

Inspection Report

18 May 2023



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/Registered Provider: Electus Healthcare 2 Ltd</p> <p>Registered Person/s OR Responsible Individual Mr Ed Coyle</p>	<p>Registered Manager: Mrs Sarah Martin – Not registered</p>
<p>Person in charge at the time of inspection: Mrs Sarah Martin</p>	<p>Number of registered places: 43</p> <p>A maximum of 10 persons 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 3 persons.</p>
<p>Categories of care: Nursing Home (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: 27</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 18 May 2023 from 9.30 am to 5.10 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.

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

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 by staff that knew and understood the needs of the patients.

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 and that they would have no issues in raising any concerns with staff. One patient said, "I like it here. The staff are very good, well I think that anyway", while another patient said, "I love it here. The food is good and the staff are very civil." A further patient said, "It's quite nice here. The staff are nice."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "I am happy with the care my relative is receiving. There is good communication with home staff. I have no concerns."

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

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 26 August 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Third time	The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned: <ul style="list-style-type: none"> Patients' repositioning needs must be consistently met in keeping with their prescribed care and best practice standards. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that shower chairs are effectively cleaned.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that pre-employment checks had been completed prior to each staff member commencing in post. Minor shortfalls in record keeping were discussed with the manager who provided assurances that all recruitment files would be reviewed before offer of employment was made.

Staff members, including agency staff, were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and 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 takes charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so. The manager confirmed that there was ongoing recruitment for the position of deputy manager.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and had no concerns regarding the staffing levels.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. 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 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 skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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 shortfalls in record keeping of identified records were discussed with the manager who agreed to monitor completion of these records and discuss archiving of completed records with staff.

Management of wound care was examined. Review of a selection of patient's care records confirmed that wound care was managed in keeping with best practice guidance.

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. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management falls evidenced appropriate actions were taken following the fall in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

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 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 while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

It was noted that a menu was not displayed in a suitable format and plastic tumblers were used at mealtimes for serving drinks to patients; glassware was not available. Some patients spoken with said they would prefer to drink from a glass. This was discussed with the manager who agreed to review the dining experience and address the matters highlighted. This will be reviewed at a future care inspection.

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 patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs. Minor shortfalls in record keeping were discussed with staff and addressed satisfactorily before the end of the inspection.

Patient care plans should be developed in consultation with the patient or their representative. Review of records evidenced that although there was some evidence of consultation more work was required to clearly show discussion with patients and/or their representatives. This was discussed with the manager who agreed to meet with nursing staff and monitor improvements through care record auditing.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

While supplementary care records were generally well completed, shortfalls were identified in completion of personal care records. The manager agreed to review the system currently in use to ensure an accurate record is maintained. 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 was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm and comfortable. Many patients' bedrooms were personalised with items important to them. A small number of bedrooms lacked personalisation and were sparsely furnished. The manager agreed to audit the bedrooms in the home to ensure they were in keeping with relevant care standard and the patients' individual choice. This will be reviewed at a future care inspection.

Inappropriate storage of some patient equipment was observed in identified communal bathrooms, while deficits in the cleaning of the environment were noted. Two identified storage areas were found to be cluttered and some waste bins did not have a bag to discard waste. These issues were discussed with the manager who arranged for the deficits to be addressed before the end of the inspection. In order to drive the necessary improvements an area for improvement was identified.

Some areas of the home required painting and decorating, such as patient bedrooms; while other areas were found to require refurbishment and furniture replaced. This was discussed with the manager who confirmed this had been identified in their environmental audits. An updated refurbishment plan was shared with RQIA following the inspection which included timeframes for works to be completed. Given these assurances and to provide the manager with sufficient time to fully address the works required, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 20 October 2022. In an email received following the inspection, the regional manager confirmed all actions identified by the fire risk assessor had been addressed by the manager.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of personal protective equipment (PPE). There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Some staff members 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 donning and doffing of PPE. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients preferred the privacy of their bedroom but would enjoy going to the dining room for meals.

Patients were observed listening to music and watching TV, while others enjoyed the movie day or a visit from relatives.

There was evidence that planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered which included ball and bean bag games, doll therapy, nail painting and baking. Patients' recently celebrated international nurses' day in the home and took part in making "mocktails" on world cocktail day. Photos of pet therapy and the recent coronation party were displayed in the home.

Although there was evidence of planned activities, examination of activity records confirmed that further work was required to evidence delivery of activities on a consistent basis to all patients. The activity planner was not in a suitable format to meet the needs of all patients. In addition, there was no evidence that the activity programme delivered had been reviewed recently in consultation with the patients or that it reflected their likes and preferences. This was identified as an area for improvement.

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.

There has been a change in the management of the home since the last inspection. Mrs Sarah Martin has been the manager since 3 April 2023.

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. However, there was inconsistent audit activity regarding oversight of IPC practices such as hand hygiene, the use of PPE and cleaning of patient equipment. Review of audit records for the home's environment identified that it lacked timeframes for corrective actions to be taken. This was discussed with the manager who agreed to review the audit practices. This was identified as an area for improvement.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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.

A review of the records of accidents and incidents which had occurred in the home found that these were generally well managed and reported appropriately. Review of records identified two notifiable events which had not been reported. These were submitted retrospectively.

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	1	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sarah Martin, 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required	<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: 5.2.3</p> <p>Response by registered person detailing the actions taken: Clinical supervisions completed with staff in relation to Infection Prevention and Control measures. Discussed importance of using appropriate PPE, donning and doffing and hand hygiene. Competencies completed with staff to ensure all staff is competent donning and doffing PPE. Reinforced importance of Hand Hygiene on infection prevention and control and audits carried to ensure staff are taking hand hygiene opportunities as required. There have been improvements noticed on staff compliance with PPE.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4.9 Stated: First time To be completed by: From the date of the inspection onwards	<p>The registered person shall ensure that personal care records are accurately maintained.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care records are accurately maintained. Compliance is being monitored by spot checks and weekly audits completed by Registered Manager.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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 equipment, environmental cleaning, waste management and management of storage space within the home.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>Response by registered person detailing the actions taken:</p> <p>All equipment in the home is appropriately clean. Shared equipment is cleaned between use, and individual equipment is using as needed and according to manufacturer instructions. Environment is maintained clean and tidy and waste management according to Company's policy and best practice Guidelines.</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: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Activity therapists in the home availed of further training to ensure to support the delivering, of meaningful activities. Activity planners are displayed in suitable format and records of activities maintained.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the home's current audit processes are effective.</p> <p>Ref 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>Home has robust governance processes that are now embedded. Audits completed weekly, monthly and quarterly and any action plans resultant from audits are addressed and completed in a timely manner. These audits are reviewed during reg 29 visits and also at the Managers monthly meeting with the MD, to monitor compliance.</p>

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