

Unannounced Care Inspection Report 31 August 2016



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

1.0 Summary

An unannounced inspection of Chestnut Grove took place on 31 August 2016 from 10:10 to 18:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Three requirements were made, these were in relation to the accurate completion of the duty rota, the completion of competency and capability assessments for any staff member left in charge in the absence of the registered manager and to ensure all fire safety checks are maintained on an up to date basis. Two recommendations were made, these included the introduction of a supervision schedule and for the homes admissions policy and procedures to be reviewed and updated.

There were examples of good practice found throughout the inspection in relation to staff induction, adult safeguarding, infection prevention and control, and the home's environment.

Is care effective?

No requirements or recommendations were made in relation to this domain. There were examples good practice found throughout the inspection in relation to care records, reviews and communication between residents, staff and other key stakeholders.

Is care compassionate?

One requirement was made regarding formally gathering the views and opinions of residents and representatives on an annual basis, this information should be included in an associated report. One recommendation was made that resident's views should be gathered regarding the provision and planning of activities in the home.

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and informally taking account of the views of residents.

Is the service well led?

Following the inspection information was provided to RQIA by Belfast Health and Social Care Trust outlining the interim management arrangements within Chestnut Grove for a time limited period. One requirement was made in regards to the reporting of notifiable events to RQIA in keeping with legislation.

There were examples of good practice found throughout the inspection in relation to management of complaints and quality assurances systems including monthly monitoring visits.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 03 March 2016.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust (BHSCT)	Registered manager: Mrs Mairead McCartan
Person in charge of the home at the time of inspection: Brian Ewing Senior Carer upon arrival Mairead Mc Cartan arrived at approximately 12:00.	Date manager registered: 13 May 2015
Categories of care: RC - I - Old age not falling within any other category RC - MP (E) - Mental disorder excluding learning disability or dementia – over 65 years RC - PH - Physical disability other than sensory impairment RC - PH (E) - Physical disability other than sensory impairment – over 65 years RC - E – Service users who are over 65 years of age but do not fall within the category of old age	Number of registered places: 44

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents reported to RQIA since the previous care inspection, the returned Quality Improvement Plan (QIP) the previous inspection report and complaints returns.

During the inspection the inspector met with 10 residents, six care staff and the registered manager. There were no resident's visitors/representatives available during the inspection though a number of completed representatives questionnaires were returned to RQIA. The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls)
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives'
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Policies and procedures manual

A total of 24 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 18 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03 March 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 03 March 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.3 Stated: First time To be completed by: 3 April 2016	<p>The registered manager should ensure that care plans are signed by the resident or their representative where appropriate, the staff member responsible for drawing it up and the registered manager.</p> <p>Action taken as confirmed during the inspection: Three care records were inspected these were signed appropriately.</p>	Met
Recommendation 2 Ref: Standard 17.10 Stated: Carried Forward To be completed by: 3 April 2016	<p>The registered manager should ensure that the complainant's level of satisfaction with the outcome of the complaint investigation and outcome is recorded.</p> <p>Action taken as confirmed during the inspection: Review of complaints records showed that the complainant's level of satisfaction with the outcome was recorded.</p>	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents. However staff raised the issue that they were not always sure if the registered manager was going to be on the premises. Staff confirmed that they may see the registered manager one day per week, whilst a registered manager from another BHSCT facility would be in the home usually two days per week. Following receipt of this information RQIA contacted senior management within BHSCT requesting information to clearly outline the management arrangements with regard to the day to day running of the home. This information was provided to RQIA along with a timeframe outlining the process to ensure the management situation was stabilised. BHSCT confirmed all risks had been assessed and arrangements were in place to increase monitoring and support from senior management during this interim management period.

On the day of inspection the following staff were on duty :

- Senior carer x2
- Care assistant x 5
- Domestic assistant x 2
- Kitchen assistant x1

The evening shift would consist of senior carer x 2, care assistant x3 and the night shift would include senior carer x1, care assistant x2. The registered manager arrived in the home at approximately 12:00, it was noted the hours of the registered manager were not included on the duty rota, there was also no indication on the duty rota when additional management support would be available in the home. A requirement was made that the duty roster should be accurately maintained to show persons working in the home at all times, including the management arrangements.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussion with staff and review of records maintained in the home showed that appraisals had been undertaken for staff however, information pertaining to supervision showed that it had been happening on an irregular basis in recent months. A recommendation was made that a supervision schedule should be put in place to ensure staff have formal supervision according to the homes procedures and no less than every six months.

The registered manager confirmed that competency and capability assessments were not undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; a requirement was made in this regard.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body.

The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion and the homes policy and procedures were being updated to reflect this.

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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff the next training session was arranged for September 2016.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all 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; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with staff identified that issues can arise around the admission and assessment of residents to the home when accessing rehabilitative services. Staff shared that on occasions information provided about the residents can be limited; this is of particular concern if residents are being admitted late in the evening or at weekends. A recommendation was made that the homes admission policy and procedure should be reviewed and updated to ensure robust systems are in place to ensure resident safety through a process of adequate assessment and risk management.

Review of care records identified that care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH and fire safety etc.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and permanent residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The bedrooms for short term residents were clean, tidy and functional. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 9 September 2015, the registered manager confirmed she was aware this was soon to be updated; all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 12 May 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that there had been a number of omissions in the weekly fire safety checks since June 2016. This issue was discussed with the registered manager and a requirement was made.

Eighteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

Comments received from representatives and staff in the returned completed questionnaires were as follows:

- I have absolutely no reservations about the quality of the care in all aspects.
- I am very satisfied that my (relative) has been safe in Chestnut Grove
- My (relative) has enjoyed the warm welcoming atmosphere and good food within Chestnut Grove
- Staff are always vigilant and on hand to assist
- Clients need to be assessed before coming to the unit
- Residents not always assessed properly before coming to the unit i.e. late evening, bank holidays and weekends.

Areas for improvement

Five areas for improvement were identified, these included three requirements and two recommendations. Requirements were made in relation to accurate completion of the duty rota, the completion of competency and capability assessments for any staff member left in charge in the absence of the registered manager, and to ensure all fire safety checks are maintained on an up to date basis. A recommendation was made that a supervision schedule should be put in place and it was also recommended that the homes admissions policy and procedures should be reviewed and updated.

Number of requirements:	3	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Some risk assessments were approaching their review date this was discussed with the registered manager. It was noted from the three care records inspected that although monthly updates should have been completed to review the overall plan of care these were not being maintained on an up to date basis. The need to ensure that the systems which are in place regarding the review of care plans are being regularly updated and maintained was discussed with the registered manager.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to reflect the changing needs of the resident. It was noted that there had been a recent change in the assessed needs of one identified resident, the registered manager confirmed she was aware of this and that a care review date had been arranged. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example, staff were aware of the individual needs of residents including specific dietary preferences.

An individual agreement setting out the terms of residency was in place and appropriately signed in the three records inspected. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls) and medicines management were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. As already stated in section 4.3 of this report staff had raised the issue around admissions late in the evening or at weekends. A recommendation was made regarding the review of the homes admissions policy and procedures.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of residents and their representative meetings including a friends of Chestnut Grove group were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Eighteen completed questionnaires were returned to RQIA from residents, resident’s representatives and staff.

Comments received from representatives and staff within the completed questionnaires were as follows:

- Staff are always available to talk over every query or situation, extremely helpful
- I have found all staff to be very professional, approachable and friendly
- I have always been informed of any changes in (relative) care
- I feel more meetings should take place regarding intermediate/ rehab, staff should be involved in these and asked on a weekly basis to express any concerns.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, and feedback from representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect.

Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example ensuring discussions with professionals surrounding residents care needs take place in a private area of the home.

Discussion with staff and residents confirmed that the range of activities had been reduced. This has been due to a reduction of hours that the activities therapist would be in the home. The registered manager and staff confirmed that with the higher number of residents in the home for rehabilitation purposes there is a greater focus on enabling residents with their recovery and discharge home. The registered manager confirmed arrangements are made to support permanent residents with trips out, in house games and quizzes etc. A recommendation is made that residents should be consulted with regard to the range of activities on offer and be involved in planning the programme of activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are always welcome and a friends of Chestnut Grove group would meet to plan social events for residents and their families.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example care reviews, residents meetings, the registered manager confirmed regular meetings are held regarding the placement of residents admitted to the home for a period of rehabilitation.

Discussion with the registered manager confirmed that the views of residents and representatives had not been gathered formally to review the quality of care and services provided by the home. The need to ensure such a process was completed on an annual basis and result in the production of report outlining the findings was discussed with the registered manager. A requirement was made.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Residents spoken with during the inspection made the following comments:

- "It is smashing here, this is a good home"
- "Everyone is very good, well cared for, good room. I like it"
- "It's very good here, everyone is so nice. I was a bit nervous coming as I had never been to a place like this but it has been really good"
- "This is a good place, no complaints from me, have everything you could want"
- "It couldn't be better, it's nice to talk and to meet other people"
- "Everyone is very kind, no complaints from me"
- "The staff all work so hard, it's not easy. They don't get enough credit"

Eighteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

Comments from resident’s representatives and staff members included:

- I have absolutely no reservations about the quality of the care in all aspects.
- I am very satisfied that my (relative) has been safe in Chestnut Grove
- My (relative) has enjoyed the warm welcoming atmosphere and good food within Chestnut Grove
- Staff very personal with my (relative)
- Staff have treated my (relative) with dignity at all times
- I honestly feel that all the staff I have been in contact with regarding my (relative) and other people are very compassionate
- The staff at Chestnut and the wide variety of professional staff that come and go do place the service user at the centre of all care planning and arrangements.

Areas for improvement

Two areas for improvement were identified. A requirement was made regarding formally gathering the views and opinions of residents and representatives on an annual basis. A recommendation was also made that residents’ views should be gathered regarding the provision and planning of activities in the home.

Number of requirements:	1	Number of recommendations:	1
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. Information was provided by BHSCT following the inspection outlining the interim management arrangements which have been put in place within the home. These current arrangements are time limited. Assurances have been given by the BHSCT that risks are being monitored and management support is available for staff at all times.

The health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA. Staff shared that the dependencies of residents can change daily due to the ongoing admissions and discharges from the home. The registered manager confirmed that the constantly changing dependency levels of residents was an identified risk in the home and a range of controls are currently in place to manage same.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place, which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and poster etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively managed however it was noted that a number of accidents / incidents / notifiable events which should have been reported to RQIA in July 2016 had not been. These were discussed with the registered manager and a requirement was made. A regular audit of accidents and incidents was undertaken and was available for inspection.

The Falls Prevention Toolkit was discussed with the registered manager and advice given on how to implement this.

There were quality assurance systems in place to drive quality improvement which included regular audits and monthly monitoring reports. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents including continence and stoma care.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Staff confirmed they were aware of their roles, responsibility and accountability. Staff shared with the inspector the difficulties when not knowing on a day to day basis if the registered manager or if any managerial level staff would be on the premises. As stated in section 4.3 of this report the duty rota must be maintained on an up to date basis to show all staff rostered to be on duty in the home. Information has also been provided to RQIA outlining current management arrangements and the identified time frame in which the management situation should be stabilised. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. Discussion with staff confirmed that there were good working relationships within the home.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Eighteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

Comments received from representatives and staff in completed questionnaires were as follows:

- My (relative) has improved immensely since being admitted. The care and service in Chestnut Grove is excellent
- When (relative) first came here he got a really good welcome. I do feel that it is very well managed and staff very approachable
- Am unsure as to who is in charge, plus who in the home on any day is the senior member of staff
- Manager not present often in unit as was moved temporarily to another unit three months ago, only in unit now every other week

Areas for improvement

One area for improvement was identified in relation to the reporting of notifiable events to RQIA.

Number of requirements:	1	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 19(2) Schedule 4 (7) Stated: First time To be completed by: 1 September 2016	<p>The registered provider must ensure the duty roster is accurately maintained to show persons working in the home at all times.</p> <hr/> <p>Response by registered provider detailing the actions taken: The senior staff rota now includes the registered manager working shifts.</p>
Requirement 2 Ref: Regulation 20(3) Stated: First time To be completed by: 31 October 2016	<p>The registered provider must ensure competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the registered manager.</p> <hr/> <p>Response by registered provider detailing the actions taken: The manager will ensure that senior staffs competencies and capabilities to manage the home in absence of the manager is included and reflected in their annual Personal Contribution Plan/Personal Development Plan and they will be signed as competent as appropriate.</p>
Requirement 3 Ref: Regulation 27(4) (d) (v) Stated: First time To be completed by: 1 September 2016	<p>The registered provider must ensure fire safety checks are completed on a regular basis in keeping with the homes procedures.</p> <hr/> <p>Response by registered provider detailing the actions taken: The assistant service manager and registered manager has met with all senior staff and reviewed the daily, weekly and monthly routine in respect of responsibilities for carrying out fire checks and recording appropriately as per the Belfast Trust Fire Prevention procedures.</p>
Requirement 4 Ref: Regulation 17 (1) (3) Stated: First time To be completed by: 30 November 2016	<p>The registered provider must ensure the views and opinions of residents and representatives are gathered on an annual basis, this information should then be included in an associated report.</p> <hr/> <p>Response by registered provider detailing the actions taken: The manager will ensure that there is a system in place to collate annually the opinions of all stakeholders who use the services at Chestnut Grove and include this in the annual report.</p>
Requirement 5 Ref: Regulation 30. (1) Stated: First time	<p>The registered provider must ensure all notifiable events are reported to RQIA in keeping with legislation.</p> <hr/> <p>Response by registered provider detailing the actions taken: The manager will ensure that senior staff are aware in absence of the manager that they must report to RQIA within the required time frame all</p>

To be completed by: 1 September 2016	notifiable incidents.
Recommendations	
Recommendation 1 Ref: Standard 24.3 Stated: First time To be completed by: 31 October 2016	<p>The registered provider should ensure a supervision schedule is put in place to ensure staff have formal supervision according to the homes procedures.</p> <p>Response by registered provider detailing the actions taken: A supervision schedule has been put in place to ensure staff are supervised within the Trust requirements.</p>
Recommendation 2 Ref: Standard 21 Stated: First time To be completed by: 31 October 2016	<p>The registered provider should ensure the homes admission policy and procedure is reviewed and updated.</p> <p>Response by registered provider detailing the actions taken: Chestnut Grove no longer admits permanent residents to this facility. There is an admission procedure operated by the community rehabilitation team in respect of residents admitted for a short period under the community rehabilitation scheme.</p>
Recommendation 3 Ref: Standard 13.3 Stated: First time To be completed by: 31 October 2016	<p>The registered provider should ensure that residents are consulted with regard to the range of activities on offer and be involved in planning the programme of activities.</p> <p>Response by registered provider detailing the actions taken: Service user meetings reflect service users consultations in respect of the activities on offer. The activity co-ordinator meets specifically with the residents to discuss this. The manager will request the activity co-ordinator to again meet with the remaining residents to discuss their preferences and wishes with regard to the current event and programme.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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