



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Chestnut Grove (10060)

Date of Inspection: 25 February 2015

Inspector's Name: John McAuley

Inspection ID: IN017300

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

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1.0 General information

Name of Service:	Chestnut Grove
Address:	59-61 Somerton Road Belfast BT15 4DD
Telephone number:	028 9504 1610
E mail address:	maureen.wright@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast Health and Social care Trust Mr Martin Dillon
Registered Manager:	Mrs Maureen Wright
Person in charge of the home at the time of inspection:	Senior Care Assistant Sharon Robinson until 2pm then Senior Care Assistant Maggie McCrea from then.
Categories of care:	RC - I
Number of registered places:	44
Number of residents accommodated on Day of Inspection:	25 for which there were 8 permanent residents and 17 intermediate care residents.
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	Primary Announced Inspection 4 November 2014
Date and time of inspection:	25 February 2015 12:15pm – 4pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussions with senior assistant staff in charge
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard: 9 Health and Social Care.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Chestnut Grove Residential Care home is situated on Somerton Road area of Belfast.

The residential home is owned and operated by Belfast Health and Social care Trust.

Mrs Maureen Wright is manager of the home and has been registered manager for 2 years.

Accommodation for residents is provided single room over two floors. Access to the first floor is via a passenger lift and stairs.

Communal lounges are available on both floors of the home and a dining area is provided on the ground floor.

Catering services are provided by a central location by the Trust, with meals being delivered to the home on a daily basis. The home has catering facilities to provide for heating of foods and snacks.

Laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 44 persons under the following categories of care:

Residential Care;

I – Old age not falling into any other category

The home have submitted a variation of category of care application to RQIA in lieu of the intermediate care provision and this is under review.

7.0 Summary of inspection

This secondary unannounced care inspection of Chestnut Grove was undertaken by John McAuley on 25 February 2015 between the hours of 12:15pm and 4pm. Senior Care Assistant Sharon Robinson was in charge available during the inspection until 2pm when Senior Care Assistant Maggie McCrea took over and received verbal feedback at the conclusion of the inspection.

The one requirement and four recommendations made as a result of the previous inspection, on 4 November 2014, were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken can be viewed in the section following this summary.

The focus of this inspection was on Standard 9 Health and Social Care of the DHSSPS Residential Care Homes Minimum Standards. A review of this standard found that care records were recorded and there was good account of residents' health and social care needs being met. Staff confirmed good knowledge and understanding of residents' needs and prescribed interventions.

Care progress records contained evidence that statements of assessed need had a recorded statement of care / treatment given and effect of same. There were processes in place to ensure the effective management of the standard inspected, and the overall standard was assessed as compliant.

During the inspection the inspector met with residents and staff, observed care practices, examined a selection of records and carried out a general inspection of the residential care home environment.

Stakeholder consultation

Feedback from residents differed from those residents receiving residential care and those receiving intermediate care. Some permanent care residents did expressed dissatisfaction at the provision of meals and the overall loss of community in the home with the amount of admissions and discharges. A requirement has been made in respect of meal provision as identified in the attached Quality Improvement Plan (QIP).

However they were complimentary with praise for the kindness and support received from staff.

Those residents receiving intermediate care were keen to express their praise and gratitude for the care received and kindness and support received from staff. They also gave detail and account on how their admission to the home was benefitting their health and well-being. Comments received from residents are included in section 10.0 of the main body of the report.

Discussions with staff were positive on their views about the provision of care. However staff did express concerns about the workload associated with intermediate care provision and they felt the model of care had changed from residential care with the immediate care provision and such was akin to a hospital type convalescence setting.

General environment

The home presented as clean and tidy with a good standard of décor and furnishings being maintained. A requirement has been made in relation to radiators / hot surfaces which posed as a risk if a resident were to fall against same. Details of this are discussed later in this report.

Care practises

Discreet observations evidenced residents being treated with dignity and respect. Staff were found to undertake care duties in an organised manner, with care and diligence to residents' needs. A recommendation was made in respect of the choice of radio station played in the reception area, which was considered inappropriate for residents' age group and taste.

Two requirements and one recommendation were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents, and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 4 November 2014

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 19(1)(a)	The registered manager must ensure that all care plans in use include a recent photograph of each resident.	Photographs have been put in place.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.1	The homes policy on responding to resident's behaviour should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should also detail the need to notify RQIA on each occasion restraint is used.	This policy and procedure has been revised accordingly.	Compliant
2	10.1	All care staff should complete training in behaviours which challenge on an annual basis as outlined in RQIA's Guidance on Mandatory Training, 2012.	Training on behaviours that challenge has been provided for to all staff.	Compliant
3	10.7	The use of the keypad system on the front door of the home should be reviewed taking into consideration the individual needs and preferences of residents, this should be done through a process of risk assessment to establish if the system is required. If the system remains at the entrance of the home its use should be documented in the homes statement of purpose.	The keypad system to the front door has been removed, following subsequent risk assessment.	Compliant

4	Standard 19.06	Residents or their representatives' involvement in the recruitment process. This is still an issue for the Trust and the home; there are plans to initiate a new process to meet this standard.	This provision is under review with the Trust, in consultation with their human resource department.	Compliant
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STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: A review of residents' care records confirmed that the details of each resident's GP and aligned healthcare professionals were recorded. Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussions with staff on duty confirmed that they had good knowledge and understanding of residents' needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the samples assessments and care plans reviewed.</p>	<p align="center">Compliant</p>

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s).</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.</p>	<p align="center">Compliant</p>

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.</p>	Compliant
<p>Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>General observations of residents' aids, appliances and equipment found these were maintained in good order.</p>	Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with a large number of residents in the home at the time of this inspection. .

Feedback from residents differed from those residents receiving residential care and those receiving intermediate care.

Some of the comments received from those residents receiving intermediate care included statements such as:

"It couldn't be any better here, I have done great coming here"

"I wish I could stay here, I love it"

"If I came here sooner from hospital I feel I would have been a lot better sooner"

"The food is lovely"

"My stay here is really doing me good and all the staff are very kind and work hard"

No concerns were expressed or indicated.

Feedback from residents who were receiving permanent residential care, found that they were in gratitude for the kindness and support received from staff but felt that staff were exceptionally busy attending to the care needs of residents receiving intermediate care. Three of the residents informed the inspector that they felt the residential nature of care had changed in the home and that their sense of community was lost, with the volume of residents being admitted and discharged.

Two residents informed the inspector that they felt the provision of meals was inadequate in terms of quality of food and nutritional content of food provided for. They stated that they felt that the ready cooked meals were fine for a short term basis but when residing in the home on a long term basis they missed the provision of home cooked meals. Both residents gave specific details of their concerns with foods. These issues were reported and are being monitored but as yet the two residents felt there to be no substantive improvement with their concerns. A requirement has been made for an action plan to be submitted with timescales on how the complaints / concerns raised about such provision will be dealt with.

No other concerns were expressed or indicated. .

10.2 Relatives/representative consultation

The inspector did not meet any visiting relatives in the home at the time of this inspection.

10.3 Staff consultation

The inspector met with six members of staff of various grades on duty at the time of this inspection.

Staff informed the inspector that they felt a good standard of care was provided for and feedback from residents and their families was all positive.

Concerns were raised about workloads in lieu of the intermediate care provision and the amount of admissions and discharges to the home. Staff also informed the inspector that they felt the model of care had changed from residential care with the immediate care provision and such was akin to a hospital type convalescence setting. Two staff also raised concerns about the standard of ready-made meal provision and particularly with such provision for those permanent care residents.

10.4 Visiting professionals' consultation

The inspector did not meet with any visiting professionals at the time of this inspection.

10.5 General environment

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were observed to be homely and personalised.

The communal lounges and dining area were comfortable and nicely facilitated.

There was a significant number of radiators that were very hot to touch and posed as a risk if a resident were to fall and lie against same. A significant number of radiators were situated adjacent to residents' beds, which also increased the level of risk. A requirement was made for all radiators / hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action. .

10.6 Accident / incident reports

A review of these reports since the previous inspection was undertaken. These were found to be appropriately managed and reported.

10.7 Care practices

Discreet observations evidenced residents being treated with dignity and respect.

A pleasant relaxed atmosphere was in place with residents observed to be content with same.

Residents were found to benefit from the company of choice of one another and fulfilled with aligned activities and pastimes of choice.

The choice of radio station played in the reception area of the home was found to be inappropriate for the age group and taste of residents accommodated, for which a recommendation was made to act accordingly with.

Staff were found to undertake care duties in an organised manner, with care and diligence to residents' needs.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Maggie McCrea, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Chestnut Grove

25 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Senior Care Assistant Mrs Maggie McCrea either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	24(4)	<p>The registered person shall, within 28 days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the investigation process, outcome and action (if any) that is taken.</p> <p>Reference to this is made in relation to the issues of complaint / concern raised about the provision of foods in the home. An action plan must be devised in consultation with the residents detailing with timescales how matters raised will be resolved. A copy of this action plan must be submitted to RQIA.</p>	One	<p>Following the complaint received from a permanent resident, the home manager arranged a meeting with PCSS manager and PCSS supervisor along with the resident to discuss and try and resolve the on-going issues in regard to the food. A number of action plans were discussed with the resident but all were refused. It was suggested individual meals could be provided to her but this was refused. The resident agreed for the unit to get daily feedback over 2 months and this information would be relayed back to PCSS manager for their attention. It should be noted however that all of the other residents and the average 20 residents who are in the unit on a weekly basis for rehab are satisfied with the quality of the food provided.</p>	25 April 2015

2.	27(2)(t)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in that all radiators / hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate guidance.</p>	One	<p>Estates department have been advised of this requirement and have requested that it may be beneficial to liase with the RQIA estates inspector as on the previous estates visit and report this was not identified as an issue.</p>	25 May 2015
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Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	13.2	<p>The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p> <p>Reference to this is made in that the choice of radio station played for residents needs to be in keeping with their age group and taste.</p>	One	Manager has spoken to staff and asked that they make a conscious effort to ensure music is appropriate to the preference of individual residents.	4 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Maureen Wright
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillion Acting Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	30/9/15
Further information requested from provider			