

Inspection Report

6 February 2024



Chester

Type of service: Nursing Home
Address: 27-29 Chester Avenue, Whitehead BT38 9QQ
Telephone number: 028 9335 3060

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Electus Healthcare 2 Ltd</p> <p>Responsible Individual: Mr Ed Coyle</p>	<p>Registered Manager: Mrs Ervina Sudjono-Hamill - not registered</p>
<p>Person in charge at the time of inspection: Mrs Ervina Sudjono-Hamill - Manager</p>	<p>Number of registered places: 43</p> <p>Including a maximum of ten patients in category NH-PH. The home is approved to provide residential care for one named resident in category RC-DE. The home is also approved to provide care on a day basis to three persons.</p>
<p>Categories of care: Nursing (NH): DE – dementia PH – physical disability other than sensory impairment</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 29</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 43 patients. Patient bedrooms are located over three floors. Patients have access to communal lounges, a dining room and garden space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 6 February 2024 from 9.25 am to 4.30 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Chester was provided in a compassionate manner.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Chester. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect. One patient said, "The staff are 100%, they do their best."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "The staff are wonderful and amazing. They can't do enough for my relative. My relative is happy and content."

Staff spoken with said that Chester was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No responses were received to the online staff survey and no questionnaires were returned by patients or their relatives.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 14 November 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement is partially met and is stated for a second time. This is discussed further in section 5.2.3.</p>	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that personal care records are accurately maintained.</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement is not met and is stated for a second time. This is discussed further in section 5.2.2.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically related to the cleaning and storage of patient</p>	

	equipment, environmental cleaning, waste management and management of storage space within the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 11 Stated: First time	The registered person shall ensure activities are planned and delivered to provide structure to the patient's day. The activity planner would be displayed in a suitable format to meet the needs of all the patients. A contemporaneous record of activities delivered must be retained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Standard 4.1 Stated: First time	The registered person shall ensure that the home's current audit processes are effective.	Partially met
	Action taken as confirmed during the inspection: This area for improvement is partially met and is stated for a second time. This is discussed further in section 5.2.5.	
Area for improvement 5 Ref: Standard 30 Stated: First time	The registered person shall ensure that all medicines are safely and securely stored as detailed in the report.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 29 Stated: First time	The registered person shall ensure that prescription details handwritten onto medication administration records are verified and signed by two nurses/designated members of staff.	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members told us they were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work when planned staffing levels were adhered to. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and that there was ongoing recruitment for a number of care positions in the home.

Patients spoke positively about the care that they received. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff said met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were respectful, understanding and sensitive to their needs. Shortfalls in one identified staff members practice were discussed with the manager who agreed to address this through supervision.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly.

Examination of the recording of repositioning evidenced these were generally well completed: minor gaps in recording keeping were discussed with the manager who confirmed this is currently an area of focus and staff are being supported to ensure contemporaneous records are maintained.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. Examination of records regarding the management of falls evidenced that these were managed in keeping with best practice guidance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner.

Discussion with staff and review of records evidenced that written records of what patients had to eat and drink were not contemporaneously maintained. Review of food and fluid intake records confirmed that staff did not accurately record the time breakfast was given to multiple patients. The current system in use did not provide assurances that staff were accurately recording what patients had to eat and drink and when. An area for improvement was identified.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records evidenced that some care plans had not been fully developed within a timely manner to accurately reflect the patient's assessed needs. In addition, elements of some of the care plans lacked personalisation while some other care plans lacked sufficient detail to direct care. This was discussed with the manager and areas for improvement were identified.

While some supplementary care records were well completed, shortfalls were identified in completion of personal care records. During the previous care inspection, the manager agreed to review their systems to ensure an accurate record is maintained. It was disappointing to note no improvements had been made. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. An area for improvement identified at the previous care inspection is stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and comfortable. Many of the patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and tidy. Improvements to the home environment were noted since the previous inspection which included painting and the replacement of some patient equipment. Some of the chairs in the home were found to require cleaning or replacing. The manager confirmed that this had been escalated to the estates manager for follow up. This will be reviewed at a future care inspection.

Some beds had been 'made up' with bed linen that required changing. This was discussed with the manager who confirmed that there was sufficient clean bed linen in the home and arranged for the identified bed linen to be changed immediately. The manager advised that they would review current systems to actively monitor the use of clean linen in the home. An area for improvement was identified.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Hand sanitisers were readily available throughout the home. It was observed that some PPE was not stored appropriately or readily available. This was discussed with the manager who provided assurances that this would be reviewed without delay.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the doffing of PPE. Although some improvements in staff practice since the previous care inspection, training did not appear to be embedded into practice for all staff. This was identified as an area for improvement at the last care inspection and is stated for a second time.

5.2.4 Quality of Life for Patients

Patients were observed listening to music, watching TV or enjoying arts and crafts while others enjoyed a visit from relatives.

There was evidence that planned activities were being delivered within the home. A partially pictorial activity planner displayed in the home included floor games, dog therapy, instruments, singing, visits from the hairdresser and coffee mornings. Plans were also in place to celebrate upcoming patient birthdays. The activity co-ordinator said they did a variety of one to one and group activities to ensure all patients availed of meaningful engagement with staff.

The manager confirmed that activity provision and meaningful engagement remained an area of focus for management. Given these assurances and to allow time for activity provision to be reviewed an area for improvement identified at the previous care inspection was carried forward for review at the next care inspection.

Discussion with staff and review of the social media policy evidenced that further development of the policy was required to ensure patient's dignity and privacy is maintained at all times. This was discussed with the manager and an area for improvement was identified.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There has been a change in the management of the home since the last inspection; RQIA were notified appropriately. Mrs Ervina Sudjono-Hamill has been the manager since 17 August 2023.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis.

A review of the records of accidents and incidents which had occurred in the home found that these were well managed and reported appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. While some improvements were noted since the last care inspection, further work is required. For example, IPC and care record audits did not identify the deficits highlighted during the inspection. In addition, action plans did not consistently evidence managerial oversight of corrective actions taken. An area for improvement identified at the previous care inspection is stated for a second time.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	*4	*5

*The total number of areas for improvement includes three that have been stated for a second time and one that has been carried over for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ervina Sudjono-Hamill, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 6 February 2024</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff have undergone a supervision with the Quality Manager in relation to the donning and doffing of PPE. This covers correct PPE usage, when it should be used and how it should be disposed of correctly. Hand hygiene was also discussed with staff and the reasons why good hand hygiene is required. The Home Manager continues to complete monthly IPC audits and weekly hand hygiene audits to ensure compliance and so that best practice is embedded into every day practice.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that care plans are prepared in sufficient detail to direct staff as to how to meet the assessed needs of patients.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A full review of all residents care plans has been undertaken. The home is operating a named nurse, as well as a resident of the day procedure. The Home Manager is also auditing care plans monthly, there is a tracker in place to monitor the number of care plans audited each month. This tracker is kept under review by the Quality Manager. The Operations Manager will audit two files when completing the Reg 29 visit going forward, any actions needed will be put on an action plan, for actioning within a set time frame.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 18 (2) (c) (e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure clean bedding is used at all times suitable to the needs of patients. Arrangements must be in place for the regular laundering of bed linen.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>It has been discussed with all staff at flash meetings, hand overs, and staff meetings around the checking of rooms and the making of beds, ensuring that laundry is clean and fit to use. The Manager completes a daily walk round, during which random bedrooms are checked, including the checking of beds and bed linen. Any areas of concern during the walk round are addressed at the time and resolved. The QM and the OM, will randomly check bedrooms when visiting the service. An order for additional linen was also made to ensure that when beds are changed there is plenty of linen to change the bedding as required..</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the home’s social media policy is updated to reflect the privacy and dignity of patients in the home.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The home has a social media policy in place, this includes advising staff re the use of mobile devices to ensure that staff maintain the privacy and dignity of residents in the home. This policy has been shared with all staff.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure activities are planned and delivered to provide structure to the patient’s day. The activity planner would be displayed in a suitable format to meet the needs of all the patients. A contemporaneous record of activities delivered must be retained.</p> <p>Ref: 5.1</p>

From the date of the inspection onwards	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: 6 February 2024</p>	<p>The registered person shall ensure that personal care records are accurately maintained.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: To ensure contemporaneous completion of records, we have now introduced files separate from the gold crest system to make it easier for staff to record in a timely manner. The file holds the toileting records, moving and handling records, personal care records, and repositioning and food and fluid records. The files containing these records are audited by the Manager on her daily walk round for compliance, the nurse in charge signs off the fluid and food records at the end of their shift. This has been discussed with all staff so the direction is clear.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: 6 February 2024</p>	<p>The registered person shall ensure that the home's current audit processes are effective.</p> <p>Ref 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: The home has a robust governance system in place, which outlines the audits to be completed each month, covering all aspects of the home. Each audit has an accompanying action plan. Once the audits and actions have been completed they are verified and ratified by the Home Manager and signed off. Once signed off, the audit completion date is added to the home governance tracker, this allows the senior team to have oversight of the auditing processes. Audits are reviewed during the Regulation 29 visit, to ensure they have been completed, ratified and that all actions identified during the audit process have been resolved and signed off by the Home Manager.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 6 February 2024</p>	<p>The registered person shall ensure contemporaneous records are maintained.</p> <p>This area for improvement is made with specific reference to completion of food and fluid intake records.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: 6 February 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>To ensure contemporaneous completion of records, we have introduced files separate from the gold crest system to make it easier for staff to record in a timely manner. The file holds the toileting records, moving and handling records, personal care records, repositioning and food and fluid records. The files containing these records are audited by the Manager on her daily walk round for compliance, the nurse in charge signs off the fluid and food records at the end of their shift. This has been discussed with all staff so the direction is clear.</p> <hr/> <p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>The Home Manager/ Deputy Manager completes a pre-admission assessment prior to the confirmation of placement. On the day of admission an admission assessment is completed, this will form the basis of the initial care plans and risk assessments. All care plans and risk assessments will be fully completed within 5 days. The care file of the newest admission will be reviewed during the Reg 29 visit, to ensure the care plan documentation is compliant and completed within the designated time frame.</p>

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