



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

## **Primary Announced Care Inspection**

**Name of Establishment and ID: Chestnut Grove (10060)**

**Date of Inspection: 4 November 2014**

**Inspector's Name: Bronagh Duggan**

**Inspection ID: 17299**

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of Establishment:</b>	Chestnut Grove (10060)
<b>Address:</b>	59-61 Somerton Road Belfast BT15 4DD
<b>Telephone Number:</b>	028 9504 1610
<b>Email Address:</b>	maureen.wright@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Belfast HSC Trust
<b>Registered Manager:</b>	RP013479 - Maureen Wright
<b>Person in Charge of the Home at the Time of Inspection:</b>	Maureen Wright
<b>Categories of Care:</b>	RC-I
<b>Number of Registered Places:</b>	44
<b>Number of Residents Accommodated on Day of Inspection:</b>	22 (8 Permanent Residents) (13 Intermediate Care) (1 Respite)
<b>Scale of Charges (Per Week):</b>	Trust rates
<b>Date and Type of Previous Inspection:</b>	10 February 2014 Secondary Unannounced Care Inspection
<b>Date and Time of Inspection:</b>	4 November 2014 Primary Announced Care Inspection 10:00am- 6:00pm
<b>Name of Inspector:</b>	Bronagh Duggan

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	17
Staff	3
Relatives	3
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	15	6

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to DHSSPS Residential Care Homes Minimum Standards 10 Responding to residents Behaviour and 13 Programme of Activities.

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not Applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to Become Compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not Compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 – Moving Towards Compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Chestnut Grove Residential Care home is situated in North Belfast in a residential area, and shares a spacious, mature site with two other residential care facilities, one of which is a childrens home. The well maintained outdoor spaces include lawns, paths, shrubs, a greenhouse and a carpark.

The residential home is owned and operated by Belfast Health and Social Care Trust. The current registered manager is Mrs Maureen Wright.

Accommodation for residents is provided in single rooms in a double storey building. Bedrooms are situated on both the ground floor and the first floor. The home has four lounges, a spacious dining room, a large kitchen and a wide and open entrance hall. Access to the first floor is via a passenger lift and stairs.

The home also provides for catering and laundry services on the ground floor of the home. A number of communal sanitary facilities are available throughout the home. A spacious garden is available to the back of the home this includes a greenhouse which is utilised by residents.

The home has not admitted permanent residents for some time. Currently the home provides accommodation for eight permanent residents; 13 beds are available to accommodate intermediate care residents; the home also provides one bed for respite purposes. This was raised with the registered manager in relation to the statement of purpose for the home and will be the focus of further discussions outside the inspection process.

The home is registered to provide care for a maximum of 44 persons; the home was accommodating 22 residents on the day of inspection. The home is registered to provide accommodation under the following categories of care:

Residential Care:

I Old age not falling into any other category

A variation application has been submitted to RQIA to extent the categories of care which can be provided for by the home. This is currently being considered by RQIA.

## 8.0 Summary of Inspection

This primary announced care inspection of Chestnut Grove was undertaken by Bronagh Duggan on 4 November 2014 between the hours of 10:00am and 6:00pm. Mrs Maureen Wright was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that two of these had been met; one recommendation has been reiterated for the second time. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection on 4 November 2014 Mrs Wright completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Wright in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

### **8.1 Standard 10 - Responding to Residents' Behaviour**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place titled Responding to resident's behaviour and behaviour that challenges staff or others dated May 2014 this included relevant information regarding the causes of behavioural issues and who to contact when behavioural changes are observed. A recommendation has been made that the policy is developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should also detail the need to notify RQIA on each occasion restraint is used. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. A review of staff training records identified that the majority of care staff had not completed recent training in behaviours which challenge. A recommendation has been made that all care staff complete training in behaviours which challenge on an annual basis as outlined in RQIA Guidance on Mandatory Training 2012. It was noted that care staff had completed training on Human Rights in 2013 and 2014 which was commendable. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents or their representatives had been included in any decisions affecting their care. One method of restraint or restrictive practice observed in the home related to the use of a key pad system positioned at the front door for use when entering and exiting the building. The registered manager confirmed that some residents know the code; two residents spoken with confirmed this. A recommendation has been made that the use of the keypad system is reviewed taking into consideration the individual needs and preferences of residents; this should be done through a process of risk assessment to establish if the system is required. If the system remains at the entrance of the home its use should be documented in the homes statement of purpose. The evidence gathered through the inspection process concluded that Chestnut Grove was moving towards compliance with this standard.

## **8.2 Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided, however, care staff also stated that at times the workload in the home can be so busy due to the ever changing group of residents that they are not always available to support resident's participation in activities as much as they would like. This information was shared with the registered manger.

The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed an activity coordinator for fifteen hours each week. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Chestnut Grove is substantially compliant with this standard.

## **8.3 Resident, Representatives, and Staff Consultation**

During the course of the inspection the inspector met with 17 residents, three representatives, and spoke with three care staff and the activities therapist. Six questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were generally happy and content in the home although two residents complained about the food provided, this has been an ongoing issue for some time within the home and the registered manager has taken action to address the residents' concerns. One resident spoke at length about their experience in the home. The resident informed the inspector that staff at the home did their best to ensure resident's needs were met however he/she felt that permanent resident's needs were secondary compared to the often more acute needs of intermediate/short term residents admitted to the home upon discharge from hospital. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they found workloads busy in the home and felt that having to deal with constant admissions and discharges was having an impact on their ability to spend quality time with permanent residents in the home. Staff spoke about the additional pressures of meeting the needs of a constantly changing group of residents with different dependency levels who are admitted to the home following hospital discharge for periods of rehabilitation.



Comments received from residents, representatives, and staff are included in section 18.0 of the main body of the report.

#### **8.4 Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

#### **8.5 Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard.

#### **8.6 Care Plans - Photographs**

It was noted by the inspector when viewing residents care plans that photographs were not included on at least four. This was discussed with the registered manager who stated that photographs were included in hardback files for all residents. It was felt that due to the high turnover of residents the need for a recent photograph to be included in residents current daily care plan was necessary. A requirement has been made in this regard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, vetting and fire safety. Further details can be found in section 18.0 of the main body of the report.

One requirement and three recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager, and staff for their assistance and co-operation throughout the inspection process.

## 9.0 Follow-Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 10 February 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 19.06	<p>Residents or their representatives' involvement in the recruitment process.</p> <p>This is still an issue for the Trust and the home, there are plans to initiate a new process to meet this standard.</p>	<p>The registered manager confirmed that this issue is currently being reviewed within the trust to establish a process to allow resident / representative involvement in the recruitment process.</p> <p>This recommendation has been reiterated</p>	Moving towards compliance
2	Standard 20.04	<p>Management Systems.</p> <p>Any absence of the registered manager for more than 28 days is notified to the RQIA.</p> <p>Discussed with the person in charge and via email on the 12 February 2014, if not already done so, the Trust should inform the RQIA about arrangements for managing the home in the absence of the registered manager, for RQIA approval.</p>	<p>The registered manager confirmed that RQIA have been informed on any occasion's that the registered manager is absent for more than 28 days.</p>	Compliant

3	Standard 12.8 and 12.11	Staff involve residents fully in the choices and quality of the food provide. It is recommended that a record is kept on file of feedback on the food provided for residents who have complained in the past.	The registered manager has completed an audit with residents regarding the food provided in the home. The registered manager has also held a meeting with the residents and the catering services manager to discuss the food options available in the home. Records were available in the home to confirm this. Dissatisfaction with the food available in the home remains an issue with some residents. The registered manager confirmed this is an ongoing issue, residents views are sought regularly.	Substantially compliant
---	-------------------------	---	---	-------------------------

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
A pre admission visit is carried out for all permanent resident admission, this includes meeting the resident, carer and their social worker/care manager to discuss and highlight issues in respect of behaviour and management of this. A baseline assessment is carried out which supplements the multi-disciplinary assessment commissioned by the care manager. Once this information is collated it forms the basis for the person centred care plan. Issues in the management of resident's behaviour is also highlighted on a risk assessment if necessary and a management plan agreed in conjunction with the family. In respect of any behavioural issues senior staff will seek advice on a regular basis from the residents G.P. and where necessary consultant psychiatrist of old age and other members of the multi-disciplinary team. The individual person centred care plan, once completed gives clear direction to staff with regard to management of the resident's behaviour. Where there are on-going issues with residents behaviour a multi-disciplinary review will be convened where all the issues raised will be discussed with the resident and their representative/ family and an action plan put in place, care plan amended to reflect any changes and further review arrangements are agreed.	Substantially compliant
<b>Inspection Findings:</b>	
The home had a policy and procedure titled Responding to resident's behaviour and behaviour that challenges staff or others dated May 2014; this included relevant information regarding the causes of behavioural issues and who to contact when behavioural changes are observed. A recommendation has been made that the policy is developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should also detail the need to notify RQIA on each occasion restraint is used.	Moving towards compliance
Observation of staff interactions, with residents, identified that residents were treated with dignity and respect.	

A review of staff training records identified that the majority of care staff had not completed recent training in behaviours which challenge. A recommendation has been made that all care staff complete training in behaviours which challenge on an annual basis as outlined in RQIA Guidance on Mandatory Training 2012. It was noted that care staff had completed training on Human Rights in 2013 and 2014 which was commendable.

A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

A review of the six returned staff questionnaires identified that staff received regular supervision two staff indicated that they had completed training in managing challenging behaviours.

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Any unusual behaviour presented by individual residents is identified in the first instant through observation, daily reports, handovers, individual daily notes and monthly summaries. Once a behaviour issue has been identified a behavioural chart is put in place to record all relevant information and assist staff in the management plan. This information is also used to consult with G.P.'s and other professionals with regard to the management plan. The registered manager will keep the assistant service manager updated in respect of any serious incidents concerning residents behaviour via the Trust reporting system. This is also highlighted on monthly management reports and monitored by this process. Notifiable incidents are also reported to RQIA.	Substantially compliant
<b>Inspection Findings:</b> Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.  Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.  A review of the records and discussions with visitors confirmed that they had been informed appropriately.	Compliant

<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> All person centred care plans and risk assessments are completed in conjunction with the resident and where applicable family/representative. This ensures that both resident and their family/representative are aware of the management approach of staff in managing any issues with identified behaviour. The care plan and risk assessment are kept under constant review and all parties informed of any changes.</p>	Substantially compliant
<p><b>Inspection Findings:</b> A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> For residents with specific behavioural problems, senior staff will liaise with their G.P. and other relevant professionals, eg. mental health team for older people for support and advice in the daily management of this behaviour. Staff ensure residents who require regular attendance at specialist clinics are accompanied with up to date information and care plan. Where there is a rapid onset of a specific behaviour, staff will liaise with G.P to ensure all physical causes are ruled out as contributing factors. This is monitored through close observation and recording.</p>	Substantially compliant
<p><b>Inspection Findings:</b> The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not Applicable

<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>All staff are made aware by senior staff on a daily basis at handover when a specific behaviour management programme is in place. Staff have as a reference, the residential services procedure manual which has a detailed section on working with residents with challenging behaviour. Staff have regular supervision which ensures they have an opportunity to discuss with their line manager any issues with regard to the support required when dealing with residents who present with behavioural problems. As part of ongoing training and development in this area, training is regularly provided by the Trust for staff in specific areas in respect of behaviour management.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>As stated in 10.4 there were currently no residents who had a specific behaviour management plan in place. A review of staff training records evidenced that five staff had received training in relation to managing challenging behaviours in the past year. As stated in 10.1 a recommendation has been made that all care staff complete training in behaviours which challenge on an annual basis as outlined in RQIA Guidance on Mandatory Training 2012.</p>	Moving towards compliance



<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Where there is an incident outside the scope of the care plan, this is reviewed and the care plan updated to reflect any new strategies to manage behaviour. If required, a review meeting will be convened with all relevant professionals. Depending on the nature of a specific incident, this will be reported through the Trust's incident reporting system and reported to RQIA.	Substantially compliant
<b>Inspection Findings:</b> A review of the accident and incident records from May 2014 to October 2014 and discussions with staff identified that residents' representatives, trust personnel and RQIA had been appropriately notified.  A review of three care plans identified that they had been updated and reviewed and included involvement of the trust personnel and relevant others.  Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan; this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services.	Compliant

<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> There is a clear guideline within the residential services, setting out the circumstances and the decision making process as to how restraint may be used in a particular instance. In respect of all instances where restraint is the only viable option, as per the procedure, an incident form is completed and residents relatives informed of the circumstances. The manager will complete a managers investigation report for the Assistant Service Manager. Risk assessments will be updated accordingly following any incident.</p>	Substantially compliant
<p><b>Inspection Findings:</b> A review of records, discussions with residents and staff and observation of care practices identified that one method of restraint or restrictive practices used in the home related to the use of a key pad system positioned at the front door for use when entering and exiting the building. The registered manager confirmed that some residents know the code; two residents spoken with confirmed this. A recommendation has been made that the use of the keypad system is reviewed taking into consideration the individual needs and preferences of residents, this should be done through a process of risk assessment to establish if the system is required. If the system remains at the entrance of the home its use should be documented in the homes statement of purpose.</p>	Moving towards compliance

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Moving towards compliance

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider’s Self-Assessment</b>	
As part of their pre admission process, information is collated through residential services baseline assessment form on the residents social and cultural interests. This is then transferred to the individual person centred care plan and discussed with the residential services peripatetic activity co-ordinator who will record appropriately the residents participation in the activity programme.	Substantially compliant
<b>Inspection Findings:</b>	
The home had a policy dated May 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>13.2 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><b>Provider's Self-Assessment</b></p> <p>As well as a comprehensive programme of events and activities within the home, the activity co-ordinator chairs a quality group which includes day care colleagues to organise, facilitate a wider programme of cultural, community and seasonal events. The home has arrangements in place to meet the spiritual needs of residents. Resources are made available through health promotion and community development. A wide range of activities are sourced by the activity co-ordinator which helps promote a healthy living and staff encourage residents to participate in events and activities to meet their social, cultural and spiritual needs.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>Examination of the programme of activities identified that social activities are organised each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>There are regular residents' meetings where residents are given the opportunity to contribute suggestions regarding future development and activities in relation to the home.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities provided and discussions with residents, including a number of short term residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of resident/relatives meetings, one to one discussions with staff and care management review meetings.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Activity programmes are displayed throughout the home and a copy is placed in each resident's bedroom for them to peruse at leisure.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>On the day of the inspection the programme of activities was on display on the doors throughout the corridors of the home, individual programmes were also distributed around the bedrooms for residents. These locations were considered appropriate as the areas were easily accessible to residents and their representatives.</p> <p>Discussions with residents and representatives confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant

<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Within the home there is a room set aside for the use of activities where equipment can be accessed. Residents are encouraged to use the room during organised activities and throughout the day if they wish to avail of it. For all organised activities, staff assist residents and support them to participate fully both in activities organised within and outside the home.	Substantially compliant
<b>Inspection Findings:</b> The home employs an activity co coordinator for 15 hours each week.  The activity coordinator, care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, arts and crafts materials, knitting equipment, music system; library area, and a greenhouse.  The activities coordinator confirmed that the home would fund raise and apply to local charitable organisations for help to finance activities.  Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis; however care staff also stated that at times the workload in the home can be so busy due to the ever changing group of residents that they are not always available to support residents participation in activities as much as they would like. This information was shared with the registered manager.	Moving towards compliance

<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activity programme reflects the needs of the current population of the residents at the given time.	Substantially compliant
<b>Inspection Findings:</b> The activity co coordinator, care staff and residents confirmed that the duration of each activity was usually tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities. Care staff also spoke of the importance of ensuring activities were available for permanent residents to participate in and stated residents in the home for short periods of rehabilitation were less likely to participate in activities. Care staff informed the inspector that depending on the needs of short term residents this can have an impact on the time they have to support permanent residents to participate in activities.	Moving towards compliance

<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The activity co-ordinator sources activity sessions from a range of public organisations. Those people delivering the programme have the necessary skills to carry out the specific activity.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The activities coordinator confirmed that a range of providers including Sports NI, youth groups and musicians provide activity sessions to the home.</p> <p>The activities coordinator confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>There is consistency with regard to the personnel provided by Sports N.I. and as such these staff are familiar with individual needs and issues presented by residents which may arise during the activity sessions. Prior to the commencement of each session the tutor will speak to senior staff to ascertain if there are any individual issues with residents partaking in the activity on the day. Feedback is sought by staff from the residents at the end of the activity.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The registered manager and activities coordinator confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant



<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>There are recording systems in place within the home to capture all relevant information regarding residents' participation in activities. The activity co-ordinator records all planned activities and events which take place both within and outside the home. This would include the residents name, the activity and the outcome.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>To ensure the programme remains relevant to the needs of the residents, the residential activity co-ordinator would review the programme each season to ensure outside activities and outings are more relevant to the time of year. Residents are given an opportunity to comment of the programme of activities and to specify preferences. The quality group also helps shape the programme of events for the year.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>A review of the programme of activities identified that they are reviewed during residents meetings which are held every three months. The registered manager and activity coordinator confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request. One resident informed the inspector that care staff are often so busy that they don't have time to participate in activities.</p>	Substantially Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially Compliant

## **11.0 Additional Areas Examined**

### **11.1 Residents Consultation**

The inspector met with 17 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities the majority of residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident shared their experience of a medication error with the inspector; this was discussed with the registered manager who confirmed that all appropriate action had been taken following the incident and all relevant bodies informed. This information was shared with RQIA pharmacy inspectorate.

One resident spoke at length about their experience in the home. The resident informed the inspector that staff at the home did their best to ensure resident's needs were met however he/she felt that permanent resident's needs were secondary compared to the often more acute needs of intermediate/short term residents admitted to the home upon discharge from hospital.

Comments received included:

- "I can't speak highly enough of this place, it is just great".
- "This is a wonderful place, I am so glad to be here".
- "The food is not very good; there are not enough healthy choices".
- "It is absolutely marvellous; the staff are all so kind".
- "Everyone is very good, the staff are great".
- "Staff try their best, but they are very busy with all the new people coming and going".

### **11.2 Relatives/Representative Consultation**

Three relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "Everyone is well looked after, I have no complaints he/ she is very happy here".
- "This is an excellent home, couldn't be better".
- "This is a very good pace, he / she is very happy here".

### **11.3 Staff Consultation/Questionnaires**

The inspector spoke with three care staff, the activities therapist and reviewed six completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff felt they were under increasing pressure to meet the needs of residents in the home due to the high number of residents being admitted and discharged by the service following a period of rehabilitation. Staff also informed the inspector that they felt it was difficult to spend quality time with the permanent residents in the home as their time was dedicated to meeting the often more complex needs of the

intermediate care group of residents. Some staff felt that staffing levels would need to be increased to deal with the ever changing dependency levels of residents. This information was shared with the registered manager who assured the inspector staffing levels were continuously reviewed to meet the needs of a constantly changing group of residents. In relation to the standards being reviewed during the inspection staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

"Due to the high turnover and complex needs of residents there aren't enough hours in the day"

"With the workload and discharges and admissions we don't always get time to interact with residents".

"It can be very busy; it can be hard to have time to speak to residents especially the permanent ones".

The issues raised by residents and staff will be the focus of further discussion with the providing trust.

#### **11.4 Visiting Professionals Consultation**

There were no visiting professionals available to meet with the inspector during the inspection.

#### **11.5 Observation of Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

#### **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the permanent residents in the home had been subject to a care review by the care management team of the referring HSC trust between 1 April 2013 and 31 March 2014.

#### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

It was noted by the inspector that there had been a significant number of complaints made in relation to the food available in the home. During discussion with residents this was raised again as an issue by two residents. The residents informed the inspector that they were not satisfied with the range of food being provided in the home, stating they found the choices available were often unhealthy. Residents confirmed to the inspector they had complained on a number of occasions and were not satisfied with the food choices available in the home. This issue was discussed again with the registered manager, as it had been raised during the previous inspection which resulted in the registered manager completing an audit with residents to consider food choices/options, a meeting was also organised between residents and the catering services manager to try to resolve the matter which to date has been unsuccessful. This issue remains ongoing; the registered manager regularly consults with residents regarding food options available.

### **11.8 Care Plans/Photographs**

It was noted by the inspector when viewing residents care plans that photographs were not included on at least four care plans which were in use. This was discussed with the registered manager who stated that photographs were included in hardback files for all residents. It was felt that due to the high turnover of residents the need for a recent photograph to be included in residents daily care plan was necessary. A requirement has been made in this regard.

### **11.9 Environment**

The inspector viewed the home with Mrs Wright and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Permanent residents' bedrooms were observed to be homely and personalised with resident's mementoes. Intermediate care bedrooms were clean and functional. Décor and furnishings were found to be of a satisfactory standard.

### **11.10 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

### **11.11 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 3 June 2014.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 12 June 2014. The records also identified that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed.

### **11.12 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Maureen Wright registered manager. Mrs Wright confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Wright registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

Chestnut Grove

4 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Maureen Wright registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.



**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 (NI) 2005**

<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	Regulation 19(1)(a)	The registered manager must ensure that all care plans in use include a recent photograph of each resident.  Ref:18.7	One	Photographs of residents are currently maintained on their medicines Kardex and on the individual files. Arrangements will be made to have a photograph placed on every residents care plan.	From the date of inspection and ongoing.

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.1	<p>The homes policy on responding to resident's behaviour should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should also detail the need to notify RQIA on each occasion restraint is used.</p> <p>Ref: 16.0</p>	One	<p>The homes procedure on responding to residents behaviour has been up dated at the policy group meeting to reflect the DHSS guidance on restraint and seclusion in Health and personal Social Services and the Human Rights act(1998). The recommendation to notify RQIA on each occasion restraint is used will be added to the procedure.</p>	6 February 2015
2.	10.1	<p>All care staff should complete training in behaviours which challenge on an annual basis as outlined in RQIA's Guidance on Mandatory Training, 2012.</p> <p>Ref:16.0</p>	One	<p>This recommendation will be discussed with the Trust training department with regard to appropriate annual training to ensure staff continue to be trained on behaviours which challenge.</p>	6 February 2015

3.	10.7	<p>The use of the keypad system on the front door of the home should be reviewed taking into consideration the individual needs and preferences of residents, this should be done through a process of risk assessment to establish if the system is required. If the system remains at the entrance of the home its use should be documented in the homes statement of purpose.</p> <p>Ref: 16.0</p>	One	<p>The Trust Estates department have been contacted with regard to the removal of the inner key pad and replacement by an exit button.</p>	23 January 2015
4.	Standard 19.06	<p>Residents or their representatives' involvement in the recruitment process. This is still an issue for the Trust and the home; there are plans to initiate a new process to meet this standard.</p> <p>Ref:15.0</p>	Two	<p>This is currently being reviewed within the trust to establish a process where residents/ representatives are involved in the recruitment process.</p>	23 January 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Maureen Wright
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Dillion Acting Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	25.2.15
Further information requested from provider			