



Unannounced Care Inspection Report 14 November 2019



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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards. August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which is registered to provide care for up to 44 residents.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Joseph Dillon | Registered Manager and date registered: Mairead McCartan 15 December 2016 |
| Person in charge at the time of inspection: Mairead McCartan | 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 E | Total number of residents in the residential care home on the day of this inspection: 18 |

4.0 Inspection summary

An unannounced inspection took place on 13 November 2019 from 10.30 hours to 17.00 hours.

The inspection assessed progress with the area for improvement identified in the home at 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 staffing and their training and development. Systems were in place to manage risks to residents. Records were well maintained and the care team worked well together. There was a compassionate culture and ethos evident in the home. The manager was available and approachable and had put in place effective governance systems to ensure the delivery of a quality service.

No areas for improvement were identified.

Residents described their experiences in the home as being a very positive. Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

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 inspection dated 21 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the time frame.

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

- staff duty rotas from 1 to 14 November 2019
- staff training schedule and training records
- staff induction records
- competency and capability schedule
- staff supervision schedule
- three residents' records of care
- complaint records

- compliment records
- minutes of staff meetings
- governance audits/records
- accident/incident records from April 2019 – November 2019
- monthly monitoring reports
- RQIA registration certificate.

The Area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 21 March 2019

| Areas for improvement from the last care inspection | | |
|--|---|--------------------------|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 8.5 Stated: First time | The registered person shall ensure all records are legible, accurate, up to date, signed and dated by the person making the entry. | Met |
| | Action taken as confirmed during the inspection: A sample of three care records was reviewed. These contained up to date records specifically in relation to weights and body map information that were legible, accurate, up to date and signed appropriately. Discussion with the registered manager and review of staff meeting minutes showed the importance of accurate record keeping had been addressed with staff. The registered manager advised the importance of record keeping would continue to be addressed with staff. | |

6.2 Inspection findings

6.3 Is care safe?

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

Observation and discussion with the manager and staff evidenced that the staffing levels were sufficient to meet the needs of the residents. Staff confirmed that there was some short notice sick leave but that shifts were covered. Although they were busy they were confident that the needs of the residents were consistently met. The manager confirmed that the numbers of residents admitted was kept under review according to staffing levels. Relatives and residents spoken with raised no concerns regarding the staff or staffing levels. Call bells were available for residents who confirmed that these were answered promptly.

Staff spoken with confirmed that they had an induction and regular supervision. A schedule was in place for supervision and appraisal. Training records were reviewed and evidenced that staff attended training and appropriate training was planned. Staff confirmed that they had the training they needed to look after the residents. Competency and capability assessments had been carried out with staff in charge in the absence of the manager and these were reviewed annually.

Staff spoken with were knowledgeable in relation to adult safeguarding and were able to discuss the actions they would take to report any concerns.

A review of notifications sent to RQIA in relation to accidents and incidents evidenced that these were notified appropriately.

The home was clean and fresh smelling throughout. We did note some damage to walls and identified doors. This was discussed with the manager who had already spoken with the estate's department. This must be actioned and will continue to be monitored at subsequent inspections. There was a good supply of hand gels, gloves and aprons for staff use. Staff were knowledgeable about good practice in infection prevention and control.

A range of risk assessments were completed in relation to residents. Falls were analysed on a monthly basis by the manager and any themes or trends identified. There was evidence of onward referral to specialists as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and their training and development. Systems were in place to manage risk.

Areas for improvement

No areas for improvement were identified.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.4 Is care effective?

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

Three care records were reviewed and risk assessments were completed and care plans in place to meet the residents' current needs. Care plans were person centred and were reviewed on a regular basis.

Care records were reviewed in relation to nutrition, pressure ulcers and falls. Care plans were in place for modified diets and reflected the recommendations of Speech and Language Therapists (SLT). Residents were regularly weighed and there was evidence of ongoing referral to specialists as required. It was noted that residents had been involved in the development of their care plan and had dated and signed these along with the manager and care staff.

The manager confirmed that they had no residents with pressure ulcers in the home at present and action was taken to prevent these. There was evidence that body maps were completed on admission and as required thereafter.

The incidence of falls was monitored in the home and there was evidence that any issues identified were addressed.

A care plan was in place for a resident with specific communication needs and the support of specialist services was in place.

Staff confirmed that they attended a hand over which provided them with information about the residents. Staff confirmed they worked well together as a team and communication in the home was effective. The home provides care to residents who require a period of rehabilitation. Staff confirmed that they had good relationships with the hospital discharge team and the service was working well.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and team working.

Areas for improvement

No areas for improvement were identified.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 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.

Interactions between staff and residents were compassionate and friendly. Staff were observed to be attending to residents' needs in a timely manner and evidently knew the patients well.

An activity therapist attended the home two days each week and engaged in crafts, reminiscence, one to one sessions and reading, for example. Seasonal activities had also been planned with residents including plans for Christmas celebrations. Arrangements were also in place for weekly church services and visits.

Staff spoken with were happy working in the home and comments included:

'I love what I do – getting to know the residents and giving them good care.'
'Chestnut is a good place to work. We get a lot of compliments from residents.'

Residents spoken with commented very positively about the care, the accommodation and the staff. Comments included:

'It's marvellous here, no complaints about anything.'
'It is very, very good, it is great care and the staff are so kind and helpful.'
'You have everything you need. It's very good here. The food is lovely too.'

We spoke with one relative who was happy with the care and commented that the staff were always welcoming and available.

Seven questionnaires were returned from service users. Respondents were satisfied with the care provided and described the staff as kind, caring and wonderful.

The lunch time meal was observed. A menu was displayed to reflect the choices for the day. Staff confirmed that residents had a choice of meal or alternatives. Residents confirmed that the food was generally good and they could get an alternative meal if there was something they didn't like.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home.

Areas for improvement

No areas for improvement were identified.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 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.

Staff commented positively on the manager and her availability and approachability. Staff reported that they were confident in raising concerns with the manager. A whistleblowing policy was in place so staff could raise any concerns regarding the home and the care if required.

There were systems in place to ensure the delivery of a quality service. A system of audits were in place including, accidents and incidents, hand hygiene, environment, infection control and complaints. These were completed on a regular basis and when deficits were identified, actions were put in place to address these.

Systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately.

Monthly quality monitoring visits were undertaken and the reports were available to review. An action plan was agreed following each visit and there was evidence that issues had been addressed.

There was a system in place to manage complaints, of which there had only been one since the previous inspection. Residents knew how to make a complaint. There were a large number of thank you cards retained from residents and representatives complimenting the care.

Regular meetings were held with staff, residents and their representatives. Minutes were maintained. There was evidence that residents' and their representatives' views and opinions were sought and acted upon.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the availability and approachability of the manager and the effectiveness of the governance systems.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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