

Unannounced Care Inspection Report 30 December 2020



Chestnut Grove

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

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 residential care home registered to provide residential 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 E – over 65 yrs 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 residents accommodated in the residential home on the day of this inspection: 12

4.0 Inspection summary

An unannounced inspection took place on the 30 December 2020 from 09.30 to 17.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess the progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the internal environment and infection prevention and control (IPC)
- care delivery
- care records
- governance and management.

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	1	*3

*The total areas for improvement include one under the standards that will be carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with name, position, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with five residents and five staff. Questionnaires were left in the home to obtain feedback from residents and residents' relatives. Five responses from residents were received and all indicated that they were satisfied with the service received in Chestnut Grove. Comments from same were passed to the manager. The inspector provided the manager with 'Tell us' cards to allow residents and their relatives the opportunity to give feedback to RQIA regarding the quality of service provision. A poster was displayed for staff inviting them to provide feedback to RQIA online. No responses were received.

The following records were examined during the inspection:

- Duty rotas from 21 December 2020 to 3 January 2021
- Staff training records
- Staff supervision matrix
- Records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council.
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Three residents' care records
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next inspection.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 12 March 2020.

The quality improvement plan from the previous inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

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 13.4 Stated: First time	The registered person shall ensure that a review of therapeutic activities is undertaken, record all activities provided including time scale, develop and display programme in an appropriate location so that residents and their representative know what is scheduled.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Due to the constraints of the ongoing covid-19 pandemic this area for improvement will be carried forward for review at the next care inspection.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by the manager who was friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home.

On the day of the inspection we observed that staffing levels were satisfactory and residents' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of residents

were met. We reviewed the duty rotas for the period 21 December 2020 to 3 January 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

We discussed with the manager the system in place to ensure that all staff are registered with the NISCC. The manager's registration with the NMC and the records for same were reviewed. This was sent to RQIA post inspection due to not being able to access the electronic record at the time of the inspection this was reviewed and satisfactory.

Staff spoken with told us that they felt supported by the management and there was a good sense of teamwork in the home. They discussed their experiences through the Covid -19 pandemic and the recent outbreak in the home and the challenges they faced, comments included:

- "It has been a difficult nine months."
- "I love it here, we all work together and we have good support."
- "The teamwork is good here."

6.2.2 Personal Protective Equipment

Signage had been put up at the entrance to the home to reflect the current guidance on Covid-19. We observed that PPE and hand washing facilities were readily available. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. A small number of staff was observed not wearing their mask correctly; this was discussed with the manager who addressed this immediately. Records reviewed evidenced that the residents and staff were having their temperatures recorded in line with the current department of health (DOH) guidance however some gaps were evident in the recording of these temperatures; this too was discussed with the manager and addressed at the time of inspection.

6.2.3 Infection Prevention and Control and the Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. The home was fresh smelling throughout. The residents' bedrooms which were viewed were clean, warm and had some had personal items such as phones to be able to use during their stay. We observed some areas to the home were in need of repair, for example repainting. The manager advised that a refurbishment plan for the home was being completed and that this was currently with the Belfast Health and Social Care Trust (BHSCT) for approval.

A chair was observed sitting outside a bedroom door and was occluding the fire exit. This was requested to be removed. In the event of an emergency this would be a potential obstruction and could prevent clear exit from the building. This was discussed with the manager and an area for improvement was identified

Measures had been put in place to maintain social distancing for residents where possible. Seating in the lounge and dining room areas had been arranged in such a way as to allow adequate social distancing.

6.2.4 Care delivery

Residents looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat residents with respect and to talk to them in a friendly and pleasant manner. Residents spoken with commented positively about the care they received; they told us:

- “It’s very good here, the staff are very good.”
- “The staff are out of this world.”
- “It’s great here.”
- “The staff are very friendly.”

We observed the serving of the lunch time meal. We saw that staff attended to the residents’ needs in a prompt, caring manner. The tables were set and condiments were available. Residents were offered a selection of drinks and the food served looked and smelt appetising. Residents spoken with commented positively about the quality of the food; they said:

- “The food is great.”
- “The food is lovely.”
- “The food is excellent.”

6.2.5 Care records

Review of three residents’ care records evidenced individualised, comprehensive care plans were in place to direct the care required and reflected their assessed needs. Risk assessments reviewed were up to date and appropriate to the residents’ needs.

Supplementary care records were reviewed in relation to food and fluid intake, one of these evidenced a resident who required their fluid intake to be restricted. A care plan and fluid intake chart was in place for this resident. However, we observed some gaps in the recording of the fluid intake and the chart evidenced that the intake was not calculated on a daily basis to evidence if the restriction was being adhered to. This was discussed with the manager and an area for improvement was made.

6.2.6 Governance and management arrangements

We reviewed a sample of the governance audits. These audits included hand hygiene, PPE compliance and infection control. A recent environmental audit had been undertaken also as discussed by the manager. We did observe, however, when an action plan was developed when improvement was required there was no evidence of any remedial action taken to address the deficit. We discussed this with the manager and an area for improvement was identified.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Residential Homes Regulations (Northern Ireland) 2005. We discussed with the manager that the visits had had been maintained during the period of the Covid-19 outbreak in the home and the manager performing the visits was in attendance almost on a daily basis throughout this time.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

A review of the accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

Areas of good practice

Areas of good practice were identified in relation to staffing, treating residents with respect and kindness, the availability of PPE and the dining experience.

Areas for improvement

Areas for improvement were identified in relation to fire safety precautions, fluid monitoring and completion of the action plans.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Residents looked well cared for and content in their surroundings. Interactions between staff and residents were positive and staff appeared friendly and caring in their approach to residents. Areas for improvement were identified in relation to fire safety precautions, fluid intake recording and completion of action plans.

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, 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 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4)(c) Stated: First time To be completed by: Immediately from time of inspection	<p>The registered person shall ensure equipment is stored appropriately and that all corridors are kept clear and unobstructed at all times.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The item identified in this inspection was immediately removed following inspection.</p> <p>This observation was discussed with senior staff and ASM. It was agreed that:</p> <ol style="list-style-type: none"> 1. Formal daily fire checks incorporate confirmation that all corridors and fire exits are free from obstruction 2. This item will be raised and minuted at the next staff meeting 3. Laminated poster placed on all fire doors reminding staff that corridors must be kept clear and unobstructed at all times
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: 6 April 2020	<p>The registered person shall ensure that a review of therapeutic activities is undertaken, record all activities provided including time scale, develop and display programme in an appropriate location so that residents and their representative know what is scheduled.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.1</p>
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 18 February 2021	<p>The registered person shall ensure in regard to those residents who require a fluid restriction:</p> <ul style="list-style-type: none"> • fluid intake is consistently recorded • the daily fluid intake is calculated and evaluated by the senior care staff to review the effectiveness of the care provided. <p>Ref: 6.2.5</p>

	<p>Response by registered person detailing the actions taken: This item was discussed with the ASM. The importance of accurate and timely completion of fluid balance/restriction charts was acknowledged.</p> <p>It was agreed:</p> <ol style="list-style-type: none"> 1. Re- education of all staff on completion and management of fluid balance and/or restriction charts. ASM to contact Care Home and Support Team to source training on management of fluid balance/restriction charts 2. Audit of fluid balance/restriction charts taken on a daily basis. Audit will be undertaken by Senior Carer on evening duty shift. Fluid balance charts will be tallied and signed off by Senior Carer on duty 3. Management of fluid balance charts and audits will be reviewed at monthly monitoring visit undertaken by ASM
<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure when an action plan is devised following an audit any action taken to make improvement is signed and dated when completed.</p> <p>Ref: 6.2.6</p>
<p>To be completed by: 1 March 2021</p>	<p>Response by registered person detailing the actions taken: Item discussed by ASM and registered manager. It was agreed:</p> <ol style="list-style-type: none"> 1. Registered manager will amend audit form to include signing and dating of completion of action. 2. Management Audit will be reviewed at monthly ASM monitoring visit

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



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