

Unannounced Care Inspection Report 6 February 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

www.rqia.org.uk

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 for 44 beds including the categories of care outlined in section 3.0 of this report. A small number of permanent residents live at Chestnut Grove in addition the home provides places for residents admitted for a short term period of rehabilitation and assessment before discharge either home or onwards to a permanent care placement.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Mr Martin Dillon	Registered Manager: Mrs Mairead McCartan
Person in charge at the time of inspection: Mrs Mairead McCartan	Date manager registered: 15 December 2016
Categories of care: 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	Number of registered places: 44

4.0 Inspection summary

An unannounced care inspection took place on 6 February 2018 from 10.30 to 17.15.

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 induction, infection prevention and control, care reviews, listening to and valuing residents and maintaining good working relationships.

Two areas requiring improvement were identified in relation to notifying RQIA of changes within the environment and to include speech and language guidance in an identified care record.

Residents said the staff were very kind, it was a good place and they were well looked after.

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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mairead McCartan, Registered Manager, as part of the inspection process. 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 24 July 2017.

5.0 How we inspect

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

During the inspection the inspector met with 11 residents and four staff.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. A poster was made available directing staff to an electronic questionnaire. Three questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedule
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls), complaints
- Accident/incident/notifiable events register
- Evaluation information from service user quality assurance survey
- Monthly monitoring report

Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

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 24 July 2017

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

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

6.2 Review of areas for improvement from the last care inspection dated 24 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (a) Stated: Second time	The registered provider must ensure appropriate hold open devices are fitted on bedroom doors. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager general inspection of the home showed hold open devices had been fitted.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.5 Stated: First time	The registered person shall ensure appropriate risk assessments are completed or reviewed and updated for the two identified residents. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records showed these had been completed.	
Area for improvement 2 Ref: Standard 20.10 Stated: First time	The registered person shall ensure the regular auditing of care records, especially those of permanent placed residents to ensure availability and consistency of information gathered and to ensure information is reviewed and updated on a regular basis. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records showed an auditing system had been introduced.	
Area for improvement 3 Ref: Standard 8.2 Stated: First time	The registered person shall ensure daily care records are improved to reflect all care given including changes in the residents' needs and the actions taken by staff. Ref: 6.5	Met
	Action taken as confirmed during the inspection: A sample of daily care records were reviewed these reflected care given and were updated regularly.	

<p>Area for improvement 4</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure complaints are recorded in one clearly defined place and include details of the complaint, any investigation undertaken, all communication with complainants, the outcome and the complainant's level of satisfaction. In addition to this, information regarding how to make a complaint should be displayed in a central part of the home.</p> <p>Ref: 6.7</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Complaints records available contained all relevant information. Information regarding how to make a complaint was displayed around the home.</p>	

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 registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Staff confirmed the number of residents can change depending on the number of admissions and discharges of rehabilitation residents on a daily basis. Staffing levels are adjusted accordingly. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was reviewed during the inspection. The registered manager confirmed staff appraisals were due to be completed by March 2018.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

There was a recruitment and selection policy and procedure in place. Discussion with the registered manager confirmed 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.

The adult safeguarding policy in place was consistent with the current regional guidance. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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 registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. The registered manager advised there was a clear admission process to the home. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

Staff training records confirmed that all staff had received training in infection prevention and control (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. 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 registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the bedrooms of permanent residents were found to be personalised with photographs, memorabilia and personal items, bedrooms for short term residents clean, warm and functional. 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. Discussion with the registered manager confirmed that some unoccupied rooms within the home were being used for storage purposes. Following the inspection the registered manager was advised to submit a minor variation to registration application. This was identified as an area for improvement to comply with the standards. In addition the registered manager was advised to liaise with the homes fire safety risk assessor regarding the change of use.

The home had an up to date fire risk assessment in place dated 18 October 2017 and recommendations were noted to be addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 18 December 2017. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained.

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

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection this related to the submission of a minor variation to registration application.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

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

Three care records were reviewed they reflected the assessed needs of residents and included risk assessments, plan of care and daily/regular statement of health and well-being of the resident. Risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The need to ensure the current speech and language guidance was clearly reflected in an identified residents care records was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

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. It was noted from the review of one resident's care records that weight was to be recorded daily, however some omissions were noted. This was discussed with the registered manager who confirmed the daily recording would be raised with staff. Residents and/or their representatives were encouraged and enabled to be involved in the care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

The registered manager confirmed 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 risk assessments, care plans, care review, and accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visit reports.

The registered manager confirmed 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, staff meetings and staff shift handovers. Multi-disciplinary meetings were held on a weekly basis to review progress of residents admitted to the home for a period of rehabilitation. The registered manager confirmed allied health professionals from the community rehabilitation team including physiotherapists, occupational therapists and therapy assistants are based in the home on week days to support residents with their identified care and rehabilitation needs. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

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.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection this related to ensuring the speech and language guidance was available in the identified care record.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

The registered manager confirmed 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents’ spiritual and cultural needs were met within the home if they so wish. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 residents were provided with information about the service prior to admission to the home. In addition orientation information and the daily menu were displayed in a central part of the home for residents to access.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected for example ensuring the office door is closed during handover.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example care reviews and satisfaction surveys.

Information in the home was available to show that residents who accessed the home were consulted with regarding the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities including for example music sessions and singalongs, an in house library was also available. Residents admitted to the home for a short term period of rehabilitation would also engage in a range of activities as part of their care programme. Arrangements were in place for residents to maintain links with their friends, families and wider community for example some residents are supported to visit local centres and shops.

Residents spoken with during the inspection made the following comments:

- “The staff are very kind, the food is very good too. I can’t say anything bad, if I need help there is always someone about, just hit the button.”
- “People are really friendly, it’s a good place. The girls are really lovely, it’s been a very good experience here.”
- “It’s lovely here, I’m getting on brilliant. The food is lovely, far better than in hospital.”
- “We are very well looked after, it couldn’t be better. We have all we need.”

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

Staff members commented:

- “I love it here, it’s rewarding to see the change. By the time (some residents) are ready for home they don’t want to go”.
- “Things are pretty good, it’s a really good service.”

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.

	Regulations	Standards
Total number of areas for improvement	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 registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with 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 leaflet and information displayed around the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents/incidents/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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included for example regular audits.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example dysphagia and thickened fluids training.

A monthly monitoring visit 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, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership for example senior staff had completed training titled Introduction to Leadership and Management. Learning from incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that senior management were kept informed regarding the day to day running of the home through regular updates and visits.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Three completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of the service as very satisfied/satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Mrs Mairead McCartan, Registered Manager, as part of the inspection process. 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.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 27.11</p> <p>Stated: First time</p> <p>To be completed by: 27 February 2018</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A minor variation has been undertaken as requested.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 27 February 2018</p>	<p>The registered person shall ensure the current speech and language guidance is clearly reflected in the identified residents care records.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Discussion with senior care workers relating to SALT guidance. Registered manager has discussed this directive on a 1:1 basis with senior care workers and reinforced in staff meetings. Agreed Protocol is that specific SALT directives are retained alongside the care plan.</p>

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



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