



# Unannounced Care Inspection Report 21 November 2019



## Chester

**Type of Service: Nursing Home**  
**Address: 27-29 Chester Avenue, Whitehead BT38 9QQ**  
**Tel No: 02893353060**  
**Inspector: Linda Parkes**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 43 patients.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Chester Homes Ltd</p> <p><b>Responsible Individual:</b> Colin Nimmon</p>	<p><b>Registered Manager and date registered:</b> Frank Mudie – registration pending</p>
<p><b>Person in charge at the time of inspection:</b> Frank Mudie</p>	<p><b>Number of registered places:</b> 43</p> <p>39 Nursing &amp; 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.</p>
<p><b>Categories of care:</b> Nursing Home (NH) DE – Dementia. PH – Physical disability other than sensory impairment.</p> <p>Residential Care (RC) LD – Learning disability. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. DE – Dementia.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32</p>

### 4.0 Inspection summary

An unannounced inspection took place on 21 November 2019 from 09.50 hours to 17.15 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Chester which provides nursing care.

The inspection assessed progress with areas for improvement identified in the home 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 throughout the inspection in relation to staffing, staff training, adult safeguarding, communication between patients, staff and other professionals and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives and maintaining good working relationships.

Areas requiring improvement were identified in relation to the contemporaneous recording and evaluating of patient care plan records.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*3

\*The total number of areas for improvement includes two which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Frank Mudie, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 7 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 March 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 11 November to 24 November 2019
- 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
- one staff recruitment and induction file
- four patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 23 September to 31 October 2019
- RQIA registration certificate.

Areas for improvement identified at the last 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 previous inspections

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27.4  <b>Stated:</b> First time	The registered person shall ensure that fire exits and stairwells are kept clear and free from obstruction and that fire extinguishers can be easily accessed in the event of an emergency.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of fire exits and stairwells evidenced they are kept clear and free from obstruction and that fire extinguishers can be easily accessed in the event of an emergency. This area for improvement has been met.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure that storage cupboards are uncluttered, tidy and items are stored appropriately to adhere to infection prevention and control measures and best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of a selection of storage cupboards evidenced they are uncluttered, tidy and items are stored appropriately to adhere to infection prevention and control measures and best practice guidance. This area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time	The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of the document storage room, evidenced that a new key pad lock was in place and records retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards. This area for improvement has been met.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that confidential information regarding patients' individual care is not on view in order to protect their human rights.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of notice boards throughout the home evidenced that confidential information regarding patients' individual care is not on view in order to protect their human rights. This area for improvement has been met.</p>	

<p><b>Areas for improvement from the last medicines management inspection</b></p>		
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 29 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that personal medication records are closely monitored to ensure these are kept up to date at all times.</p>	<p><b>Carried forward to the next care inspection</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed and will be carried forward to the next care inspection.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that medication administration records are fully and accurately maintained as detailed in the report.</p>	<p><b>Carried forward to the next care inspection</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed and will be carried forward to the next care inspection.</p>	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 11 November to 24 November 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

Review of one staff recruitment file evidenced that it was 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.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Chester. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

We discussed the provision of mandatory training with staff. 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. Review of staff training records for 2019 evidenced that staff had attended training regarding dementia awareness, behaviours which challenge, moving and handling, adult safeguarding and human rights, infection prevention and control (IPC) and fire training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 5 June to 6 August 2019 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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

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

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, adult safeguarding and the home's environment.

### Areas for improvement

No areas for improvement were identified during the inspection in the safe domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

Review of four patients' care records to inform the care planning process, evidenced that a range of validated risk assessments were completed and reviewed as required. We reviewed the management of restrictive practice regarding the use of alarm mats and also pressure relieving mattresses. Care records for one patient were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. For one patient there was no evidence of a care plan or evaluation in place regarding restrictive practice. In relation to restrictive practice a second patient had a care plan in place but there were gaps in the evaluation recording. It was noted that a patient who required a pressure relieving mattress had a care plan in place but there were gaps in the evaluation recording. This was discussed with the area manager, manager and deputy manager. An area for improvement was identified.

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.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. 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.

We observed the serving of the lunchtime meal in the dining room on the ground floor. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and two registered nurses were overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu for the day was displayed on the notice board in a suitable format.

Two patients commented:

“The food’s good.”  
 “Very nice lunch. I enjoyed it.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the patient mealtime experience and communication between patients, staff and other professionals.

**Areas for improvement**

An area for improvement was identified in relation to the contemporaneous recording and evaluating of patient care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 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.**

Staff were aware of individual patients’ wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“A sincere thank you for all the love, care and understanding you gave and for making the last years of her life happy. You were her family and for that we are deeply grateful.”

“I wish to thank you for your care, dedication and love shown to ... You became her family and she was very fond of everyone.”

During the inspection the inspector met with five patients, small groups of patients in the dining room and lounges, two patients' relatives and seven staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Chester. 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. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. No questionnaires were returned within the timescale specified.

Three patients commented:

“They're (staff) looking after me well.”

“There's always somebody about. I'm looked after well.”

“I've been here for a while. The staff are good. I've no concerns.”

Two patient's representatives commented:

“Dad was admitted here from hospital lately. He's brighter and improving. I've no concerns.”

“The care's good. Mum always looks well and the place is always clean and tidy. Everyone's approachable. I've no concerns but if I had I'd go to Frank (manager) who would sort it out.”

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. It was noted on the activity board displayed in the lounge that activities were not provided daily to provide meaningful engagement for patients. This was discussed with the area manager and the manager who advised that this is a temporary arrangement and that the hours patient activity therapists work are due to increase in December 2019. The activity therapist advised that staff also engage with residents who are unable to participate in more formal communal events in activities through their approach to care, for example, nail painting and singing familiar songs. The activity therapist was enthusiastic regarding the preparations for the Christmas party and the activities planned. The area manager advised that approval had been granted for two extra external activities, each month, such as musical events, due to commence within the next week. The provision of activities will be reviewed again at the next care inspection.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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 in maintaining the dignity and privacy of patients.

## Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 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 a change in management arrangements. RQIA were notified appropriately. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

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 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 care plans, wounds, falls, and infection prevention and control practices including hand hygiene.

Discussion with the manager and review of records from 23 September to 31 October 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Discussion with the 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.

The manager advised that staff, patient and relatives' meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff and management.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection the well led domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Frank Mudie, 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 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.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 29</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 March 2019</p>	<p>The registered person shall ensure that personal medication records are closely monitored to ensure these are kept up to date at all times.</p> <p>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 March 2019</p>	<p>The registered person shall ensure that medication administration records are fully and accurately maintained as detailed in the report.</p> <p>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> Immediate action required</p>	<p>The registered person shall ensure that patient care plan records and care plan evaluations are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>An action plan was already in place at the time of the inspection for nursing staff to audit and review their resident's care plans. This has now been completed. Staff have been informed that the monthly care plan reviews are to be completed in a timely manner and this is being monitored by the registered manager, and will continue to be a focus. The management of care plan reviews has been added to the manager's monthly care plan audit so that this issue can be more formally recorded and monitored.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care