



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Chester Nursing Home
Establishment ID No:	1425
Date of Inspection:	16 June 2014
Inspector's Name:	Heather Sleator
Inspection ID	18098

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Chester Nursing Home
Address:	27-29 Chester Avenue
Telephone Number:	02893353060
E mail Address:	02893373320
Registered Organisation/ Registered Provider:	Chester Homes Ltd Mr Desmond Wilson
Registered Manager:	Ms Gillian Dowds – awaiting registration
Person in Charge of the Home at the Time of Inspection:	Ms Gillian Dowds
Categories of Care:	NH-DE, RC-DE, RC-LD, RC-MP(E)
Number of Registered Places:	43
Number of Patients/residents Accommodated on Day of Inspection:	Nursing: 29 Residential: 4
Scale of Charges (per week):	Nursing £597 Residential £493
Date and Type of Previous Inspection:	Unannounced follow up care inspection 2 April 2014
Date and Time of Inspection:	16 June 2014 10:00 – 18:15 hours
Name of Inspector:	Heather Sleator

1.0 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 nursing homes. A minimum of two inspections per year are required.

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

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients/residents was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

1.2 METHODS/PROCESS

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

- discussion with the nurse manager and area manager
- discussion with staff
- discussion with patients/residents individually and to others in groups
- examination of records pertaining to activities and events
- review of regulation 29 monthly monitoring reports and actions plans submitted to RQIA as requested
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- evaluation and feedback
- observation during a tour of the premises.

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved, by the registered person, by assessing the action taken to comply with the requirements and recommendations raised during the previous care inspection on 2 April 2014.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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.

2.0 Profile of Service

Chester Nursing Home is situated in a residential area in the village of Whitehead. The home was originally a school and has been adapted and extended to provide accommodation for persons requiring nursing and residential care. Bedroom accommodation is provided in single and double rooms over five floors.

There is a large conservatory on the ground floor. Dining/lounge facilities, catering facilities and domestic/laundry facilities are also provided.

The home is registered to provide care for 43 persons under the following categories of care:

Nursing Care

DE - Dementia

Residential Care (maximum of 4 persons)

DE - Dementia

LD - Learning disability: 1 named person

MP (E) – mental health disorder over 65yrs

The home is also approved to provide day care for 3 persons.

Since the previous inspection RQIA were informed that Ms Gillian Dowds had been appointed as the home's manager. Ms Dowds took up her position on the day of the inspection -2 April 2014. Ms Dowds was the registered manager of Whitehead Nursing Home which is also owned by the Wilson Group.

3.0 Summary

This unannounced secondary care inspection was undertaken on Monday 16 June 2014 by Heather Sleator, inspector, from 10:00 to 18:15 hours.

Ms Gillian Dowds, home manager, was on duty and facilitated the inspection. Ms Angela Dorian, area manager for the Wilson Group was also present for most of the inspection but had to leave prior to the conclusion of the inspection. General discussion and detailed verbal feedback, of the inspection findings, was provided to Ms Dowds at the conclusion of the inspection.

As a result of the previous inspection undertaken on 2 April 2014, eight requirements and six recommendations were issued. The inspector assessed the level of compliance achieved with each of the requirements and recommendations issued.

The inspector observed care delivery, inspected the environment, examined a selection of records and held discussions with management and staff to establish the level of compliance being achieved, by the registered person, to comply with the requirements and recommendations issued during the previous care inspection. The inspector also spoke with patients/residents during the inspection period.

Eight requirements were assessed as part of the inspection process. Of the eight requirements assessed seven were compliant and one was moving toward compliance. The six recommendations were assessed as compliant.

Generally the inspection evidenced sustained improvement particularly in regard to the the culture, dementia care, the standard of cleanliness and décor throughout the home. The personal care, dress and appearance of patients/residents was good. It was obvious care had been taken with each individual's appearance according to their wishes. Improvements were observed in relation to the dining experience. The meal was observed by the inspector and was found to be served in a timely manner and patients/residents individual needs and preferences were accommodated by staff in a sensitive manner. The appearance of dining tables and information regarding meal choice had improved. The manager stated improvement will continue following the completion of building works scheduled to commence on 28 July 2014.

The review of patients/residents care records also evidenced improvement. The inspector reviewed five patients/residents care records. Evidence was present of a more systematic and consistent approach by registered nurses to the care planning process. This included evidence of the regular review of the assessment of need, risk assessments and evaluation of care plans. Evidence was also present of registered nurses recording in an objective and factual manner. However, aspects of care planning which require further action include evidencing consultation with the patient/resident and/or representative regarding the planning of care and ensuring care plans are developed and evaluated where behaviours which challenge staff and/or the service are evident.

In addition the inspector evidenced governance arrangements had been established by the newly appointed nurse manager, Ms Dowds and the area manager, Ms Dorrian and these arrangements were robust.

Management confirmed the commencement of the refurbishment programme for the ground floor as being 28 July 2014 and agreed to ensure a copy of the most recent plans are submitted to RQIA for comment prior to the commencement of any works.

RQIA while acknowledging the improvements made to date will, through future inspections, continue to monitor compliance and sustainability of the standards of care and service provision within Chester Nursing Home.

Details can be found in section 4 and 5 of this report.

As a result of this inspection three requirements and three recommendations were issued. Of the three requirements issued one was stated for a second time either in full or in part. The three recommendations issued were for the first time.

Details of the inspector's findings in relation to each of the requirements and recommendations issued can be viewed in the section immediately following this summary.

RQIA having taken an overview of previous inspection activity including the lack of progress and sustained compliance, with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008: imposed conditions on the registration of the home. Details can be viewed on RQIA's web site www.rqia.org.uk.

However, following the inspection of 16 June 2014 RQIA having considered the evidence of compliance with the conditions of registration have made the decision to lift the conditions placed on the registration of the home.

The inspectors would wish to thank Ms Dowds, Ms Dorrian, staff, and patients/residents for contributing to the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	13(3)	<p>The registered person must ensure that care practices as well as practices for serving meals to patients/residents are urgently reviewed and practices perceived as institutional are effectively eliminated.</p> <p>Attention should be given to;</p> <ul style="list-style-type: none"> • the accurate recording of meals served/patient menu choice • the timely serving of meals, including ease of serving from the kitchen and time of serving once patients/residents are seated • further enhancement of dining tables including the availability and offering of condiments • ensure the menu is in a suitable format whereby patients/residents can 	<p>This requirement was stated for a third time.</p> <p>The inspector verified this requirement had been addressed. The inspector observed the midday meal and the record of meals served. The main meal of the day is served in the evening. The midday meal at the time of inspection was bolognaise, chips or rice or tomato soup followed by banana mousse for dessert. Patients/residents who required a therapeutic diet were offered a choice of meal. The following was observed;</p> <ul style="list-style-type: none"> • patients/residents were not seated at the dining tables until just prior to the serving of the meal • the presentation of dining tables had improved. The manager had purchased new tablecloths and was deciding which were the most suitable before purchasing more • condiments were available on all tables. Discussion took place regarding the excessive use of salt by some patients/residents. This should be assessed and managed through reviewing seating arrangements and/or closer supervision by staff of patients/residents who may inadvertently 	Compliant

		clearly see/read what the meal being served is and choices	<p>use more seasoning than recommended.</p> <ul style="list-style-type: none"> the midday meal choice was displayed in the dining room and was observed to be in a larger font size. The manager informed the inspector that new menu boards with accompanying pictorial representation were being purchased. the record of meals served on a daily basis was reviewed and evidenced more detail. The full meal choice, including vegetables and potatoes was included. 	
2	13(1)(b)	The registered person must ensure that when there is evidence of patients/residents'/residents' potentially harming themselves, the organisation's procedures are followed and immediate action is taken.	<p>This requirement was stated for a third time.</p> <p>The inspector verified this requirement had been addressed. The inspector reviewed the health and safety register which detailed areas of potential risk to patients/residents. Risk of harm from the use of the stairs to the 'top' dining room was included and identified patients/residents perceived to be at risk. The inspector cross referenced this information to patients/residents care records and confirmed risk had been identified and a corresponding plan of care developed.</p>	Compliant

3	16(2)(b)	<p>The registered person must ensure that care records documenting restrictive practices are developed further regarding the use of sensor alarms, tabs monitors, health and safety to ensure the decision making including other methods tried have been recorded.</p> <p>In addition where a 'Do Not Attempt Resuscitation' (DNAR) order is in place, this must be kept under continuous review and records to evidence this information should be available.</p>	<p>This requirement was stated for a third time.</p> <p>The inspector verified this requirement had been addressed. The inspector had observed the use of pressure mats in identified patients/residents bedrooms whilst undertaking a tour of the premises. The inspector selected patients/residents care records to evidence the use of pressure mats and other restrictive practice, for example bedrails, had been assessed as required and a corresponding care plan had been developed. The review of care records evidenced the documentation was in place and patients/residents/representatives had been consulted.</p> <p>The manager informed the inspector a monthly audit of restrictive practice and Do Not Attempt Resuscitation (DNAR) orders which may be in place is undertaken. The inspector reviewed the audits. The manager also informed the inspector DNAR orders are to be formally reviewed on a three monthly basis and patients/residents representatives will be consulted regarding the status of the order.</p>	Compliant
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4	12 (1) (a) and (b)	<p>It is required that registered nurses are aware of the difference between Do not attempt resuscitation (DNAR) and advanced care planning and that they devise and review care plans according to regional guidance.</p>	<p>This requirement was stated for a second time.</p> <p>The inspector verified this requirement had been addressed. The review of staff training records evidenced nursing staff had completed training in this area in May 2014. The review of patients/residents care records evidenced care plans to be in place, where applicable, and evidence of representatives consultation.</p>	Compliant
5	13(8)(a)	<p>The registered person must make suitable arrangements to ensure the nursing home is conducted in a manner which respects the privacy and dignity of patients/residents' and residents', and the following issues must also be effectively addressed:</p> <ul style="list-style-type: none"> • to enable privacy for patients/residents and residents they should have opportunities to have access to their bedrooms as and when they require. 	<p>This requirement was stated for a second time.</p> <p>The inspector verified this requirement had been addressed. Discussion took place with the manager regarding patients/residents accessing their bedrooms independently of staff. This can be problematic for patients/residents as bedroom accommodation is predominantly on the upper floors of the home and patients/residents require assistance to locate their bedrooms.</p> <p>The home's statement of purpose reflects the rationale for direct access to the stairs and therefore bedrooms having key coded locking mechanisms for the safety of patients/residents.</p>	Compliant

			<p>The manager stated that the internal refurbishment of the ground floor has been designed to afford a number of seating areas which will enable patients/residents to move to other locations if they wish a quieter area or if they wish company. There will be two secure garden/patio areas which patients/residents may access as and when they wish without the assistance of staff.</p> <p>The internal restructuring is due to commence on 28 July 2014.</p>	
6	27 (2)(a)(f) and (o)	<p>The registered person must ensure that having regard to the number and needs of the patients/residents and residents, the following issues are effectively addressed:</p> <ul style="list-style-type: none"> the size and layout of rooms, both communal and bedrooms meets individual needs of the patients/residents and residents. 	<p>This requirement was stated for a third time.</p> <p>The inspector verified this requirement had been addressed. At the inspection of 2 April 2014 the inspectors observed the positioning of beds in identified bedrooms reduced aspects of privacy, dignity and in one bedroom the free movement of a patient/resident in their bedroom. The inspector undertook a tour of the premises during the inspection and evidenced the positioning of beds in the identified bedrooms had been changed with the exception of one bed.</p> <p>This was discussed with the manager who informed the inspector that repositioning of the bed had taken place previously however the patient/resident was assessed as being 'at risk'.</p>	Compliant

			<p>Nursing staff concluded the patient was at less risk if the bed was positioned against the wall. Consultation took place with the patient/residents representative. The inspector was informed the patients/residents representative wished the placement of the bed against the wall as the bedrail assessment contraindicated the use of bedrails.</p>	
7	15 (2) (a) (b)	<p>The registered person shall ensure that the assessment of the patient's needs is –</p> <ul style="list-style-type: none"> (a) kept under review: and (b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually. <p>Attention should be given to ensuring the information received by the referring agent or Trust is used to assist with the development of care plans.</p> <p>Evidence should be present that risk assessments are reviewed on a regular basis, preferably monthly.</p>	<p>The inspector verified this requirement had been addressed. The inspector reviewed five patients/residents care records. The review of care records evidenced the assessments of need; risk assessments and care plans had been kept under review and were regularly evaluated.</p> <p>Where a particular need or risk had been identified in the referral information supplied by the referring agent or Trust the information had been included in care documentation. Auditing of care plans was undertaken on a monthly basis and evidence was present that where a shortfall had been identified by the manager remedial action had occurred.</p>	Compliant

8	16 (1), (2) (b) & (c)	<p>The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.</p> <p>Attention should be given to;</p> <ul style="list-style-type: none"> • ensuring evidence of patient/representative consultation is present • regular evaluation of care plans is present • registered nurses record in an objective and non-judgemental manner • care plans correspond to assessed need • where a concern is recorded an audit trail should evidence the action taken in relation to the concern • care plans should be written in a person centred manner. 	<p>The inspector was unable to verify this requirement had been fully addressed. The review of five patients/residents care records did not evidence;</p> <ul style="list-style-type: none"> • consultation with patients/residents/representatives regarding the planning of care, in all care records • the review of one patient's/resident's care record who had been admitted for short term care did not evidence nursing staff had developed care plans. The care plan written by the referring agent/Trust was still in use. Nursing staff should prescribe care, on an individualised basis within 11 days of admission • a behavioural chart was being maintained for one patient. Evidence was not present in the patients/residents care records of a corresponding care plan in relation to responding to behaviours • the inspector observed, during the inspection, a patient displaying repetitive behaviour/anxiety state. The review of this patient/residents care records did not evidence a corresponding plan of care. <p>The review of patients/residents care records did evidence;</p> <ul style="list-style-type: none"> • regular evaluation of care plans 	Moving towards Compliance
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			<ul style="list-style-type: none">• registered nurses recorded in an objective and non-judgemental manner• newly developed care plans had been written in a person centred manner.	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	28.4	It is recommended that registered nurses undertake training/refresher training regarding advanced care planning and the use of DNAR directives. RQIA should be informed, in writing, when this is completed.	The inspector verified this recommendation had been addressed. The review of staff training records evidenced five registered nurses had completed training in advanced care planning and 'do not attempt resuscitation' orders on 12 May 2014.	Compliant
2	12.1	It is recommended that the review of the serving of meals (refer to requirement 6 inspection findings) includes the duties of the chef in enabling the timely serving of meals.	<p>The inspector verified this recommendation had been addressed. The inspector observed the serving of the midday meal. The meal was observed to be served in a timely manner and patients/residents were not seated at the table until the point of service.</p> <p>Discussion took place with the manager and area manager regarding the current arrangement of having an adjacent entrance door and an exit door to the kitchen. The chef does not have direct visual access to patients/residents due to this arrangement. Direct visual access assists catering staff with the serving of meals and enables catering staff to anticipate patients/residents need.</p> <p>The area manager stated consideration would be given to providing a serving hatch in the building works due to commence in July 2014.</p>	Compliant

			In the interests of hygiene practices and infection control principles direct access to the kitchen area by staff should have a more methodical approach.	
3	7	<p>It is recommended that advice and awareness/training regarding patient consent and capacity to consent is sought.</p> <p>Registered nurses should then demonstrate this knowledge within the nursing assessment and care planning process.</p>	<p>This recommendation was stated for the second time.</p> <p>The inspector verified this recommendation had been addressed. Registered nurses undertook training in the deprivation of liberty safeguards and human rights on 12 May 2014. The review of four of the five care records selected for review evidenced care plans had been developed in relation to consent and capacity.</p> <p>However the review of one patients/residents care records evidenced the prescribing nurse had stated the patient/resident had no capacity to make decisions. Discussion took place with the manager regarding this statement. The manager was aware of the difference between informed consent and no capacity.</p> <p>The manager informed the inspector the patient/resident had been transferred to the home from another home within the group and the care plan had been written prior to the patients/residents admission to the home. It was agreed the care plan would be updated.</p>	Compliant

4	28.4	It is recommended that the nurse manager completes an individual staff training needs analysis for all grades of staff which will inform the 2013/14 training plan for the home.	<p>This recommendation was stated for the second time.</p> <p>The inspector verified this recommendation had been addressed. The inspector reviewed the completed training analysis and the manager's action plan regarding the outcome of the analysis. A list of outstanding training had been compiled. Where a staff member was found to be in deficit of a training topic their name had been listed. A copy of the analysis had been placed on the staff notice board. The manager stated this will be monitored through the supervision process. Training opportunities for the identified areas have been made available by the manger.</p>	Compliant
5	25.7	It is recommended the statement of purpose is revised to include information as to how the home promotes patients/residents independence and respects individuals' dignity and privacy.	The inspector verified this recommendation had been addressed. The home had submitted a revised statement of purpose which detailed the requested information.	Compliant

6	8.3	It is recommended weighing scales in the home are regularly maintained/re-calibrated to ensure accurate information is provided.	The inspector verified this recommendation had been addressed. The inspector viewed documentation which evidenced the weighing scales had been recalibrated, by an external source, on 27 May 2014.	Compliant
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4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There has been one notification to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents. The incident is being managed in accordance with the regional adult protection policy by the safeguarding team within the Northern Health and Social Care Trust and the Regional Health Board.

5.0 Additional Areas Examined

5.1 The Environment and Infection Control

The inspector undertook a tour of the premises. Following the tour the inspector discussed the following areas with Ms Dowds and Ms Dorrian;

- there was a noticeable lack of pedal bins in the bathrooms and single toilets in the home. The inspector also only viewed one lidded bin in the home for the disposal of clinical waste i.e. continence products
- the inspector did not observe housekeeping staff to have a trolley to place and keep all necessary equipment required when undertaking their duties. The inspector spoke with a member of the housekeeping staff who confirmed the lack of a trolley. The housekeeper stated she did not think a trolley was feasible due to the design of the home and staff carried whatever was needed. This is not in keeping with infection control guidelines. There are two housekeeping stores in the home therefore two trolleys should be purchased
- there are two areas of the home where bedrooms are accessed through a door to a small corridor where the bedrooms are located. The access doors to the corridor where bedrooms are situated would benefit from signage stating the bedroom numbers located within the area
- the kitchen is situated adjacent to the dining room. The entrance and exit to the kitchen is through 'swing' type doors from the dining room. This is not an ideal arrangement for affording the chef direct visual access to patient/residents at mealtimes. The provision of a serving hatch, or similar arrangement would enable catering staff greater opportunity to be part of the dining experience and respond to and anticipate the nutritional preferences of patients/residents. This would also limit the number of people who freely access the kitchen and promote hygiene and infection control guidelines.

A requirement has been made.

5.2 Patient/Resident Care Records

The inspector reviewed five patients/residents care records. Evidence was present that regular review of care documentation, including risk assessments and care plans, had taken place. Evidence was also present of care plans being written in a person centred manner and recording was objective and factual. However further improvement is required as evidence was not present regarding;

- consultation with patients/residents/representatives regarding the planning of care on a consistent basis
- the review of one patient's/resident's care record who had been admitted for short term care did not evidence nursing staff had developed care plans. The care plan written by the referring agent/Trust was still in use. Nursing staff should prescribe care, on an individualised basis within 11 days of admission
- a behavioural chart was being maintained for one patient. Evidence was not present in the patients/residents care records of a corresponding care plan in relation to responding to behaviours.

- the inspector observed, during the inspection, a patient displaying repetitive behaviour/anxiety state. The review of this patient/residents care records did not evidence a corresponding plan of care.

This was discussed with the nurse manager and the requirement is restated in this report.

5.3 Dementia Care Practice

The inspector observed practice throughout the course of the inspection and spoke with staff on duty. Staff were found to be caring and enthusiastic. Staff were observed to be attentive to patients/residents needs and care was delivered in a sensitive manner.

As previously stated building works are due to commence in the home on 28 July 2014. The internal and external environment will be enhanced through the redesign of lounge/seating areas, the dining room, improved lighting and the provision of a sensory room. There will also be two secure garden/patio areas for patients/residents to enjoy. Patients/residents will be able to access the garden/patio areas independently of staff, if they so wish. Following the building works and redecoration management and staff are advised to continue to enhance the environment so as the environment is enabling for persons with dementia. Orientation cues should be strategically placed to assist patients/residents and new menu and activities information will be available. This information will include pictorial representation to further assist patients/residents and inform the decision making processes.

When redecoration is complete management should finalise the approach to the dining experience for patients. The colour of table linens should be finalised and new crockery which provides a colour contrast for patients/residents should be considered. The contrast of colour at mealtimes assists the visual experience for patients/residents and encourages greater independence of staff at these times.

The nurse manager was advised to review the home's statement of purpose and ensure it accurately reflects the dementia specific ethos of the home and of how the physical environment and approach to care and of staff will provide a positive and enriching experience for patients/residents and their representatives. A requirement and recommendations have been made.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Gillian Dowds, nurse manager, 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:

**Heather Sleator
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Secondary Inspection

Chester Nursing Home

16 June 2014

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 Ms Gillian Dowds, nurse manager, at the conclusion of the inspection.

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 Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	16 (1), (2) (b) & (c)	<p>The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.</p> <p>Attention should be given to;</p> <ul style="list-style-type: none"> • ensuring evidence of patient/representative consultation is present • care plans correspond to assessed need • where a concern is recorded an audit trail should evidence the action taken in relation to the concern <p>This requirement is restated from the previous inspection report and is also referenced in additional areas examined, 5.2 Patients/Residents care Records</p>	Two	<p>Care plans are continuing to be updated</p> <p>Families have been contacted to discuss careplans if they have not already done so</p> <p>Any concerns raised and action taken is appropriately recorded</p>	One month
2	13 (7)	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>(i) evidence of regular infection control audits being undertaken and shortfalls addressed should be present</p>	One	<p>Infection control audits are completed and action taken as necessary</p> <p>There was already an identified Infection Control Link Nurse in place in the Home. Up to date training is currently being scheduled.</p>	Two weeks

		<p>(ii) an infection control link nurse in the home should be identified and the appropriate training given to the identified nurse</p> <p>(iii) all bathroom and toilet areas must have pedal bins</p> <p>(iv) there must be a suitable number of bins for the disposal of clinical waste in the home</p> <p>(v) equipment trolleys are to be provided for housekeeping staff</p> <p>(vi) the arrangements of the entrance and exit door to the kitchen should be reviewed in accordance with infection control and environmental guidelines. The inspector recognises this aspect may take longer than the two week time period identified for (i), (ii), (iii), (iv) and (v).</p> <p>Ref: additional areas examined, 5.1 The Environment and Infection Control</p>		<p>All bathroom /toilet areas have new pedal bins 30 new bins bought for both household and clinical waste</p> <p>2x new housekeeping trollies bought for use by housekeeping staff within the home</p> <p>We are currently discussing the options for the arrangements for the entrance exit door for the kitchen. We are currently reviewing the feasibility of a hatch or alternatively a bainmarie type service trolley. Any decisions taken will be forwarded to the RQIA</p>	
3	6 (a) and (b)	<p>The registered person shall –</p> <p>(a) keep under review and, where appropriate, revise the statement of purpose and the patient's guide; and</p> <p>(b) notify the Regulation and Improvement Authority and patients of any such revision within 28 days</p> <p>The statement of purpose should accurately reflect the dementia specific ethos of the</p>	One	<p>An updated version of the Statement of Purpose and Patients Guide will be submitted as soon as the refurbishment is completed.</p>	31 August 2014

		home and reflect the changes to the home following building works. Ref: additional areas examined, 5.3 Dementia Care Practice			
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Recommendations					
These recommendations are based on the Nursing Homes Minimum Standards (2008), 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	35.3	<p>It is recommended safe and healthy working practices are supported through the provision of information, training, supervision and monitoring of staff in the area of infection control.</p> <p>Ref: additional areas examined, 5.1 The Environment and Infection Control</p>	One	<p>Training sessions for infection control have already been held within the home another training session has been arranged for September Staff have attended COSHH training</p>	Two months
2	12.10	<p>It is recommended the necessary aids and equipment are available for patients/residents at mealtimes. The aids and equipment available should be in accordance with best practice in dementia care and the home's statement of purpose.</p> <p>Ref: additional areas examined, 5.3 Dementia Care Practice</p>	One	<p>Refurbishment to the upper lounge is not completed at present but we are currently sourcing dementia aids and equipment in accordance with best practice in dementia care and will be reflected in the statement of purpose when updated to reflect same .</p>	31 August 2014
3	32.3	<p>It is recommended orientation cues are present on the doors which lead into a small corridor where patients/residents bedrooms are located.</p> <p>Ref: additional areas examined, 5.1 The Environment and Infection Control</p>	One	<p>Signs ordered as requested stating 'to room 1+2' 'to rooms 25+26' and delivery is imminent for same. They were expected to be in the Home two weeks ago however delivery was delayed by the company .</p>	31 August 2014

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 return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Gillian Dowds
Name of Responsible Person / Identified Responsible Person Approving Qip	Desmond Wilson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Heather Sleator	15/08/2014
Further information requested from provider			