

Inspection Report

26 August 2022



Chester

Type of service: Nursing (NH)
Address: 27-29 Chester Avenue, Whitehead, BT38 9QQ
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Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

<p>Organisation: Electus Healthcare 2 Ltd</p> <p>Responsible Individual: Mr Ed Coyle (applicant)</p>	<p>Registered Manager: Mr Frank Mudie</p> <p>Date registered: 11 March 2020</p>
<p>Person in charge at the time of inspection: Babin George – Deputy manager</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) PH – Physical disability other than sensory impairment DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 29</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, dining room and garden space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 26 August 2022, from 9.20 am to 4.45 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.

One new area requiring improvement was identified in regard to the cleanliness of shower chairs. An area for improvement in relation to patient repositioning has been stated for a third 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with Frank Mudie, Manager and Angela Dorian, Regional Manager at the conclusion of the inspection.

4.0 What people told us about the service

During this inspection 15 patients were met with. Four patients, seven staff and three relatives were consulted with individually. All the patients confirmed they were well looked after and that staff were kind, they also told us they enjoyed the food provided for them in the home. Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, training and the teamwork. Staff did share that at times they are short staffed and this can affect staff morale these comments were shared with the Manager.

Three visiting relatives spoke with praise and gratitude for the provision of care and kindness and the support received from staff. No questionnaires were returned or no feedback was received from the staff online survey within the allocated timeframe.

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 22 June 2021		
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: Second time	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned:</p> <ul style="list-style-type: none"> Patients' repositioning needs must be consistently met in keeping with their prescribed care and best practice standards Supplementary repositioning records must be completed in an accurate, comprehensive and contemporaneous manner at all times. 	Partially met
	<p>Action taken as confirmed during the inspection: Review of repositioning records confirmed they were completed in an accurate, comprehensive and contemporaneous manner. However, patients were not always repositioned as prescribed in their care plan.</p> <p>This area for improvement has not been met and has been stated for a third time.</p>	

Area for Improvement 2 Ref: Standard 48.1 Stated: First time	The registered person shall ensure that all actions recommended in fire risk assessments are addressed, signed and dated when completed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure care plan audit action plans evidence the identified deficits have been appropriately addressed within the identified timeframe.	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

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.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Any nurse in charge of the home during the Manager's absence should undergo a competency and capability assessment for this role; this helps to ensure that they have the necessary knowledge and understanding prior to taking charge of the home. It was observed two of these assessments were not up to date. This was discussed with the Manager who agreed to action, verbal confirmation was received 8 September 2022 from the deputy manager that all these assessments are now up to date.

Staff members were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

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.

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.

Patients who were less able to mobilise were assisted by staff to change their position. Although improvement was noted in the quality of the documentation of patient repositioning it was disappointing that the records did not always evidence that the patients were repositioned as prescribed in their care plans. An area for improvement is stated for a third time.

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.

Examination of records and discussion with staff 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. Staff attended to patients in a caring manner.

There was a system in place to ensure that all the staff members were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT). If required, records were kept of what patients had to eat and drink daily.

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.

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, the laundry and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. The home has a current refurbishment plan and is actively working through the plans to update the home.

Fire safety measures were in place and managed to ensure 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. There was evidence the home conducted frequent fire drills. The most recent fire risk assessment was conducted 16 November 2021 by an accredited fire risk assessor.

A number of shower chairs were observed not effectively cleaned and an area for improvement was identified.

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.

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.

5.2.5 Management and Governance Arrangements

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home.

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. 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 incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A review of complaints management confirmed 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 Manager and said he was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	0	2*

*the total number of areas for improvement includes one area under the standards which has been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Frank Mudie, Manager and Angela Dorian, 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 Ref: Standard 4 Stated: Third time To be completed by: With immediate effect	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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Weekly epositioning audits are being undertaken as well as daily spot checks in order to ensure compliance and consistency. Findings of same are being addressed in daily flash meetings with staff to ensure they are adhering to the requirements expected. A review of repositioning frequency was also undertaken for all residents requiring re-positioning. A weekly report is also being sent to the regional manager.
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that shower chairs are effectively cleaned. Ref: 5.2.3
	Response by registered person detailing the actions taken: Daily walkarounds by the manager will focus on the cleanliness of shower chairs, toilet riser seats and general cleanliness of the home. This will be fed back to staff in the daily flash meetings in order to maintain the cleanliness of these items and to ensure the cleanliness of these items is embedded into practice.

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



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