



Unannounced Follow-up Care Inspection Report 20 March 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 provider 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 to provide care and accommodation for up to 44 residents under the categories of care cited on the home's certificate of registration and detailed in Section 3.0 of this report. The home has a small number of permanent residents; the majority

of residents in the home are admitted for a short term period of recovery/rehabilitation before either discharge home or onwards to a more permanent care placement.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Joseph Dillon	Registered Manager: Mairead McCartan
Person in charge at the time of inspection: Mairead McCartan	Date manager registered: 15 December 2016
Categories of care: Residential Care (RC) I - Old age not falling within any other category E- Service users who are 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 inspection took place on 21 March 2019 from 10.30 to 16.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

This primarily was a focused inspection to review the health and social care needs of residents and follow up on the areas for improvement identified during the previous inspection.

Evidence of good practice was found in relation to feedback from residents, general observations of care practices and staff's knowledge and understanding of residents' needs.

One area requiring improvement was identified during this inspection. This was in relation to ensuring the accuracy of residents' care records.

Feedback from residents was positive with regard to their relationship with staff, the care provided and their experience in the home.

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	1

Areas for improvement and 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 3 October 2018.

5.0 How we inspect

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

During the inspection the inspector met with 11 residents, three staff and the registered manager. A poster was provided for display at a staff area in the home inviting staff to respond to an online questionnaire. Ten questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten questionnaires were returned from residents and/or residents' representatives within the requested timescale. All responses received from residents and/or representatives indicated that they were either satisfied or very satisfied with the care provided. No staff questionnaires were returned within the requested timescale.

The inspector provided the manager with 'Have we missed you' cards which were then placed in a prominent position to allow residents, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- four staff induction records
- staff annual appraisal information / matrix
- three care records
- accident and incident records
- monthly monitoring reports
- complaints and compliments records

Areas for improvement identified at the last care inspection were 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 most recent inspection dated 3 October 2018

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 3 October 2018

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 23.1 Stated: First time	The registered person shall ensure all staff complete structured orientation and induction. Records of this should be maintained in the home.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of four induction records showed they were completed accordingly.	
Area for improvement 2 Ref: Standard 24.5 Stated: First time	The registered person shall ensure staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home including an annual matrix showed annual appraisals had been completed accordingly.	

6.3 Inspection findings

6.3.1 Health and social care needs

Discussion with the registered manager, residents and staff confirmed that the health and social care needs of residents were addressed appropriately. There were a small number of permanently placed residents living in the home; the majority of residents are admitted for a short term period of rehabilitation and recovery before discharge home or on to a permanent care placement.

The registered manager advised on the arrangements in place regarding contact with residents' General Practitioner (GP); if a resident has to register with a new GP in the local area prior to admission relevant systems are in place to support this.

The registered manager and staff advised the general health and social care needs of residents accommodated in the home were understood and that staff were aware of basic health practices and interventions that promote the health and wellbeing of residents. Review of staff training records showed staff had completed mandatory training and other training relevant to residents' needs, for example specific moving and handling techniques, mental health and heart failure awareness. Staff had also completed training relating to The International Dysphagia Diet Standardisation Initiative (IDDSI).

The registered manager outlined the arrangements in place for the regular review of residents' needs. Annual care reviews were maintained on an up to date basis for the residents living in the home on a permanent basis. The registered manager advised weekly multi-disciplinary reviews were held for residents admitted to the home on a short term basis. Staff confirmed there were good working relationships with members of the multi-disciplinary team including for example occupational therapy and physiotherapy who were accessible in the home and any changes in the plan of care for residents were communicated effectively.

Review of three care records showed they contained relevant assessments and care plans were maintained on an up to date basis. Some inaccuracies were noted regarding the frequency of weight monitoring for an identified resident, and the completion of body map information for an identified resident which was completed upon admission to the home. This issue was discussed with the registered manager who confirmed the importance of accurately recording information would be addressed with staff. An area for improvement was identified to comply with the standards.

There were systems in place to monitor health screening for the permanent residents including, for example, optometry checks. The registered manager advised health screening arrangements could if desired be made for residents admitted to the home for short term stays regarding, for example, optometry and podiatry arrangements, however the primary reason for admission for short term residents was to support a period of recovery/ rehabilitation before discharge home or on to a permanent care placement. The registered manager advised residents' families would generally support short term residents to attend appointments outside of the home.

6.3.2 The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining room. Communal areas were comfortable and nicely facilitated. Residents' bedrooms were warm, comfortable and tidy.

Prior to the inspection the registered manager had informed RQIA there was some refurbishment work being completed in the kitchen area of the home; as a result changes had been made regarding the serving and storage of food in the dining area. The registered manager confirmed all changes had been assessed regarding potential impact on residents, staff and visitors to the home and measures were in place to ensure as little disruption as possible. Signage was in place to inform residents and visitors of the ongoing works. The registered manager outlined the timeframe when the work was due to be completed.

The home was appropriately heated and fresh smelling throughout. Infection prevention and control measures were well maintained.

6.3.3 Residents' views

The inspector met with 11 residents in the home at the time of this inspection. In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Some of the comments made included statements such as:

- "I like it alright."
- "It's brilliant in here, it's a great home, good bedding, good food, good staff and good friendship."
- "They (staff) are very good. I have no complaints at all."
- "I don't like the food, it is pre prepared, but that's just the system. The staff are extremely good."
- "Everyone is very attentive, they know how to treat people well, couldn't say anything bad."
- "It is very good, the food is second to none."

6.3.4 Care practices

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff confirmed that agency staff would be used on occasions in the home. The registered manager advised that when agency staff were used, efforts were made to ensure repeat bookings, thus ensuring a greater consistency for residents. Staff spoke positively about their roles, duties and training. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management.

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.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Discussion with the registered manager, and inspection of accident and incidents notifications, care records and complaints records confirmed that any 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.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents. It was also advised that the home did not accommodate any

individuals whose assessed needs could not be met. The registered manager advised information awareness work was ongoing with hospital discharge teams to ensure appropriate referrals were made regarding potential admissions to the home.

The general atmosphere in the home was homely and supportive. Residents appeared content, relaxed and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, friendly and warm.

Areas of good practice

There were areas of good practice found in relation to feedback from residents, general observations of care practices and staff's knowledge and understanding of residents' needs.

Areas for improvement

One area for improvement was identified; this was in relation to ensuring the accuracy of residents' care records.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 8.5</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure all records are legible, accurate, up to date, signed and dated by the person making the entry.</p> <p>Ref: 6.3.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager will communicate the outcome of the report to all staff involved in the care and treatment of residents.</p> <p>The issue of incomplete and/or inaccurate information related to:</p> <ol style="list-style-type: none"> 1. Inaccuracies in completion of a body map for an identified resident 2. Inaccuracies in frequency of weight monitoring for an identified resident. <p>In response:</p> <p>Supervision sessions will be undertaken on the importance of accurate and timely documentation for all residents.</p> <p>The Registered Manager and the Assistant Service Manager will continue to undertake formal auditing of resident's records ensuring that all relevant information recorded is legible, accurate, up to date, signed and dated by the appropriate person. A minimum of four files will be audited per month.</p> <p>Accurate and timely completion of patient records will remain a standing item on staff meeting agendas.</p>

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



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