

Announced Premises Inspection Report 26 April 2016



Chester Nursing Home

27 – 29 Chester Avenue
Whitehead
BT38 9QQ
Tel No: 028 9335 3060
Inspector: G Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Chester Nursing Home took place on 26 April 2016 from 10:30 to 13:00.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However one issue was identified for attention by the registered person. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015:

- Standard 44: Premises
- Standard 47: Safe and Healthy working Practices
- Standard 48: Fire Safety

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Gillian Dowds, registered manager, and David Wharry, maintenance person for the home 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 premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered person: Chester Homes Ltd	Registered manager: Gillian Dowds
Person in charge of the home/establishment/agency at the time of inspection: Gillian Dowds	Date manager registered: 27 July 2014
Categories of care: RC – LD, MP(E). DE NH – PH, DE	Number of registered places: 43

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, and the duty call log.

During the inspection the inspector met with Gillian Dowds, registered manager, and David Wharry, maintenance person for the home.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 14/01/2016

The previous inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector on 10 February 2016.

4.2 Review of requirements and recommendations from the last estates inspection Dated 02/09/2014

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

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.8 Stated: First time	Consideration must be given to the provision of blinds or shading in the conservatory area to alleviate the impact of direct solar/heat gain on residents sitting in this area.	Met
	Action taken as confirmed during the inspection: Suitable blinds had been fitted in the conservatory and the temperature in the conservatory was satisfactory at the time of the inspection.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection. A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

This supports the delivery of safe care. One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

- It was recommended that the registered manager carry out a review of the hot surfaces risk assessment for the home to ensure that this reflects the current room layouts. Following the inspection the registered manager contacted the inspector on 27 April 2016 to confirm that the hot surfaces risk assessment had been reviewed and that five additional radiators in patient's bedrooms had been risk assessed as requiring to be covered. These radiator covers had been ordered and would be installed as soon as they are delivered.

Number of Requirements	0	Number of recommendations:	1
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

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?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the Registered Responsible Person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Gillian Dowds, registered manager, and David Wharry, maintenance person for the home as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to estates.team@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 32.8	The registered person should ensure that the radiators highlighted as a result of the most recent review of the hot surfaces risk assessment are suitably covered in a timely manner.
Stated: First time To be Completed by: 31 May 2016	Response by Registered Manager Detailing the Actions Taken: Following the inspection a risk assessment was completed on all radiators in bedrooms and we identified 5 radiators needing covers. The radiator covers were fitted on 16/5/16 and risk assessments will be updated as needed /need change.

Please ensure this document is completed in full and returned to estates.team@rqia.org.uk from the authorised email address



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