# Inspection Report

# 22 June 2021

# Chester

**Type of service: Nursing (NH)**
**Address: 27-29 Chester Avenue, Whitehead, BT38 9QQ**
**Telephone number: 028 9335 3060**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Chester Homes Ltd<br><br>**Responsible Individual**<br>Mr Colin Nimmon | **Registered Manager:**<br>Mr Frank Mudie<br><br>**Date registered:** 11 March 2020 |
| **Person in charge at the time of inspection:**<br>Babin George – Registered Nurse | **Number of registered places:**<br>43<br><br>A maximum of 10 persons in category NH-PH. The home is also approved to provide care on a day basis to 3 persons<br>There shall be a maximum of 2 named residents receiving residential care in category RC-DE<br>1 named resident receiving residential care in category RC-I. |
| **Categories of care:**<br>Nursing Home (NH)<br>DE – Dementia<br>PH – Physical disability other than sensory impairment. | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>31 |
| **Brief description of the accommodation/how the service operates:**<br><br>This is a registered Nursing Home which provides nursing care for up to 43 patients. Patient bedrooms are located over the three floors. Patients have access to communal lounges, dining room and a garden. | |

## 2.0 Inspection summary

An unannounced inspection took place on 22 June 2021, from 9.00 am to 4.50 pm by a care inspector.

The inspection assessed progress with all 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.

New areas requiring improvement were identified in regard to the actions identified from the fire risk assessment and care plan audits. An area for improvement in relation to patient repositioning has been stated for the second time.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Chester was safe and compassionate and that the home was well led.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. 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 and 'Tell Us' cards 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 Angela Dorrian, Regional Manager at the conclusion of the inspection.

## 4.0 What people told us about the service

We spoke with seven patients, 13 staff and two student nurses. No questionnaires were returned and we received no feedback from the staff online survey. Patients expressed no concerns about the care they received and confirmed all the staff were very good. Two student nurses were on placement in the home; they both shared with us how much they were enjoying their time on placement and told us about the learning opportunities they have been afforded. Both students commented positively on the care the patients receive and how supportive the staff have been.

## 5.0 The inspection

## 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 17 November 2020</th></tr>
<tr><th 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</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1<br><br>Ref: Standard 41<br><br>Stated: First time</td><td>The registered person shall ensure that the duty rota clearly evidences the full name of all staff working in the home.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>A review of the duty rota evidenced this area for improvement has been met.</td></tr>
<tr><td rowspan="2">Area for Improvement 2<br><br>Ref: Standard 4<br><br>Stated: First time</td><td>The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned:<br><br>• Patients’ repositioning needs must be consistently met in keeping with their prescribed care and best practice standards.<br><br>• Supplementary repositioning records must be completed in an accurate, comprehensive and contemporaneous manner at all times.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>A review of care records evidenced this area for improvement has not been met.<br><br>This area for improvement has not been met and has been stated for the second time.</td></tr>
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job.

A system was in place to ensure that staff completed their training. All staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Staff said there was good teamwork in the home and that they felt well supported in their role.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way. Call bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

There were safe systems in place to ensure that staff were recruited and trained appropriately; and that patient needs were met by the number and skill of the staff on duty.

### 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 were knowledgeable of patients' needs, their daily routine, wishes and preferences.

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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' 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 any healthcare professional was recorded.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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. Inaccuracies were observed in the repositioning documentation reviewed. This was discussed with the Manager who advised they were aware of the inaccuracies and had discussed the importance of accurate documentation with staff and further face to face training was planned. An area for improvement previously stated has not been met and will be stated for a second time.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds or pressure ulcers, for example, the Podiatrist and were following any recommendations made by these professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available served with meals. Staff attended to patients in a caring and compassionate manner. If required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision in the home.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

There were systems were in place to ensure that patients' needs were individually assessed and their care needs met. Care documentation was up to date and evidenced regular review. An area for improvement in regard patient repositioning has been stated for a second time.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Surface damage was evident to a number of beds.

This was discussed with the manager who advised that a rolling programme is in place to replaced beds as needed. Storage cupboards were observed to have several items stored on the floor which can compromise the appropriate cleaning to these areas, this was discussed with the manager who agreed to address, both these areas will be followed up on a future inspection. Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was evidence throughout the home of 'homely' touches. Patients' artwork, newspapers, magazines and jugs of juice or water were available in lounges and bedrooms and patients were offered suitable drinks and snacks between their main meals.

Fire safety measures were in place and managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. There was evidence the home conducted frequent fire drills.

The fire risk assessment available for inspection was dated 23 November 2020. There was no evidence the required action from this fire risk assessment had been addressed or signed off by the manager. This was identified as an area for improvement. Email confirmation received after the inspection provided RQIA with assurance the required action has now been appropriately addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

There were systems in place to ensure that the risk of infection and the internal environment of the home were well maintained in order that patients were comfortable and safe. One area for improvement was identified in relation to the actions identified from the fire risk assessment.

### 5.2.4 Quality of Life for Patients

Discussion with patients who were able and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished.

There was a range of activities provided for patients by activity staff. The activities provided included art, games, beauty therapy, reminiscence and singing. A record of patient involvement and participation in activities is recorded by the activity staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

There were systems in place to support patients to have meaning and purpose to their day within Chester.

### 5.2.5 Management and Governance Arrangements

Staff 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. Staff said that the manager was approachable and accessible.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. Although care plan audits had been conducted and an action plan formulated if required; the action plans did not evidence the identified deficits had been addressed. This was discussed with the manager and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

There were systems in place to monitor the quality of care and services provided and to drive improvement in the home. One area for improvement was identified in regard to care plan audits.

## 6.0 Conclusion

Staff were observed engaging compassionately with patients and in a manner which promoted their privacy and dignity. The home was observed to be clean and tidy.

The lived experience of patients was promoted by activity staff that provided a schedule of activities so that patients had meaning and purpose to their day.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

Two new areas for improvement were identified in regard to the actions identified from the fire risk assessment and care plan audits.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 0 | 3* |

* The total number of areas for improvement includes one area under the standards which has not been met and is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Angela Dorrian, Regional 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 Care Standards for Nursing Homes (April 2015) | |
|---|---|
| **Area for improvement 1**<br><br>**Ref:** Standard 4<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>With immediate effect | The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned:<br><br>• Patients' repositioning needs must be consistently met in keeping with their prescribed care and best practice standards<br><br>• Supplementary repositioning records must be completed in an accurate, comprehensive and contemporaneous manner at all times.<br><br>Ref: 5.1 and 5.2.2 |
| | **Response by registered person detailing the actions taken:**<br>Staff training had been put in place to ensure the accuracy of supplementary repositioning charts and to ensure comprehensive and comtemporaneous recording. This had already been identified prior to inspection and an increase in repositioning audits was being undertaken.<br>The home has changed the way we work prioritising residents which need repositioned at the start of each shift. This enables staff to be able to prioritise their work to ensure correct and timely repositioning during a 24 hour period. Staff are also nominated on a daily allocation sheet. This allows for staff to know their responsibilities and to provide accountability should there be any issues.<br>The increased frequency of repositioning audits have shown a vast improvement in compliance and recording. |
| **Area for improvement 2**<br><br>**Ref:** Standard 48.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 June 2021 | The registered person shall ensure that all actions recommended in fire risk assessments are addressed, signed and dated when completed.<br><br>Ref: 5.2.3 |
| | **Response by registered person detailing the actions taken:**<br>All items have been addressed and signed off for the fire risk assessment. This will be prioritised and any future items which need addressing wil be signed off and countersigned by the regional manager within the prescribed time frame for any new risk assessments. |

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| **Area for improvement 3**<br><br>**Ref:** Standard 35<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 June 2021 | The registered person shall ensure care plan audit action plans evidence the identified deficits have been appropriately addressed within the identified timeframe.<br><br>Ref: 5.2.5 |
| | **Response by registered person detailing the actions taken:**<br>Any action required for care plan audits are the responsibility of the named nurse for completing same. These are to be signed off as completed by the named nurse and given back to the home manager for countersignatory. An agreed time frame will be decided upon for the completion of any remedial work and the manager is to check the work completed before countersigning. |

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

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