

Unannounced Finance Inspection Report 24 January 2019



Chestnut Lodge

Type of Service: Residential Care Home

Address: 47 Carrickaness Road, Benburb, Dungannon, BT71 7NH

Tel No: 028 3754 8706

Inspector: Briege Ferris

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home with 40 beds that provides care for older patients, those patients with a physical disability other than sensory impairment or those with a dementia.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager: Paul Gildernew
Person in charge at the time of inspection: Two staff nurses	Date manager registered: 17 July 2013
Categories of care: Nursing Home (NH) I -Old age not falling within any other category PH - Physical disability other than sensory impairment DE - Dementia	Number of registered places: 40 A maximum of 20 patients in category NH-DE, 18 patients in category NH-I and 2 patients in category NH-PH. The home is approved to provide care on a day basis for 2 persons. There shall be a maximum of 1 named resident receiving residential care in category RC-DE.

4.0 Inspection summary

An unannounced inspection took place on 24 January 2019 from 11.00 to 12.00 hours.

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

The inspection assessed progress with any areas for improvement identified since the last finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found in relation to:

- the availability of a safe place to enable patients to deposit money or valuables for safekeeping
- mechanisms were available to obtain feedback from patients and their representatives
- there were mechanisms in place to ensure that patients experienced equality of opportunity

Areas requiring improvement were identified in relation to ensuring that:

- there are appropriate contingency arrangements in place to ensure that patients can access their money contained within the safe place and
- records are available for inspection at all times

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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were shared with the registered manager as part of the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to patients' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with two staff nurses on duty, the registered manager was not on duty during the inspection. Discussion with the staff nurses established that the home administrator was on long term leave and her role was being covered part-time at the time of the inspection. The person covering her role was not in the home during the inspection.

As a consequence of the registered manager nor the temporary administrator being in the home at the time of the inspection, there was no access either to the safe place or to residents' financial records.

The registered manager was contacted by one of the staff nurses to advise about the issues regarding access and he subsequently spoke with the inspector. It was noted that the available options were for the registered manager to return to the home or to conclude the inspection on the basis that records were not available for inspection. The registered manager opted to have the inspection concluded without inspecting any records.

6.1 Review of areas for improvement from the most recent inspection dated 06 September 2018

The most recent inspection of the home was an unannounced care inspection. The quality improvement plan was approved by the care inspector and will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection dated 28 March 2013

The home received a finance inspection on 28 March 2013, the findings were not brought forward to the inspection on 24 January 2019.

6.3 Inspection findings

6.4 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Both staff nurses confirmed that adult safeguarding training was mandatory for all staff in the home.

Discussions with the staff nurses established that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any patient.

The home had a safe place available for the deposit of cash or valuables belonging to patients; the inspector was satisfied with the location of the safe place and the persons with access. As noted above, there was no access to the safe place on the day of the inspection. This matter is further discussed in section 6.6 of this report.

Areas of good practice

A safe place was available in the home to enable patients to deposit money or valuables for safekeeping.

Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?
The right care, at the right time in the right place with the best outcome.

As noted above, there was no access to any records of monies or valuables handled by the home on behalf of patients, therefore these records were not reviewed. This is further discussed in section 6.7 of this report.

Areas of good practice

Areas of good practice were not identified as records were not available for inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with two staff nurses established that the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue, including resident and family meetings, and day to day feedback.

Patients should have access to their own monies which are deposited within the home’s safe place. As noted above, neither of the key holders were in the home and the safe place containing patients’ monies was not accessible any of the staff on duty during the inspection. Appropriate contingency arrangements should be in place to ensure that patients can access their money contained within the safe place and this was identified as an area for improvement.

Areas of good practice

There were examples of good practice found in respect of the mechanisms to obtain feedback and views from patients and their representatives.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring that there are appropriate contingency arrangements in place to ensure that patients can access their money (or any valuables) contained within the safe place.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of patients in order to deliver safe, effective and compassionate care.

As noted above, on arrival at the home and discussion with both staff nurses, it was apparent that there was no access to the safe place in the home or residents’ financial records. The inspector spoke with the registered manager by telephone and discussed the matter. He reported that the administrator who was filling-in for the permanent administrator did not work on the day of the inspection and he was unable to attend the inspection for personal reasons. The inspector noted the particular challenges in those circumstances but highlighted that records should be available for inspection at all times.

An area for improvement was listed in respect of these findings.

The inspector enquired of the staff nurses what measures were in place to ensure that staff members were aware of equality legislation while responding to the diverse needs of patients. The staff nurses confirmed that equality and diversity training was mandatory for all members of staff.

Areas of good practice

There were examples of good practice found in relation to arrangements in place to ensure patients experienced equality of opportunity.

Areas for improvement

One area for improvement was identified as part of the inspection; this related to ensuring that records are available for inspection at all times.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were shared with the registered manager as part of the inspection. 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 further 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 Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (April 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) (b) Stated: First time To be completed by: 25 January 2019	<p>The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: On the day of inspection it was exceptional circumstances that Registered Manager was not in the Home. Registered Manager has now recruited a full time Administrator, both have access to records for inspection at any time.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (Northern Ireland) 2015	
Area for improvement 1 Ref: Standard 14.5 Stated: First time To be completed by: 25 January 2019	<p>The registered person shall ensure that there are appropriate contingency arrangements in place to ensure that patients can access their money contained within the safe place.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Residents have access to their money on a daily basis. This can be accessed by the Home Administrator and the Registered Manager. Residents are now aware of the points of contact within the Home when needing to access funds.</p>

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



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