

Unannounced Care Inspection Report

14 June 2016



Chester

Type of Service: Nursing Home
Address: 27 – 29 Chester Avenue, Whitehead, BT38 9QQ
Tel No: 028 9335 3060
Inspector: Heather Sleator

1.0 Summary

An unannounced inspection of Chester took place on 14 June 2016 from 09.50 to 18.15 hours.

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

Is care safe?

There was evidence of competent and safe delivery of care. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice.

Staffing arrangements were satisfactory. The registered manager has had to increase her hours worked in a nursing capacity due to a shortage of registered nurses, by doing so she had reduced the use of agency staff in the home. Care staff responded by questionnaire that they felt, despite the recent changes to shift pattern, more staff on duty would be of benefit.

There were no requirements or recommendations made.

Is care effective?

There was evidence of positive outcomes for patients. All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time.

There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff

The level of engagement in activities from both patients and staff was evidently having a positive impact on the patients' experience in the home and was commended. The activities coordinator and staff are very enthusiastic and have developed a varied activities programme. Staff and patients have made sensory cushions, blankets and 'twiddle mitts.' These were very attractive and appealed to patients' sensory needs. Staff from the local trust have asked if the home would make similar sensory materials to help people with dementia that remain in their own homes in the community.

There were no requirements or recommendations made.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Discussion with the registered manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

As discussed in the preceding sections it was evident that the registered manager had implemented and managed systems of working within the home which were patient focused, impacted positively of the patient experience and involved and encouraged staff, relatives and the wider community to participate in the daily life of the home. This was despite a reduction in the dedicated management hours of the registered manager. The registered manager was available to patients and their relatives and operated an 'open door' policy for contacting her. This was confirmed by relatives who responded via questionnaire.

There were no requirements or recommendations made.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

For the purposes of this report, the term 'patients' will be used to describe those living in Chester which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Gillian Dowds, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

The most recent inspection of the home was an announced estates inspection undertaken on 26 April 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Chester Homes Ltd Colin Nimmon	Registered manager: Gillian Dowds
Person in charge of the home at the time of inspection: Gillian Dowds	Date manager registered: 24 July 2014
Categories of care: RC-LD, RC-MP(E), RC-DE, NH-PH, NH-DE	Number of registered places: 43

3.0 Methods/processes

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 10 patients, three care staff, ancillary staff and two registered nurses. There were no relatives who wished to meet with the inspector at the time of the inspection.

Questionnaires for patients, relatives and staff to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 April 2016

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 14 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 4.9 Stated: First time	The registered person shall ensure registered nurses evidence the monitoring of patients bowel function in care records.	Met
	Action taken as confirmed during the inspection: The review of three patient care records evidenced that registered nurses are monitoring patients bowel function and by stating the type and frequency of bowel function and referencing the Bristol Stool chart.	

4.3 Is care safe?

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.

The review of the staffing rota from 13 to 26 June 2016 evidenced that the planned staffing levels were adhered to. The registered manager was working in a nursing capacity for a number of hours per week due to a shortage of registered nurses. This arrangement had reduced the number of and need for agency staff to work in the home however; it had impacted on the amount of time the registered manager had to maintain and monitor the governance arrangements in the home. The registered manager anticipated the staffing situation would resolve in the near future as a nurse was due to return to work and registered nurses had been recruited to work in the home. Discussion with patients, representatives and staff at the time of the inspection evidenced that there were no concerns regarding staffing levels.

Following the inspection three staff responded via questionnaire that they felt that despite the recent change to the shift patterns there was still not sufficient staff on duty. The registered manager is advised to discuss the staffing arrangements at the next staff meeting.

A review of three personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of registered nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Three completed induction programmes were reviewed. The programmes included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The manager also signed the record to confirm that the induction process had been satisfactorily completed.

Training was available via internal face to face training arranged by management and training provided by the local health and social care trust. The review of staff training records evidenced that the registered manager had systems in place to monitor staff attendance and compliance with training. The area manager reviews and reports on the staff training statistics at the monthly quality monitoring visit. Discussion with the registered manager, staff on duty and a review of records confirmed that systems had recently been put in place to ensure that staff received an annual appraisal and regular supervision. In discussion staff confirmed that they knew the appraisal and supervision process was due and were waiting for a date and time to be confirmed by the registered manager.

Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding procedures. A review of documentation confirmed that any safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly quality monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA, since the last care inspection in January 2016, confirmed that these were appropriately managed.

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 good standard of cleanliness and hygiene was evident throughout. The communal areas on the ground floor afforded patients comfort and 'rummage boxes' were available for patients to enjoy and find meaningful engagement. The environment from a dementia perspective was very good with good lighting, a range of seating areas and arrangements and visual cues for orientation regarding daily living tasks.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within care records.

Care records accurately reflected the assessed needs of patients, and evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians were reflected within the care plans and evaluated daily by nursing staff following the delivery of care. Nursing staff were aware of the referral arrangements to other healthcare professionals.

Supplementary care charts such as repositioning records and food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Staff confirmed that communication between all staff grades was effective. Senior care assistants attend the shift handover report and then informed the care team of any significant events or changes regarding patients' wellbeing. Staff confirmed the arrangement provided the necessary information regarding any changes in patients' condition.

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 area manager. Staff meetings were evidenced to be held regularly and records of these meeting were maintained. A review of records evidenced that the names of the staff attending were present. Any decisions taken at staff meetings were clearly identified in the minutes.

The serving of the midday meal in the nursing unit was observed. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. The day's menu was displayed in the dining room. A food likes/dislikes information sheet had been written for each patient and was signed by catering staff. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The registered manager confirmed that senior management within the Wilson Group had developed a client/relative feedback questionnaire for patients using the home for a period of respite care. A views and comments record was available for representatives to complete, as they wish, in the entrance lobby. The registered manager stated that a new initiative, 'Carer Information and Support Scheme' (CrISP) was commencing in the home on 21 June 2016 in partnership with the Alzheimer's Society. The programme is a series of workshops for people caring for a family member or friend with dementia. It will provide carers with the opportunity to talk about their experiences and the impact of caring on their lives. Staff of the home also work closely with the Dementia Home Support Team from the local health and social care trust.

The activities coordinator and staff are very enthusiastic and have developed a varied activities programme. Staff have compiled 'rummage' boxes for patients to meet different interests for example; a baking box, DIY box and a cleaning box. A cleaning station has also been set up in the conservatory as one patient enjoys being occupied with household tasks. Staff and patients have made sensory cushions, blankets and 'twiddle mitts.' These were very attractive and appealed to patients' sensory needs. Staff from the local trust have asked if the home would make similar sensory materials to help people with dementia that remain in their own homes in the community.

In addition to consultation during the inspection questionnaires were left for patients (8), relatives/representatives (10) and staff (10). Four patients, five staff and three relatives returned their questionnaire within the specified timeframe.

Some comments from relatives included:

'I feel in an ideal situation more staff would allow each patient to have more individual care time, I have no overall complaints regarding care safety.'

'I am informed of any changes in the care plan and kept up to date each time I talk to the manager and the assistant manager.'

'The manager and assistant manager are very approachable and any queries or concerns are immediately sorted out.'

'I can honestly say that they and their staff do a hard job very well.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public insurance liability was current and displayed.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed. Home managers within the 'group' meet every six weeks to review and/or revise policy documentation, where applicable. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DOH Care Standards for Nursing Homes 2015. Staff were knowledgeable of the complaints process.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with staff and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. The area manager had been assisting the registered manager complete the auditing of care records as the registered manager has had to increase the number of hours worked in a nursing capacity, as previously discussed in section 4.3. Given that the registered manager's dedicated management hours had decreased significantly, it was commendable that the governance arrangements of the home had remained in place and evidenced regular review/audit.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives

Areas for improvement

No areas for improvement were identified during the inspection.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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



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