

Inspection Report

7 November 2023



Chestnut Grove

Type of Service: Residential Care Home

**Address: 59-61 Somerton Road,
Belfast, BT15 4DD**

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Belfast HSC Trust Responsible Individual Dr Catherine Jack	Registered Manager: Ms Natasha Gorman Date registered: 24 October 2023
Person in charge at the time of inspection: Ms Natasha Gorman	Number of registered places: 44
Categories of care: Residential Care (RC) I – Old age not falling within any other category. 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 residents accommodated in the residential care home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 44 residents. All residents in the home are there for a period of rehabilitation. Residents' bedrooms are located over two floors. Residents have access to communal lounges, bathrooms, the dining room, and a patio and garden area.	

2.0 Inspection summary

An unannounced inspection took place on 7 November 2023, from 8.45 am to 3.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in Chestnut Grove during 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.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting and joking with them in a respectful and pleasant manner.

Residents told us that they were happy in Chestnut Grove and that the staff were very helpful and supportive.

Residents and their relatives confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents and their relatives are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care.

New areas for improvement were identified in relation to, the supervision of domestic trolleys and the reporting of notifiable incidents.

RQIA were assured that the delivery of care and service provided in Chestnut Grove was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Chestnut Grove.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy staying in Chestnut Grove. Residents' comments included, "this is very good, the staff are very professional," and "I have come on well, staff have really helped me to recover."

Staff spoke positively in terms of the provision of care in the home. One staff member said, "I love it here, we are a good staff team. "

One residents' relative told us "we are very pleased; we feel very welcome when we visit."

No additional feedback was provided by residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments received included, "your care and compassion are second to none," and "amazing staff, a real jewel in the crown."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 February 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (3) (d) (i) Stated: First time	The registered person shall ensure that fire doors are not wedged open with chairs or wedges at any time.	Met
	Action taken as confirmed during the inspection: This area of improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to the home's cleaning cupboards.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and is stated for a second time. See section 5.2.3 for details	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: First	The registered person shall ensure that staff receive Fire Safety, Dysphagia and Mental Capacity Act training, in line with their roles and responsibilities.	Met
	Action taken as confirmed during the inspection: This area of improvement was met.	
Area for improvement 2 Ref: Standard 8.5 Stated: First time	The registered person shall ensure that care plans are accurate and reflects the correct name of the resident.	Met
	Action taken as confirmed during the inspection: This area of improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager told us that staff are recruited through a central system. A recruitment checklist was in place however; this lacked some evidence of the oversight by the manager. Enhancement of the recruitment checklist was discussed with the manager and will be further reviewed at a future inspection.

The manager had a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated good knowledge of their roles and responsibilities.

The staff duty rota accurately reflected the staff working in the home on a daily basis including the capacity in which they worked.

Staff told us that the residents' needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management.

One resident told us, “the staff are very supportive, they are very good”

Residents and visitors spoken to expressed no concerns regarding staffing arrangements within the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Daily ‘huddles’ took place to discuss any changes in residents throughout the day.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of residents’ nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Both the breakfast and the lunchtime meals were a pleasant and unhurried experience for the residents.

There was evidence that residents’ weights were checked regularly to monitor weight loss or gain. Records showed onwards referrals when concerns were raised with regards to significant fluctuations in weight.

Residents’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of a post falls monitoring tool being used to monitor residents after a fall and appropriate onward referral as a result of the post falls review. All falls were managed consistently and in keeping with best practice.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Corridors were clean and free from clutter or hazards and fire doors were unobstructed. Areas containing items with potential to cause harm such as a cupboard in the laundry room and a store room were found to be unlocked, this was discussed with the manager who secured the doors and removed some items. An area for improvement was stated for a second time.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, supervision of the domestic cleaning trolley containing cleaning chemicals. Assurances were provided by the manager that supervision would be arranged with the identified staff to review their knowledge of Care of Substances Hazardous to Health (COSHH) regulations. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. The latest fire risk assessment was carried out on the 15 Dec 2022 and all actions from this risk assessment have been signed off as complete.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of personal protective equipment (PPE) within the home.

Staff were observed using PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures had been completed.

Residents comments included, "this place is very clean, I have no complaints," and "my room is cleaned every day, you could not fault it."

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

Staff discussed the importance of a person centred approach when it came to activities for the residents. An activities planner was made available to the residents.

Staff recognised the importance of maintaining good communication with families, one visiting family member said "I always feel welcome when I call."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Natasha Gorman has been the Manager in this home since October 2022.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. The service was well led with a clear management structure and a system in place to provide managerial oversight of the delivery of care to residents.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concerns raised.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. However; RQIA had not been notified of some relevant accidents and incidents. This was discussed in detail with the manager for immediate action. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	3*	0

* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: From date of inspection 13 February 2023</p>	<p>The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety.</p> <p>This is specifically in reference to the home's cleaning cupboards.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The doors were closed and locked by the Registered Manager on identification of the incident.</p> <p>Email disseminated to staff within home on the importance of management of COSHH products and ensuring door locks are in operation at all times - 14.12.2023</p> <p>Signage on door instructing all staff to ensure the door is locked continues</p>

	<p>Manager or their designate will undertake daily checks of cleaning cupboard doors. This is documented in the Managers Audit File</p> <p>PCSS manager met with all PCSS staff on 14 December and discussed the RQIA report with recommendations. PCSS managers raised 13 items relating to safe practice; all staff signed they had read and understood the items discussed.</p> <p>PCSS and Operational Management Team met on 14 December 2023; RQIA report and PCSS response to RQIA discussed. Agreed weekly check visit with PCSS and Operational Management will continue. This will be documented and retained in the Managers Audit File.</p> <p>This is a standing item on the Monthly Monitoring Visit and supervision with Band 6 and 7 Operational Management Team.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection 7 October 2023</p>	<p>The registered person shall ensure that any unnecessary risks to the health, welfare or safety of residents are identified and so far as possible are eliminated.</p> <p>This is specifically in reference to access to and supervision of the cleaning trolleys within the home.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager spoke with staff member on the day of inspection (7/11/2023)</p> <p>The Registered Manager or their designate will audit this on the daily managers checks</p> <p>Email Disseminated to all PCSS staff on the importance of ensuring the cleaning trolley is managed appropriately and safely - noting the trolley is locked at all times when unsupervised.</p> <p>PCSS manager met with all PCSS staff on 14 December and discussed the RQIA report with recommendations. PCSS managers raised 13 items relating to safe practice; all staff Chestnut Grove signed they had read and understood the items discussed.</p> <p>PCSS and Operational Management Team met on 14 December 2023; RQIA report and response form RQIA discussed. Agreed that weekly check visit with PCSS and</p>

	<p>Operational Management will continue. This will be documented and retained in the Manager's Audit File.</p> <p>This is a standing item on the Monthly Monitoring Visit and supervision with Band 6 and 7 Operational Management Team</p>
<p>Area for improvement 3 Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection 7 October 2023</p>	<p>The registered person shall ensure that all accidents, incidents, communicable diseases, deaths and events occurring in the home which adversely affects the wellbeing or safety of any resident are reported promptly the Regulation and Quality Improvement Authority (RQIA).</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>All Band 5,6 and 7 staff have/will undergo supervision to discuss the RQIA report and highlight the importance of prompt notification to RQIA of incidents accidents communicable diseases deaths and and events adversely affecting the wellbeing or safety of any resident.</p> <p>All Supervisions to be completed by December 29th and staff will sign they have read and understood the guidelines.</p> <p>All staff emailed on the importance of adhering to Statutory Notification of Medication Related Incidents (RQIA 2023) and Statutory Notification of Incidents and Death - Guidance for Registered Managers and Regulated Services (RQIA 2023)</p> <p>Signage has been erected in Band 5 Office - relating to importance of notification</p> <p>Mangement of DATIX and notification remain a standing item on all Band 5 /6/7 staff meetings</p> <p>Monthly monitoring will audit compliance with notification made to RQIA. This is documented in the Monthly Monitoring documentation</p>

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