Unannounced Care Inspection Report
17 July 2018

Chester

Type of Service: Nursing Home (NH)
Address: 27-29 Chester Avenue, Whitehead, BT38 9QQ
Tel No: 02893353060
Inspector: Heather Sleator

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

3.0 Service details

Organisation/Registered Provider: Chester Homes Ltd Responsible Individual: Colin Nimmon	Registered Manager: Gillian Dowds
Person in charge at the time of inspection: Gillian Dowds	**Date manager registered:** 24 July 2014
Categories of care: Nursing Home (NH) DE – Dementia. PH – Physical disability other than sensory impairment.	**Number of registered places:** 43 39 Nursing & 4 named residential clients. 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 17 July from 09.15 to 17.30 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 term ‘patient’ is used to describe those living in Chester which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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 staffing and staff development, adult safeguarding, infection prevention and control, and the home’s environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls, dementia care practice and the delivery of wound care. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement were identified under the standards in relation to ensuring contemporaneous nursing records are maintained, specifically in relation to the management of weight loss and ensuring that the monthly quality monitoring report is robust and that the reporting template currently in use is effective.

Patients described living in the home in positive terms, comments included "great place" and "staff are very good to me". Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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.

4.1Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

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.

4.2Action/enforcement taken following the most recent inspection dated 19 January 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 19 January 2018. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with seven patients individually and others in small groups. A period of observation of care practice was also undertaken, eight staff and three patients' visitors/representatives .Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection. We provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, 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 June to 15 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- 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, partially met, or not 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 19 January 2018

The most recent inspection of the home was an unannounced finance inspection.

The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 24 April 2017

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 46.2

Stated: First time</td><td>The registered provider should ensure that a further infection prevention and control audit is completed to assure compliance with best practice and adherence to regional infection prevention and control procedures.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Infection prevention and control audits were completed on a monthly basis by the registered manager. An action plan had been developed where shortfalls were in evidence and had been verified by the registered manager when the shortfall had been addressed. Refer to section 6.4 for further information.</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 7

Stated: First time</td><td>The registered provider should ensure that evidence is present of the action taken, if any, to suggestions or comments from patients and/or patient representatives following the completion of any quality survey.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The registered manager revised the annual satisfaction questionnaire and evidence was present of any action taken in response to comments received or any expression of dissatisfaction.</td></tr>
</table>

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 June to 15 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping 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 spoke with the relatives of three patients during the inspection; all were complimentary regarding staff; comments included "very happy with care, staff are excellent". Four completed questionnaires were received from relatives following the inspection. All of the respondents replied that they were very satisfied with the provision of care. One questionnaire was completed and returned from a staff member; the respondent was very satisfied that there was sufficient staff on duty and that patients were safe and protected.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. 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. Training was delivered through face to face interactive sessions. Records evidenced good compliance with mandatory training. The registered manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision and supervision and annual appraisal was in place and reviewed.

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. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period February - June 2018 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. We discussed a small number of notifications with the registered manager which had been classified as ‘uncategorised’. The registered manager stated that these notifications were in relation to two choking incidents. Discussion with the registered manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were adhered to. The registered manager had devised an IPC audit which was completed on a monthly basis. We discussed with the registered manager the value of reviewing the regional IPC guidance and procedures to ensure as a quality assurance check to ensure all required areas had been captured in the home’s audit. The registered manager agreed to do so. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm and clean throughout. The registered manager confirmed that there was an on-going refurbishment programme in place and had recently ordered new equipment for the home including; new lounge chairs, new commodes and bedroom furniture.

Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager stated the most recent fire risk assessment had been completed on 22 January 2018 and any actions identified had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and the home’s environment.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. However, we reviewed the action taken for two patients who had had weight loss of more than 2.5 kilograms in the previous month. There was no evidence within the patients care records of any action taken by registered nurses in relation to this. This was discussed with the registered manager who in turn discussed it with the registered nurses on duty. It was stated that the patients had been re-weighed and the initial weight was incorrect. Patient care records did not reflect this information and therefore were not accurate. This has been identified as an area for improvement under the care standards. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), 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), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and senior care assistant/s were required to attend a handover meeting at the beginning of each shift. A daily allocation record is completed and shared with care staff. 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 manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition, falls and the delivery of wound care.

Areas for improvement

An area for improvement was identified in relation to ensuring that patient care records accurately reflect the wellbeing of any patient at all times including the management of weight loss.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:15 hours. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with five patients individually and with others in smaller groups, confirmed that patients were satisfied with the care afforded by staff. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. We observed the approach of staff and interaction and engagement with patient during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively. We spoke with the relatives of three patients. All commented positively regarding the care their loved ones were receiving.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity co-ordinator explained that they divided their time between two homes spending either the morning or afternoon in each home on one to one activities and group activities. Involvement with the local community remains a priority with a tea dance in the community centre scheduled and staff regularly walk with patients to the local 'sweet shop'. A selection of games/equipment was available in the lounges and we observed that whilst staff were involved in a number of duties they made time to spend and engage with patients. The activity coordinator stated that staff try and provide recreational opportunities for patients when she is not available as she is employed for 14 hours per week. The provision of activities/recreation is vital in a dementia care setting and it would be of benefit to the wellbeing of patients if the hours allocated to activities could be increased. This was discussed with the registered manager who agreed it would be of benefit and would be discussed with the area manager.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

We spoke with patients and comments included:

"Great place"
"The food is good, you get plenty of vegetables"
"Staff are very nice to me"
"Everything is very good"

We spoke with the relatives of three patients. Relatives commented positively regarding the care their loved ones were receiving and stated:

"The manager is brilliant; you can lift the phone to her anytime"
"My (relative) is better cared for here than in the hospital"
"They (staff) treat my relative with respect"
"I go home at night now and can sleep with no worries"
"I like it here because the information's all here and staff are very friendly and helpful"

Staff commented positively about the home and stated:

"I've worked in a lot of other homes and have to say the food in here is just amazing"
"The manager is approachable"
"Good home to work in"
"Staff work together"
"I feel supported by the manager"

Relative questionnaires were also provided. Four were completed and returned following the inspection. All the respondents confirmed that they were very satisfied with the provision of care. Additional comment included:

"No care home is perfect but Chester PNH is as near perfect as you can get"
"The care in Chester Nursing Home is excellent, staff are very friendly, helpful and go out of their way to help and discuss matters I don't understand"

All of the comments received where shared with the manager who agreed to review those comments which indicated improvements may be required.

Staff were asked to complete an online survey; we received one response within the timescale specified. The respondent was very satisfied that there was sufficient staff on duty and that patients were safe and protected.

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were 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 the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	**0**	**0**

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in the management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. The registered manager had increased the number of hours worked in a nursing capacity over the last few months due to the recruitment of registered nurses and annual leave cover. This had greatly reduced the amount of time afforded to management and governance responsibilities. This will be discussed further in this section. Relatives spoken with were aware of who the registered manager was. Staff commented positively on the support and leadership provided to date by the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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 accidents/incidents, care records and infection prevention and control. Computerised care records had recently been introduced and due to the amount of time the registered manager had to spend completing the migration of the information she stated that she had not been able to complete as many care plan audits as usual. In times of nursing staff shortage/s the registered

manager assumes nursing responsibilities. Whilst this arrangement has merit the sustained time away from management responsibilities can have a detrimental effect on the governance of the home. The area manager should ensure that the registered manager has sufficient time to fulfil the responsibilities of the management role.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement however the template in use did not clearly identify that the progress on compliance with the areas for improvement were commented on in the next report. The template in use did not appear to be comprehensive. A sample template is available on RQIA's website and it would be beneficial to governance arrangements if a more robust template was in use. This has been identified as an area for improvement under the care standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

An area for improvement under the standards was identified with regard to implementing a more robust template for the completion of the monthly quality monitoring report (Regulation 29 report).

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

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 further 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 nursing 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 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.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 4.9

Stated: First time

To be completed by:
Immediate</td><td>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.

Ref: 6.5</td></tr>
<tr><td>Response by registered persondetailing the actions taken:
All staff advised to ensure that all nursing notes are updated at the time of event and relevant outcomes are recorded on relevant care plans notes or risk assessment</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 35.7

Stated: First time

To be completed by:
8 August 2018</td><td>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.

Ref: 6.7</td></tr>
<tr><td>Response by registered persondetailing the actions taken:
The monthly quality report was reviewed on day of inspection and updated thereafter and updated report is currently in use clearly identifying any action plans</td></tr>
</table>

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

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