

Inspection Report

01 February 2022



Chestnut Lodge

Type of service: Nursing Home
Address: 47 Carrickaness Road,
Benburb, Dungannon,
BT71 7NH
Telephone number: 028 3754 8706

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Registered Person/s OR Responsible Individual Ms Amanda Mitchell	Registered Manager: Mrs Barbara Armstrong Date Registered: Pending Registration
Person in charge at the time of inspection: Judith Gumbo, Registered Nurse, 09.40 am – 10.30 am Karen Agnew, Regional Manager, 10.30 am – 5.25 pm	Number of registered places: 40 A maximum of 20 patients in category NH-DE, 17 patients in category NH-I and 3 patients in category NH-PH. There shall be a maximum of 1 named resident receiving residential care in category RC-DE.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 22
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 40 patients. Bedrooms and living areas are located over two floors with access to communal lounges, a dining area and outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 1 February 2022 from 09.40 am to 5.25 pm by a care inspector.

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

Areas for improvement were identified as discussed throughout this report and quality improvement plan (QIP) in Section 7.0. One area for improvement has been carried forward for review at the next inspection in relation to wound management.

Based on the inspection findings and discussions held, RQIA were assured that compassionate care was being delivered in Chestnut Lodge and that management team had taken relevant action to ensure the delivery of safe, effective and well led care.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team 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, visiting 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 Manager who was on annual leave attended the home on two occasions throughout the inspection to meet with the inspector and to receive feedback. The findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Nine staff, ten patients individually and others in groups were spoken with during the inspection. Patients said that they felt well cared for, enjoyed the food and that staff were helpful and friendly. There were no questionnaires returned from patients or relatives.

Staff said that the manager was very approachable, there was great teamwork and that they felt supported in their role. One staff member said; "I love my job." Another staff member said; "Great improvements overall in the home since the last inspection."

There were two responses from the staff online survey. The respondents indicated they were dissatisfied or very dissatisfied with the safe, effective and well led aspect of care provided across these three domains. The respondents also commented on ineffective communication amongst staff and the provision of staff. Comments were shared with the Responsible Individual who agreed to investigate and to provide RQIA with an update regarding any action taken.

Written confirmation was received from the management team on the 21 February 2022 that relevant action had been taken to address the above concerns with ongoing monitoring from senior management.

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 4, 5 & 16 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time	The registered person shall ensure that competency and capability assessments are completed with any nurse that is given the responsibility of being in charge of the home for any period in the manager's absence.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the management team evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall, having regard to the size of the nursing home and the number and needs of patients ensure that at all times suitably qualified, competent, and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the management team evidenced that this area for improvement had been met.	

Area for improvement 3 Ref: Regulation 15 (2) (b) Stated: First time	The registered person shall ensure the assessment of needs is reviewed and updated for the identified individual.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the management team evidenced that this area for improvement had been met.	
Area for improvement 4 Ref: Regulation 30 Stated: First time	The registered person shall ensure all relevant notifiable events are reported to RQIA as required.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the management team evidenced that this area for improvement had been met.	
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	The registered person shall put in place a review of patients' progress records. This review should address the issue of progress records needing to have clearer statements of patients' well-being and progress as opposed to largely repetitive statements of care interventions.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the management team evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure the duty rota accurately reflects all staff working over a 24 hour period, the capacity in which they work, and clearly identify the person in charge on each shift.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the management team evidenced that this area for improvement had been met.	

Area for improvement 3 Ref: Standard 23	<p>The registered person shall ensure care records in relation to wound management are maintained in keeping with best practice</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 4 Ref: Standard 44.8 Stated: First time	<p>The registered person shall ensure the following environmental improvements are addressed:</p> <ul style="list-style-type: none"> • The paintwork in the identified lounge should be improved upon • Shower heads should be replaced as required • The underside of the identified shower chairs should be thoroughly cleaned • The identified mobility chair should be improved upon or replaced <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement had not been fully met as the underside of identified shower chairs were stained. This area for improvement has been subsumed into a regulation.</p> <p>This is discussed further in section 5.2.3.</p>	Partially met
Area for improvement 5 Ref: Standard 44.11 Stated: First time	<p>The registered person shall ensure proposed changes to the use of any area, the use of any room or the lay out of the premises are notified to RQIA in writing for consideration prior to the changes taking place. This refers to the change of the use of the smoking room to a store room.</p> <p>Action taken as confirmed during the inspection: Review of relevant documents and discussion with the management team evidenced that this area for improvement had been met.</p>	Met
Area for improvement 6 Ref: Standard 11	<p>The registered person shall ensure activities provision for patients is reviewed to ensure meaningful engagement for patients in the home.</p>	Met

Stated: First time	Action taken as confirmed during the inspection: Review of relevant documents and discussion with staff evidenced that this area for improvement had been met.	
Area for improvement 7 Ref: Standard 30 Stated: First time	<p>The registered person shall ensure that insulin pens are always dated once first used and that they are stored in accordance with the manufacturers' instructions.</p> <p>Action taken as confirmed during the inspection: Review of a sample of insulin pens evidenced that this area for improvement had been met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of training records evidenced that a number of staff were required to update their mandatory training. The Manager confirmed that relevant action had been taken to address this and was being monitored closely by management to ensure full compliance.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Staff said teamwork was good and that the Manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients. However, a small number of staff said that staffing levels in the afternoon were lower on some occasions. Comments from staff were shared with the management team.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. 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.

Competency and capability assessments for registered nurses taking charge of the home in the absence of the Manager had been completed and were available during the inspection.

Patients said that they felt well looked after by the staff and were very happy in Chestnut Lodge. One patient commented "The staff are very good here" and another patient referred to the staff as being "Very friendly".

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

The Manager confirmed that in addition to daily walk arounds a 24 hour shift report is completed daily by registered nurses which provides the management team with an overview of any issues/concerns which may require review or follow up. This is good practice.

It was observed that the dining room door was closed and a keypad was being used for securing the dining room outside of meal times. We discussed this with the management team as a possible deprivation of patient's liberty and requested that the keypad is reviewed to ensure that patients' can move freely around the home. Following the inspection both written and verbal confirmation was received from the management team of the action taken to address this issue.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

A menu was on display within the dining room offering a choice of meals; the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home.

Patients who were less able to mobilise require special attention to their skin care. Review of two patient's care records relating to pressure area care evidenced that a number of recorded entries within one patient's charts exceeded the recommended frequency of repositioning. The frequency of repositioning within a further patient's charts was not reflective of the recommended frequency within the care plan. This was discussed with the management team and an area for improvement was identified.

Review of three patient care records evidenced that the majority of care plans were person centred and reviewed regularly. However, review of a recently admitted patient's care records evidenced that not all risk assessments and care plans were completed within the required time frame following admission to the home. Details were discussed with the management team and an area for improvement was identified.

Patients were routinely assessed against the risk of reduced nutrition using a recognised Malnutrition Universal Screening Tool (MUST). There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. However, not all records contained the exact date that the patient had been weighed but the month and year only. This was discussed in detail with the management team who agreed to discuss with relevant staff and to monitor going forward.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced surface damage to a number of patient equipment and furniture. Gaps were evident to walls and a ceiling within identified communal bathrooms and two lounges were inadequately furnished. The Manager said that due to the current occupancy levels these lounges were not being used by patients and that furniture had been ordered for one of the lounges that had recently been refurbished. It was further identified that whilst some patients' bedrooms were found to be personalised with items of memorabilia and special interests, a number of bedrooms required review.

The management team discussed the home's extensive refurbishment plans which had recently been delayed due to the pandemic and advised that this was due to commence again in the near future. A discussion was held with the management team regarding maintaining all areas of the home to an acceptable standard. The management team acknowledged that this needed to be addressed and agreed to complete an action plan with timeframes for addressing all other refurbishment needs with ongoing dates for redecorating and replacement of identified furniture/equipment. This was identified as an area for improvement.

Observations throughout the home evidenced that there was a lack of oversight in relation to ensuring the cleanliness and fitness of the environment. Personal protective equipment (PPE) such as gloves and aprons were observed within a communal bathroom which risked contamination prior to use. Dust and debris was observed to low surfaces throughout areas of the home and over sink light pull cords had not been covered to ensure they could be adequately cleaned. Identified patient equipment and over bed tables had not been effectively cleaned following use; the underneath of identified shower chairs, toilet seats, toilet roll, soap and hand paper towel dispensers were stained and required a thorough cleaning. Whilst RQIA acknowledge that most of these deficits were addressed during the inspection an area for improvement was identified in order to monitor and ensure sustained compliance with infection prevention and control (IPC) measures.

Three identified communal toilets did not have any hand paper towels, toilet roll or a waste paper bin. One of these communal toilets was also locked which meant that patients could not access this toilet without the use of a key which was held by staff. On discussion with management it was evident that this action had been taken due to certain behaviours of one patient. This was addressed during the inspection so that all patients could access and use these communal toilets appropriately. The management of behaviours was discussed with the management team and an area for improvement was identified.

A potential risk to patients was identified in relation to exposed pipes in communal bathrooms with the potential risk of scalding to patients. The management team acknowledged the associated risk to patients and agreed to complete a risk assessment and to have all exposed pipes enclosed. Following the inspection both written and verbal confirmation was received from the management team that relevant action had been taken to address this issue.

A bedroom door was observed propped open with a chair; a fire exit was partially blocked with a chair and a gap was evident to a ceiling tile within an identified bedroom. The inspector requested the management team to review these issues from a fire safety perspective. This information was shared with the RQIA estates inspector and an area for improvement was identified.

The home's most recent fire risk assessment completed on 18 November 2021 was reviewed. There were a number of actions required as a result of this assessment which had been addressed by the management team. This information was shared with the RQIA estates inspector and assessed as satisfactory.

The door to the hair dressing room was open with access to chemicals and equipment. This was brought to the attention of management who immediately locked the door and agreed to monitor this going forward.

The Manager told us 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 Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear PPE such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and IPC guidance.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

The activity coordinator was very enthusiastic in her role and an activity schedule was on display within the home. Art therapy and bingo was taking place during the inspection and patients said that they very much enjoyed the activities within the home.

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

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection in August 2021. An application has been received by RQIA for Mrs Barbara Armstrong to become the Registered Manager. The Manager said she felt very supported in her role by senior management.

Review of accidents/incidents records in comparison with the notifications submitted by the home to RQIA confirmed that records were maintained appropriately.

Discussion with the Manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by a representative, on behalf of the Responsible Individual.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, care records, IPC and hand hygiene. However, IPC audits did not identify the deficits identified during the inspection and did not provide details of the location of rooms that had been audited. It was further identified that Environmental audits had not been completed. This was discussed in detail with the management team and an area for improvement was identified.

Following the inspection both written and verbal confirmation was received from the management team of the action taken to address the above deficits. There was evidence of increased awareness in the importance of effective governance systems and processes. RQIA were satisfied that the appropriate action had been taken to address the immediate issues identified with ongoing review dates to address all of the actions required.

6.0 Quality Improvement Plan/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 Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3	5*

* The total number of areas for improvement includes one standard that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Barbara Armstrong, Manager, and Karen Agnew, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: 1 April 2022	<p>The registered person shall ensure that the premises are kept in good state of repair.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • surface damage to identified over bed tables • surface damage to shelving within identified bedrooms • damage to walls and ceiling within identified communal bathrooms • patients bedrooms are personalised • identified lounges are suitably furnished. <p>A copy of the refurbishment plan, including timescales to be submitted with the returned QIP.</p>

	<p>Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: An audit has been completed in relation to the above identified areas with action plan which was reviewed and updated as areas were addressed. A refurbishment plan is in place and returned with the QIP.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all areas of the home are maintained in a clean and hygienic condition.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • over bed tables • patient wheelchairs • soap, toilet roll, hand paper towel dispensers • sanitary ware • shower chairs • over sink light pull cords are covered to enable effective cleaning • PPE is not stored within bathrooms where there is a toilet • foot pedal operated bins are available within communal bathrooms. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A full audit has been completed focusing on the areas highlighted above. Actions have all been completed. Cleanliness of the home is monitored on Home Manager daily walkround and by SMT during visits.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring:</p> <ul style="list-style-type: none"> • that fire doors are not propped open • fire exits are kept clear • damage to ceiling tile in identified bedroom is repaired/replaced. <p>Ref: 5.2.3</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The damaged ceiling tile has been replaced. The external garden seating has been moved further away from the exit door. Resident has been advised of the risks involved with the propping open of the door with chair. Fire safety is monitored on Home Manager daily walkround and during visits by SMT including Reg 29 visits.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 6 August 2021</p>	<p>The registered person shall ensure care records in relation to wound management are maintained in keeping with best practice</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> • care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning • the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Frequency of repositioning has been reviewed in line with identified risk and new charts are in place that are consistent with the care plan. Repositioning records are checked by the staff nurse on every shift and this is recorded on the shift handover. The home manager reviews on the home managers daily audits, this will also be monitored on SMT visits including reg 29 visits.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p>	<p>The registered person shall ensure that care plans and risk assessments for newly admitted patients are completed within the required timeframe.</p>

<p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Tracking audits are now in place for all new admissions and care files are audited by Home Manager within 5 days of admission.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 26</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that behaviours that challenge are managed appropriately to ensure that communal toilets are suitably equipped and accessible to patients.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Additional support has been requested via the placement trust CPN in relation to behaviours that challenge. At present affected bathrooms are being monitored frequently and small amounts of paper products are made available to ensure communal toilets are accessible and suitable for patients.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2022</p>	<p>The registered person shall ensure that effective quality assurance audits are implemented and maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • the environment • IPC. <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: An environmental audit tool has been introduced and is currently being completed weekly. Action plans have been completed and are available for review. A range of IPC audits have been completed, action plans generated and revisited to close the audit loop where required. IPC and environmental spots are being completed during the manager daily audit.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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