

Unannounced Care Inspection Report 20 April 2017



Chester

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Chester took place on 20 April 2017 from 09.30 to 18.00 hours.

The inspection sought to assess progress with any issues raised 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.

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 and this was confirmed by staff and relatives via questionnaire. A good standard of hygiene and cleanliness was evident throughout the home. Discussion took place with the registered manager in respect of a small number of environmental issues.

One recommendation has been 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. Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated their ability to communicate effectively with patients, with their colleagues and with other healthcare professionals.

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 views of patients and/or their representatives was sought however a summative report was not available on the outcome and action taken, if any, of suggestions or comments made on the quality of services provided by the home.

One recommendation has been 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 and relatives to participate in the daily life of the home. 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	2

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. 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 39 Nursing & 4 residential. A maximum of 10 persons in category NH-PH. The home is also approved to provide care on a day basis to 3 persons.

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 20 patients, four 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 (eight), relatives (10) and staff (10) 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:

- 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
- patient care records
- Regulation 29 monthly quality monitoring reports
- records of quality audits
- records of staff, patient and relatives meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist 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 medicines management inspection inspection.

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

There were no requirements of recommendations made as a result of the last care inspection.

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. Review of the staffing rota from 10 April to 23 April 2017, evidenced that the planned staffing levels were adhered to. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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 were in place to ensure that staff received an annual appraisal and regular supervision.

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 June 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.

Discussion took place with the registered manager regarding closing off the exposed pipework at the sink units in patients' bedrooms. This would further enhance the overall appearance of the bedrooms. Leakage from a sink was observed on the floor in one patient's bedroom. The bedroom was identified to the registered manager. A sink in a bathroom was identified for replacement as it was 'chipped' and there was also inappropriate storage of equipment in evidence in this bathroom, this was not in accordance with infection prevention and control guidance. Discussion took place with the registered manager regarding the review of a bathroom which is rarely used so as to increase the potential for the greater use of the area. A recommendation has been made 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.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

A further infection prevention and control audit should be completed to assure compliance with best practice and adherence to regional infection prevention and control procedures.

Number of requirements	0	Number of recommendations	1
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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. In discussion with the registered manager it was recommended that a summary report is written following any survey undertaken with patients and/or their representatives. The report should include any suggestions made within the survey and how or if the manager will action these suggestions. The report should be made available to patients and representatives. A recommendation has been made.

The activities coordinator and staff remain 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. The registered manager and another staff member had completed a 'Dementia Champion' course and the registered manager will be cascading new dementia practice initiatives with the staff team in the coming months. This is good practice.

In discussion with patients positive feedback and comments were given.

Comments from patients included:

"I like it well enough here."

"The girls are all very pleasant."

"Yes, I am well looked after."

Comments received from staff included:

"Good teamwork."

"We're listened to by (manager)."

"If we bring something to the attention of the nurses, they check it right away."

"No hesitation in going to the manager about anything."

"I feel we are listened to."

"(Manager) runs a tight ship."

Questionnaires

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

Some comments from relatives included:

"The provision of dementia awareness sessions for relatives was very useful and ensures relatives are supported and equipped to deal with the illness."

"Staff are very good, compassionate and patient and very willing to spend time with patients and relatives. Very warm and welcoming atmosphere in Chester, evident to us from our first unannounced visit."

"Service is well led by the manager and the nursing manager. I can only compliment staff for their manner and high level of service in what is a difficult job."

"There is a lack of ventilation in the main lounge area and the air can become quite stale on hot days and if a lot of residents need assistance with toileting."

Staff responded via questionnaire that they were either satisfied or very satisfied that the delivery of care was safe, effective and compassionate and that the service was well led. One staff member commented, “We have sufficient staff but I still feel that we could benefit from 1-2 more staff per shift”.

The registered manager was informed via telephone, prior to the issue of the report of the comments received on the returned questionnaires.

Areas for improvement

Evidence should be present of the action taken to suggestions or comments from patients and/or patient representatives following the completion of any quality survey.

Number of requirements	0	Number of recommendations	1
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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 DHSSPS Care Standards for Nursing Homes 2015. Staff were knowledgeable of the complaints process. There were a number of complimentary cards and letters in the home.

Comments included:

“I would like you to consider Chester Nursing Home as a beacon of excellence for residents with dementia.”

“My (relative) care in the last few weeks was remarkable in its quality, the skill, kindness and humanity shown by staff was second to none.”

“Perhaps consider the home as a resource and learning centre for those care home staff who need support/training in this most important part of care (end of life).”

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, environment, complaints and 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.

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

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>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.</p> <p>Ref: section 4.3</p>
	<p>Response by registered provider detailing the actions taken: further infection control audit has been carried out and an action plan has been drawn up and discussed with maintenance .</p>
<p>Recommendation 2</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>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.</p> <p>Ref: section 4.5</p>
	<p>Response by registered provider detailing the actions taken: a review of questionnaires and satisfaction feedback forms have been reviewed actioned evaluation and comments are included in the annual quality report</p>

Please ensure this document is completed in full and returned via web portal



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