

Inspection Report

14 July 2022



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

<p>Organisation: Belfast Health and Social Care Trust (BHSCT)</p> <p>Responsible Individual Dr Catherine Jack</p>	<p>Registered Manager: Mrs Attracta Hughes - not registered</p>
<p>Person in charge at the time of inspection: Mr. Brian Ewing, Deputy Manager.</p>	<p>Number of registered places: 44</p>
<p>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.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 16</p>
<p>Brief description of the accommodation/how the service operates: Chestnut Grove is a registered Residential Care Home which provides health and social care for up to 44 residents. The home is over two floors.</p>	

2.0 Inspection summary

An unannounced inspection took place on 14 July 2022, from 09.30 am to 6:00pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

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

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Five new areas for improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

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

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.

4.0 What people told us about the service

Eleven residents, four staff and one visiting professional were spoken with. No comments were received from staff via the on-line staff survey, or from residents or relatives via the questionnaires provided.

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "This place is superb, the staff are fantastic! I get offered choice in my daily routine." another resident spoke of how "The girls keep me up to date with my physio and rehab programme, I get offered plenty of choice".

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 22 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall refurbish the internal environment of Chestnut Grove residential home to ensure that it will meet the needs of service users who require ongoing cognitive and physical rehabilitation.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. This is discussed further in section 5.2.3	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance summary
Area for improvement 1 Ref: Standard 22 Stated: First time	The registered manager shall ensure that visiting health care professionals, as well as keeping their own records, also document the care, treatment or instructions provided in the resident's daily progress notes.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employment records highlighted that there was no evidence of pre-employment checks for two staff on the day of inspection. This was discussed with the Manager and identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job.

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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.

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, 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.

No daily menu boards were on display to show what meal choices were available for residents. This was discussed with the manager and an area for improvement was identified.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. Lunch was a pleasant and unhurried experience for the residents.

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 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

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

There has been evidence of progress of refurbishment of the internal environment since the last care inspection. The Trust has completed a time bound action plan for the environment, which will further improve the environment both inside, and outside of 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.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks.

The first floor did not have any residents living there. Some first floor bedrooms were found to have been used as storage areas for the home. It is important that these rooms are clearly identified and the premises fire risk assessment is reviewed to ensure it remains valid. This was discussed with the manager 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, the home participated in the regional testing arrangements and any outbreak of infection was reported to the Public Health Authority (PHA).

The upstairs sluice room had a pump which was not fixed in a secure manner. This was discussed with the manager and an area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

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 told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was no evidence of an ongoing programme of activities in place for residents. This was discussed with the manager and an area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Mrs Attracta Hughes has been the acting manager in this home since 9 November 2021.

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.

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

Staff members 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. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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.

7.0 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 (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Brian Ewing, Deputy Manager, 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	
Area for improvement 1 Ref: Regulation 21 (1)(b) Stated: First time To be completed by: Immediate and ongoing	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. Ref: 5.2.1 Response by registered person detailing the actions taken: Within BHSCCT there is an agreed HR standard for all pre employment checks which reflect the RQIA regulations. From August 2022 Chestnut Grove Residential Unit has introduced formal documentation demonstrating the registered manager has checked and verified all recruitment processess and is satisfied the candidates meets all employment requirements.

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All first floor bedrooms are free of clutter. The rooms used for storage are clearly labelled and identified. The facility fire risk assessment is current and up to date..</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure the daily menu is displayed in a suitable format for residents.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Daily menus are discussed with each service user who select their food choice following this individual dialogue. Each day's menu is now also displayed on a menu board located in the dining area.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the pump for the upstairs sluice is attended to, to ensure it is mounted correctly.</p> <p>Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: Estates has replaced the shelf for the pump and it is mounted correctly</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 01 September 2022</p>	<p>The registered person shall ensure that a structured and varied schedule of activities is produced, implemented and appropriately displayed.</p> <p>Ref 5.2.4</p> <p>Response by registered person detailing the actions taken: Chestnut Grove has developed a weekly schedule of activities delivered by the rehabilitation and care staff within the unit. The programme of activities is displayed on the Activities Board located in the main foyer .</p>

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