspection. Registered manager will ensure that the complainant's level of satisfaction with the outcome of the complaint investigation and outcome is recorded for all new complaints.		
<b>Registered Manager completing QIP</b>	Mairead McCartan	<b>Date completed</b>	05/04/16
<b>Registered Person approving QIP</b>	Martin Dillion	<b>Date approved</b>	7/4/16
<b>RQIA Inspector assessing response</b>	Bronagh Duggan	<b>Date approved</b>	19/4/16

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**