



# Unannounced Care Inspection Report

## 3 October 2018



## Chestnut Grove

**Type of Service: Residential Care Home**  
**Address: 59-61 Somerton Road, Belfast, BT15 4DD**  
**Tel No: 028 9504 1610**  
**Inspector: Bronagh Duggan**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 44 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report. A small number of residents live in the home on a permanent basis. The home provides accommodation and care for people admitted to the home for short term periods of rehabilitation before discharge either home or onwards to a permanent care placement.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual(s):</b> Martin Dillon	<b>Registered Manager:</b> Mairead McCartan
<b>Person in charge at the time of inspection:</b> Sharon Robinson, Senior Carer	<b>Date manager registered:</b> 15 December 2016
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category E – Over 65 years of age but do not fall within the category of old age 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	<b>Number of registered places:</b> 44

### 4.0 Inspection summary

An unannounced care inspection took place on 3 October 2018 from 10.30 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and since 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 staff training, adult safeguarding, infection prevention and control, communication between residents, staff and other interested parties the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff induction and appraisal information.

Residents and their representatives confirmed they were happy with the care provided in the home and their relationship with staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Robinson, Senior Carer, as part of the inspection process. Mairead McCartan, Registered Manager was also informed via phone call following the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 February 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, 12 residents, five staff, and one residents' visitor/representative.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were returned by residents and/or residents' representatives within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedule
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of care plans, care reviews; accidents and incidents (including falls)
- Accident, incident, notifiable event records
- Quality survey analysis report
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey

- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 6 February 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 27.11 Stated: First time	The registered person shall ensure a minor variation to registration application is submitted to RQIA for approval of the change of use for identified rooms.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A minor variation to registration application was submitted to RQIA.	
<b>Area for improvement 2</b> Ref: Standard 6.2 Stated: First time	The registered person shall ensure the current speech and language guidance is clearly reflected in the identified residents care records.  Ref: 6.5	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with staff confirmed current speech and language therapy guidance would be reflected in any residents care plans as assessed. The identified resident was no longer accommodated at the home so the care plan could not be reviewed.</p>	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The senior carer advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Two staff files were reviewed one contained a completed induction record the second did not contain induction information. This was discussed with the registered manager following inspection. Completion of staff induction was identified as an area for improvement to comply with the standards.

Discussion with staff confirmed that mandatory training was regularly provided. Schedules and records of training were reviewed during the inspection. A schedule was in place regarding staff supervision, staff spoken with confirmed they received regular supervision. Records were not available regarding the completion of annual appraisals for staff this was discussed with the manager following the inspection. The need to ensure staff have a recorded annual appraisal with their line manager was identified as an area for improvement to comply with the standards.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The senior carer advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and

whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior carer, confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and that written records would be retained.

The senior carer stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The senior carer reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The senior carer advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The senior carer confirmed the resident group in the home continually changed with the exception of a small number of permanent residents due to the nature of the rehabilitation service offered by the home. The need to ensure a risk assessment and corresponding care plan is in place for any smokers admitted to the home was discussed. The assessment should



take account of contributing factors pertaining to the risk such as medical conditions and subsequent prescribed interventions as well as current safety guidance.

The home had an up to date fire risk assessment in place dated 18 October 2017 and all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

Three completed questionnaires were returned to RQIA from residents and or residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Areas for improvement

Two areas for improvement were identified during the inspection these related to completion of staff inductions and annual appraisals for staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.5 Is care effective?

### The right care, at the right time in the right place with the best outcome

Discussion with the senior carer established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the



individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. Staff confirmed there were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) if required and any guidance would be followed accordingly. There were no residents reported in the home as having SALT guidance in place on the day of inspection.

Staff confirmed that wound care would be managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals would be made to the multi-professional team regarding any areas of concern identified in a timely manner.

The senior carer advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents (including falls) and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The senior carer advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the senior carer and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, annual satisfaction survey report and resident meeting minutes were available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff spoken with during the inspection made the following comments:

- "It's a good team in here, staff are helpful and work together."

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The senior carer advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The senior carer, staff and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and confidentiality were protected.

Discussion with staff, residents and one representative confirmed that residents’ spiritual and cultural needs were met within the home through for example a regular church service and ministers are welcome to visit the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example the daily menu was displayed in a central part of the home.

Discussion with staff, residents, representatives and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Other systems of communication included, residents’ meetings, visits by the registered provider.

There was evidence available to show residents were consulted with about the quality of care and environment. A quality survey analysis report was available for 2018 which gathered the views of residents, residents representatives and staff.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in

meaningful activities. For example there is a library available for residents, there are also opportunities to watch classic films, memory talks, games and playing cards. Staff advised residents spend time during the day focusing on their rehabilitation and engagement with relevant therapists to help aid their rehabilitation prior to discharge. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors were welcome to the home, and residents had the opportunity to participate in church services.

Residents, staff, and one resident’s visitor/representative spoken with during the inspection made the following comments:

- “It is excellent, it really is, I couldn’t say anything bad about it, the staff are all very good. It’s like a seven or eight star hotel, it really is.” (resident)
- “I am getting on the best. You get plenty of attention here that’s for sure.” (resident)
- “It’s very nice, I am quite happy.” (resident)
- “The staff are very good, they give 150% all the time nothing is too much bother. The only thing is the food it could be a bit better.” (resident)
- “It is very good, the staff are very attentive, the food is good, they (staff) help mum up to the dining room. She has a buzzer in place to call for help if needed.” ( residents representative)
- “I am getting on the best, aye, I have been here years the staff are the best.” (resident)
- “The staff are good, they are always about if you need them.” (resident)
- “It is a great (place) to work in, the team work well together. Clients come in here, you see them crying when they don’t want to leave.” (staff)

Three completed questionnaires were returned to RQIA from residents and or residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- “The staff at Chestnut Grove has been absolutely wonderful. They show care and empathy and (are) always there for patients and family. A great big thank you to all.”
- “Very happy.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The senior carer outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. a large number of thank you letters and cards had been received by the home and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff had completed training in oral hygiene and human rights.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The senior carer stated that senior managers were kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The senior carer reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The senior carer advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- “The manager is very approachable she will do all she can to sort out and plan, I feel very happy that I can approach her.”

Three completed questionnaires were returned to RQIA from residents and or residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Robinson, Senior Carer, as part of the inspection process. Mairead McCartan, Registered Manager was informed in a telephone call following the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## **7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.1  <b>Stated:</b> First time  <b>To be completed by:</b> 3 November 2018	<p>The registered person shall ensure all staff complete structured orientation and induction. Records of this should be maintained in the home.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff have undergone a comprehensive induction within the required time limits. These records are maintained within each staff file in keeping with Trust Policy</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24.5  <b>Stated:</b> First time  <b>To be completed by:</b> 3 December 2018	<p>The registered person shall ensure staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff have undergone annual appraisal ( also referred to as Staff Development Review). All completed appriasals are recorded on the Staff Matrix retained in Chestnut Grove and records of completion are also retained on HRPTS</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**





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