The Regulation and Quality Improvement Authority

Inspection Report

13 February 2023

Chestnut Grove

Type of Service: Residential Care Home
Address: 59-61 Somerton Road,
Belfast, BT15 4DD
Tel no: 028 9504 1610

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

1.0 Service information

<table>
<tr><td>Organisation:
Belfast HSC Trust

Responsible Individual
Dr Catherine Jack</td><td>Registered Manager:
Attracta Hughes – Not registered</td></tr>
<tr><td>Person in charge at the time of inspection:
Mrs Natashia Gorman, person in charge</td><td>Number of registered places:
44</td></tr>
<tr><td>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.</td><td>Number of residents accommodated in the residential care home on the day of this inspection:
19</td></tr>
<tr><td colspan="2">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.</td></tr>
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2.0 Inspection summary

An unannounced inspection took place on 13 February 2023, from 9.50 am to 4.45 pm by a care inspector.

The inspection sought to assess progress with all areas for improvement identified in the home during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

All residents in Chestnut Grove are there for a period of rehabilitation. Residents spoke of their lived experience in the home as being positive.

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 provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

The home was clean, and had a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner.

Four new areas requiring improvement were identified regarding the closing of fire doors, the safe storage of cleaning liquids and materials, staff training and care plans.

RQIA were assured that the delivery of care and service provided in Chestnut Grove was safe, effective, and 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 tea at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy in the home. Residents' comments included, "the staff are very good", "this place is great, everyone is very helpful" and "this is a very happy place, the staff are very good."

We spoke with one residents' relative who told us they had no concerns about the home, commenting; "this place is very good, my relative is well looked after" and "I am very impressed with this place, it is great". This relative confirmed that the communication from the home was excellent.

Visiting professionals told us, "I have no concerns with regards to the care being offered, everyone is very clear on their roles and expectations"

Decorators in the home told us "the care is fantastic, the residents are so well care for, and I would have no concerns about this place."

A telephone call received post inspection with regards to some staffing issues was discussed with the manager for further action and follow up.

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 included, "thank you so much for the care I received" and "thank you for looking after (my relative) they really benefitted from your care.

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 14 July 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 21 (1)(b)	The registered person shall put in a put a system in place to ensure a checklist is available evidencing all pre-employment checks are completed, and be available for inspection.	**Met**

Stated: First time	**Action taken as confirmed during the inspection**: This area for improvement has been met.	
Area for improvement 2 **Ref:** Regulation 27 (4)(a) **Stated:** First time	The registered person shall ensure that the first floor bedrooms currently being used for storage are clearly identified, and the premises fire risk assessment is reviewed to ensure it remains valid. **Action taken as confirmed during the inspection**: This area for improvement has been met.	**Met**
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time	The registered person shall ensure the daily menu is displayed in a suitable format for residents. **Action taken as confirmed during the inspection**: This area for improvement has been met.	**Met**
Area for improvement 2 **Ref:** Standard 27.8 **Stated:** First time	The registered person shall ensure that the pump for the upstairs sluice is attended to, to ensure it is mounted correctly. **Action taken as confirmed during the inspection**: This area for improvement has been met.	**Met**
Area for improvement 3 **Ref:** Standard 13 **Stated:** First time	The registered person shall ensure that a structured and varied schedule of activities is produced, implemented and appropriately displayed. **Action taken as confirmed during the inspection**: This area for improvement has been met.	**Met**

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager had a system in place to monitor staff's professional 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.

Some gaps in staff training were identified regarding Fire Safety, Mental Capacity Act and Dysphagia. This was highlighted to the manager for action during the inspection and an area for improvement was identified.

Staff told us that there was enough staff on duty to meet the needs of the residents. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota did not identify the person in charge when the manager was not on duty. This was discussed with the manager who agreed to address this immediately; therefore, an area for improvement was not identified at this time.

Residents told us that he staff were "very good" and "very considerate."

Visiting professionals said "the staff are very patient, there is a real sense of community here."

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. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. There was evidence that a 'safety huddle' took place daily to ensure that all issues were shared with relevant staff.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff were observed to be prompt in responding to call bells throughout the day. Staff were skilled in communicating with residents; they were understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and by discussing residents' care in a confidential manner.

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, and 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.

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. The menu for the day was on display and both residents and staff confirmed that choices for meals were always offered. Residents comments included, “the food is ok”, “breakfast is brilliant”, “and the food is so good, it’s like it is home made.” One resident told us “I don’t like spicy food.” This was discussed with the manager at the conclusion of the inspection who confirmed that residents are always offered an alternative meal.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records and discussion with the person in charge confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

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.

Care records were 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. In one care plan a discrepancy was noted regarding the resident’s name. This was discussed with the manager for immediate attention and an area for improvement was identified.

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. Refurbishment work remains ongoing within the home.

Residents’ bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The dining room was decorated to celebrate St. Valentine’s Day and residents commented on how nice it looked.

Residents said, “my room is kept clean” and “these rooms are cleaned every day.”

Fire safety measures were in place to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 15 December 2022. All actions from this risk assessment have been addressed. As referenced in section 5.2.1, an area for improvement had been identified regarding staff fire safety training. On the day of the inspection, three fire doors were observed to be wedged open with chairs; this was discussed with the manager for immediate action and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other 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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

A cleaning cupboard containing items with potential to cause harm was open. This was highlighted to the manager who indicated that the lock had broken; this was reported to the estates department for urgent attention. We requested that the items in the cupboard be removed and stored in a secure place. These items had yet to be removed by the conclusion of the inspection but were removed immediately when again brought to the manager's attention. An area for improvement was identified

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.

Residents' needs were met through a range of individual and group activities. For example, pamper and polish sessions, arts and crafts, quizzes, movie nights and bingo. A party had also been arranged to celebrate St. Valentine's night. On the day of the inspection a word search activity was taking place in one of the lounges. Two residents' told us "they put on activities like reading, painting and games, it's all very good."

Staff recognised the importance of maintaining good communication with families. Residents told us "visitors can come and go as often as they like." Relatives said "they felt welcomed when visiting the unit.

5.2.5 Management and Governance Arrangements

Mrs Attracta Hughes has been the acting manager in this home since 9 November 2021. A new manager Mrs Natashia Gorman was appointed in October 2022; RQIA had not been informed or notified of this change in management, which is required under Regulation. The requirement to notify RQIA of such changes under The Residential Care Homes Regulations (Northern Ireland) 2005 was highlighted to the manager and a notification was submitted post inspection, therefore an area for improvement was not identified on this occasion.

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.

Staff commented positively about the manager, commenting “the manager is excellent” and “we are well supported by the manager.”

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA.

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. Natashia Gorman 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 and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address these concerns quickly.

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

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 were action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes’ Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	2	2

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.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 27 (3) (d) (i)

Stated: First time

To be completed by:
From date of inspection</td><td>The registered person shall ensure that fire doors are not wedged open with chairs or wedges at any time.

Ref: 5.2.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The fire doors identified were released at the time of inspection.
An email was circulated to all staff advising that fire doors must remain closed at all times and under no circumstance should they be wedged or propped open. Email sent on 7 March 2023.

This matter was also discussed:
At the service's daily safety huddle on 7 March 2023
At the Band 5 senior meeting on 7 March 2023
With Community Rehabilitation Manager, who discussed it with staff at the multi-disciplinary meeting on 9 March 2023
With the PCSS manager, who discussed it with PCSS staff at the PCSS staff meeting on 15 March 2023

Signage was placed on the fire doors advising fire doors to remain closed at all times.

Compliance with this direction is reviewed daily by Manager or Senior Care Coordinator in charge during their daily walk round of the home.

The ASM will review compliance with this requirement at each monitoring visit.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 14 (2) (a)

Stated: First time

To be completed by:
From date of inspection</td><td>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.

Ref: 5.2.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Door lock of cleaning cupboard was found to be defective. This has been replaced.</td></tr>
</table>

	ASM met with PCSS manager (via MS Teams) on 7 March 2023 to highlight the RQIA findings on the defective cleaning cupboard door lock and to reinforce importance of all staff managing and storing COSHH products appropriately. Email disseminated to staff within home on the importance of management of COSHH products and ensuring door locks are in operation at all times - Email dissseminated on 7 March 2023. Signage placed on cleaning cupboard doors instructing all staff to ensure all cleaning cupboard doors are locked when not in use. Compliance with this direction is reviewed daily by Manager or Senior Care Coordinator in charge during their daily walk round of the home. Compliance with this requirement will be monitored at each ASM monthly monitoring visit.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 **Ref:** Standard 23.3 **Stated:** First **To be completed by:** 30 April 2023	The registered person shall ensure that staff receive Fire Safety, Dysphagia and Mental Capacity Act training, in line with their roles and responsibilities. Ref: 5.2.1
	Response by registered person detailing the actions taken: Fire Training has been completed by 80% of the staff; further training booked for staff who remain non-compliant and will be completed by 20 April 2023. MCA Training has been completed by 90% of staff. Further dates are booked. All staff will be compliant with MCA training by 30 April 2023. Dysphagia training has been completed by 80% of staff. Further training is booked in April 2023. All staff will be compliant with Dysphagia Training by 30 April 2023. Compliance is reviewed by the Operational Manager every week through monitoring of the Training Data Matrix. Training is a standing agenda item on Band 5 meetings and mandatory training compliance is monitored during Band 5 monthly supervisions. In addition the Senior Carers incorporate training as a standing agenda item at the Band 3 meetings and monitor training compliance in the Band 3 supervision sessions.

	Mandatory training compliance is a standing item in the Monthly Monitoring.
Area for improvement 2 **Ref:** Standard 8.5 **Stated:** First time **To be completed by:** From date of inspection	The registered person shall ensure that care plans are accurate and reflects the correct name of the resident. Ref: 5.2.2
	Response by registered person detailing the actions taken: Meeting with Senior Care Assistants was held on 7 March 2023 to discuss the importance of care plans and the pivotal role they play in safe and effective care. Standard Operating Process on the completion of care plans agreed. Manager to continue to monitor all completed care plans and undertake audits. Compliance is measured by Operational Manager's and/or Deputy Manager's review of all care plans before allocating to Care Folder. Compliance is also measured in the Assistant Service Managers monthly monitoring. A minimum of three care plans are monitored each month using standarised criteria

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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