

# Unannounced Care Inspection Report

## 7 March 2019



## Chester

**Type of Service: Nursing Home (NH)**  
**Address: 27-28 Chester Avenue, Whitehead, BT38 9QQ**  
**Tel No: 028 93353060**  
**Inspector: Linda Parkes**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 43 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Chester Homes Ltd  <b>Responsible Individual:</b> Colin Nimmon	<b>Registered Manager:</b> Gillian Dowds
<b>Person in charge at the time of inspection:</b> Babin George assistant manager 10.25-11.35 Gillian Dowds registered manager 11.35-16.55	<b>Date manager registered:</b> 24 July 2014
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia. PH – Physical disability other than sensory impairment.  Residential Care (RC) DE – Dementia LD – Learning disability MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	<b>Number of registered places:</b> 43  39 Nursing & 4 residential. A maximum of 10 persons in category NH-PH. The home is also approved to provide care on a day basis to 3 persons

### 4.0 Inspection summary

An unannounced inspection took place on 7 March 2019 from 10.25 to 16.55 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the cleanliness of the environment, personalisation of the patients' bedrooms, staff provision, training, adult safeguarding, communication between residents, their representatives, staff and other professionals, the patient dining experience and the provision of activities in the home. Further areas of good practice was found in relation to the management of patients' weight and governance arrangements.

Areas requiring improvement were identified to ensure that fire exits and stairwells are kept clear and free from obstruction and that fire extinguishers can be easily accessed. Further areas requiring improvement were in relation to the adherence of infection prevention and control, the safe storage of patient records and information and ensuring the confidentiality of patient information.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The following areas were examined during the inspection:

- the internal environment
- staffing and care delivery
- the patient mealtime experience
- provision of activities
- records and governance

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gillian Dowds, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 5 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 which may include information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with three patients individually, small groups of patients in the dining room, three patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 25 February to 10 March 2019
- incident and accident records from 20 December 2018 to 16 February 2019
- two patient care records
- a sample of governance audits to include the falls audit from November 2018 to January 2019
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 5 February 2019**

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 February 2019.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 17 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time	The registered person shall ensure that contemporaneous nursing records are maintained of all nursing interventions in relation to each patient and the outcomes of any actions are recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the assistant manager and review of two patients' care records evidenced that all nursing interventions in relation to each patient and the outcomes of any actions have been recorded. This area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35.7  <b>Stated:</b> First time	The registered person shall ensure that the information within the monthly quality monitoring report is robust and clearly identifies that the actions required in any report are assessed for compliance at the commencement of the next report. The effectiveness of the current template in use should be reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of monthly quality monitoring reports from 28 August 2018 to 5 February 2019 evidenced that the report is robust and clearly identifies that the actions required in any report are assessed for compliance at the commencement of the next report. The registered manager advised the template used has been reviewed. This area for improvement has been met.	

## 6.3 Inspection findings

### 6.3.1 The internal environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

An identified storage cupboard was found to be cluttered and untidy with items of bedding, pillows, clothes, magazines and continence products on the floor restricting access to items on the shelves. This was discussed with the registered manager who advised that shelving needed to be repaired. An area for improvement under standards was identified.

On inspection of the ground floor it was observed that a store room containing patient records and information was unlocked and easily accessible. This does not adhere to management of records in accordance with legislative requirements and best practice guidance. This was discussed with the registered manager who ensured the door was locked immediately. An area for improvement under standards was identified.

An identified fire exit on the ground floor had a specialised wheelchair and a specialised chair with bags on top of it obstructing both fire extinguishers and fire extinguisher signs. This was discussed with the registered manager who addressed these concerns without delay to ensure the safety and wellbeing of the patients in the home. She advised arrangements for collection of both chairs by the trust had been made for the day of inspection. It was noted that on identified stairways and stairwells within the home that items to include, a plant pot, a plant, a free standing fan and a chair were inappropriately stored and could cause obstructions should the home need to be evacuated safely. This was discussed with the registered manager who agreed to remove them. An area for improvement under regulation was identified.

#### Areas of good practice

Evidence of good practice was found throughout the inspection in relation to the cleanliness of the environment and personalisation of the patients' bedrooms.

#### Areas for improvement

Three areas for improvement were identified to ensure that fire exits and stairwells are kept clear and free from obstruction and that fire extinguishers can be easily accessed in the event of an emergency, in relation to infection control best practice and the safe storage of patients' records and information.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 6.3.2 Staffing and care delivery

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 25 February to 10 March 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey; we had no response within the time scale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Chester. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Three relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. One questionnaire was returned and indicated that they were very satisfied that staff had 'enough time to care'.

The returned questionnaire included the following comment: "Staff very friendly and available to discuss any concerns. Mum's care has been excellent!"

Three relatives said:

"It's great. My wife's very happy in the home. She was off her feet in hospital but now she's walking."

"I couldn't complain about here. I feel like coming in myself. They deserve medals."

"It's a great place. Dad's well looked after and settled. It's a home from home and I'm really happy with the care. Staff keep me up to date with care."

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The area manager is identified as the safeguarding champion.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.



Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“A special thanks to all the staff for the care and attention that my brother received. My sincere appreciation.”

“It is impressive to see how all the staff get involved and address problems expertly and as quickly as possible.”

The registered manager advised that staff, patient and relatives meetings were held on a regular basis; minutes were available.

### Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staff provision, training, adult safeguarding, and communication between residents, their representatives, staff and other professionals.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.3 Meal time experience

We observed the serving of the lunchtime meal in the dining room on the ground floor. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Two patients said:

“Lunch was nice.”

“It's tasty. We get good food.”

Questionnaires were provided for patients and their representatives across the four domains of safe, effective, compassionate and well led care. We had one response from a patient's relative. Comments received were positive with responses recorded as 'very satisfied' across the four domains of care.

Staff were asked to complete an on line survey across the four domains of care. We had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and the patient dining experience.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.3.4 Provision of activities

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The registered manager advised that a coffee shop will open soon in the home for everyone to enjoy. The activity therapist was observed in the dining room, enthusiastically, facilitating a group discussion that encouraged patients to reminisce about the feelings they experienced by life events with the use of a colourful, pictorial chart. Patients were responsive and appeared to be enjoying the discussion. It was observed on the activity calendar displayed in the foyer that the name and birth date of two patients was on view. It is important that patients' human rights are respected in regards to confidentiality. This was discussed with the manager who advised she had informed staff not to identify patients on calendars displayed in public areas within the home. An area for improvement under standards was identified.

### Areas of good practice

There were examples of good practice found in relation to the provision of activities in the home.

### Areas for improvement

One area for improvement was identified in regards to patient confidentiality.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.3.5 Records and governance

Review of two patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of patients' weight. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

We reviewed accidents/incidents records from 20 December 2018 to 16 February 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls in the home from November 2018 to January 2019.

Discussion with the registered manager and review of records from 28 August 2018 to 5 February 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

### Areas of good practice

There were examples of good practice found in relation to the management of patients' weight and governance arrangements.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Dowds, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to 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 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 Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

## **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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27.4  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that fire exits and stairwells are kept clear and free from obstruction and that fire extinguishers can be easily accessed in the event of an emergency.  <b>Ref:</b> 6.3.1  <b>Response by registered person detailing the actions taken:</b> Obstructions removed from stairwell. All staff aware nothing is to be placed in this area.
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that storage cupboards are uncluttered, tidy and items are stored appropriately to adhere to infection prevention and control measures and best practice guidance.  <b>Ref:</b> 6.3.1  <b>Response by registered person detailing the actions taken:</b> Shelf fixed to store and all items removed from floor. All stores checked, cleaned and tidied.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.  <b>Ref:</b> 6.3.1  <b>Response by registered person detailing the actions taken:</b> All records stored safely and new lock put on document storage rooms to ensure compliance.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that confidential information regarding patients' individual care is not on view in order to protect their human rights.  <b>Ref:</b> 6.3.4  <b>Response by registered person detailing the actions taken:</b> All information deemed confidential removed from view of others not in public view.

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



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