



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 1 April 2019



Chestnut Lodge

Type of Service: Nursing Home

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

Tel No: 028 3754 8706

Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 40 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Paul Gildernew 17 July 2013
Person in charge at the time of inspection: Paul Gildernew	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 also 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.
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: 33

4.0 Inspection summary

An unannounced inspection took place on 1 April 2019 from 09.45 hours to 17.30 hours.

The term 'patient' is used to describe those living in Chestnut Lodge which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff induction, supervision and appraisal; record keeping and quality improvement. Further good practice was observed in relation to the delivery of compassionate care and with maintaining good working relationships.

Areas for improvement were identified in relation to staffing arrangements and staff training. An area for improvement in relation to access to the nurse call system has been stated for the second time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, the people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	*3

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Paul Gildernew, Registered Manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 21 February 2019

The most recent inspection of the home was an unannounced medicines management inspection. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients and people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' 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 electronic questionnaire to give their views on the running of the home.

A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff week commencing 25 March 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment files
- five patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample monthly monitoring reports from January 2019
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 February 2019

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 6 September 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that working practices in the laundry are safe and promote compliance with best practice in relation to infection prevention and control.	Met
	Action taken as confirmed during the inspection: A review of the laundry facility and laundry practices evidenced that this area for improvement has now been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 40 Stated: First time	The registered person shall ensure that there is a system in the home to confirm that all staff have received a minimum of two recorded supervisions on a yearly basis.	Met
	Action taken as confirmed during the inspection: A system was evident to ensure that staff received a minimum of two recorded supervisions on a yearly basis.	
Area for Improvement 2 Ref: Standard 39 Stated: First time	The registered person shall ensure that staff training on mental health awareness/management of aggression is reviewed to ensure that all staff have received appropriate training relevant to their role and responsibilities.	Met
	Action taken as confirmed during the inspection: There was evidence that the identified training had commenced with staff and following the inspection information received by RQIA confirmed two further training dates.	

Area for Improvement 3 Ref: Standard 46 Criteria (2) Stated: First time	The registered person shall ensure that a system is in place to ensure that all fans in the home are regularly decontaminated, as required.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed the system in place to ensure the regular decontamination of fans in the home.	
Area for Improvement 4 Ref: Standard 44 (also refer to Fitness of the premises E8) Stated: First time	The registered person shall ensure that all patients have effective access to the nurse call system at all times, as required.	Partially met
	Action taken as confirmed during the inspection: During a review of the environment, nurse call systems were not observed accessible to patients in three identified areas in the home. This area for improvement has been partially met and has been stated for a second time.	
Area for Improvement 5 Ref: Standard 4 Criteria (4) Stated: First time	The registered person shall ensure that recommendations made from other healthcare professionals are included within the patient's care plan. This is in relation to the identified patient's mobility plan.	Met
	Action taken as confirmed during the inspection: A review of the identified patient's mobility care plan evidenced that this had been reviewed and reflected the recommendations from another health professional.	

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.

The registered manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 25 March 2019 confirmed that the planned staffing

level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Discussion with staff confirmed that, where they felt patients' care needs were met, they would have liked additional time to spend with patients. Staff raised one concern in relation to the deployment of staff on the ground floor. The staffs' concern was discussed with the registered manager and identified as an area for improvement.

A review of two staffs' recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that Access NI checks had been conducted. Checks were made on registered nurses to ensure that they were registered with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified. New care staff were required to join the NISCC register as soon as possible following commencement of employment. The registered manager evidenced regular checks made on all staff following employment in the home to ensure that they maintained their registration with NMC and NISCC as appropriate.

Staff consulted confirmed that they completed a structured orientation and induction programme when they commenced employment in the home. Staff confirmed that supernumerary hours were allocated to them at the commencement of their employment. These are hours in which staff were not counted within staffing numbers on the duty rota. This would give new staff the opportunity to work alongside a more experienced member of the team in order to gain knowledge of the home's policies and procedures. Staff spoke positively in relation to the induction process. The registered manager confirmed that all nursing and care staff were also mentored and coached through supervision and appraisal. A system had been developed to ensure that all registered nursing and care staff employed received, at minimum, two recorded supervisions per year and one annual staff appraisal.

Discussion with registered nursing staff, who had been given the position of the person in charge of the home in the absence of the registered manager, confirmed that they had had a nurse in charge competency and capability assessment completed prior to taking charge of the home.

A record of any training that staff had completed was maintained in the home. A review of the completed training evidenced that compliance required improvement within identified areas, for example, compliance with safeguarding training. This was discussed with the registered manager and identified as an area for improvement.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Discussion with the registered manager confirmed that they were aware of the regional safeguarding policy and procedures. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

A review of three patients' care records evidenced that appropriate individualised risk assessments were completed on each patient at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Areas for refurbishment were identified during the inspection. The registered manager confirmed that the areas for refurbishment had been identified within the home's own QIP and that a request for refurbishment will be made to Four Seasons Health Care senior management. This will be reviewed at a subsequent care inspection. Nurse call systems were observed not to be accessible to patients in three areas within the home. This was discussed with the registered manager and an area for improvement made in this regard has been stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal.

Areas for improvement

Areas for improvement were identified in relation to staffing arrangements and staff training. An area for improvement in relation to access to nurse call system has been stated for the second time.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

There was evidence within four patients' care records reviewed that appropriate risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management, nutrition, pressure management and restrictive practice. Care plans had been developed which were reflective of the risk assessments. The care plans had also been reviewed regularly or as the patients' needs changed. Registered nursing staff confirmed that there were no wounds in the home requiring dressing.

Dietary requirements such as the need for a gluten free or diabetic diet, were communicated through staff handovers and via diet notification sheets to the kitchen. Information also included the consistency of patients' food and fluids using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. Where a risk was identified there was evidence within patients' care records that advice was sought from an appropriate health professional, such as a dietician. Patient care records also evidenced that advice received from health professionals were incorporated within the patients' care plans.

Patients and staff confirmed that they had 24 hour access to food and fluids. Patients and staff commented positively on the food provision identifying the taste and quality of the food in their comments. We reviewed the lunchtime meal experience during the inspection. The meal commenced around 12.30. Patients dined in the main dining room on the ground floor or at their

preferred dining area. A pictorial menu was displayed on the wall of the dining room reflective of the food which was served. Patients pre-selected their meal choices on the morning of the meal though could also change their mind at the mealtime if they so wished. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meal. Food taken outside of the dining room was covered on transfer. The food served appeared nutritious and appetising. Plated food was labelled with the consistency of the food to safely ensure that patients received the correct meals in accordance with their dietary requirements. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted confirmed that they enjoyed the meal.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence; a care plan was developed to guide staff in measures to prevent skin breakdown. There was evidence that when a wound was identified, an initial wound assessment would have been completed and a wound care plan developed to direct the care in managing the wound. Body maps were completed identifying the location of the wound and wound observation charts completed to monitor the progress of the wound at the time of wound dressing. There was also evidence of referrals made to the tissue viability nurse for professional advice where a wound was not healing as expected.

Falls in the home were monitored on a monthly basis for any patterns and trends in times or locations of the fall. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. Accident records were maintained following any fall in the home. A review of one patient's accident records evidenced that the appropriate actions had been taken following the fall and the patient's falls care plan had been reviewed and updated following the fall.

When a restrictive practice, such as the use of bedrails or an alarm mat had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. There was evidence of communication with the patient's next of kin in relation to use of the restrictive practice and a consent/discussion form had been signed by the next of kin. The assessed need for the restrictive practice was included within the patient's care plans and there was evidence that the continued need for the use of restrictive practice was monitored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and the mealtime experience.

Areas for improvement

No areas for improvement were identified during the inspection in the effective domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "I wish to express our family's appreciation of the wonderful care provided to...by you and your staff. Throughout her two years she expressed nothing but kindness from all those working in the home."
- "Your kindness and patience was very much appreciated. We will always remember everything you have done for him."
- "A very special thank you for all the care you have given mum over the years. We truly appreciate the way she is looked after. Always clean and well fed."

Consultation with 13 patients individually, and with others in smaller groups, confirmed that living in Chestnut Lodge was a positive experience. Ten patient questionnaires were left for completion. Two were returned within the timeframe. Both respondents indicated that they were very satisfied that the home provided safe, effective, compassionate care and that the home was well led.

Patient comments:

- "This is a great place. They are good to you."
- "Staff are good and the food is good."
- "It is alright here. Staff are good and I'm well pleased with the food."
- "It's a nice place. Lovely and quiet."
- "Very happy here. Foods good and staffs good."
- "Excellent place. Staff are excellent."
- "Very nice people here."
- "It's grand here."

Three patient representatives were consulted during the inspection. Patient representatives' questionnaires were left for completion. Two were returned. Some patient representatives' comments were as follows:

- "I have great confidence in this home. Very good care here."
- "The home is fine. Staff are very nice. We are always made to feel welcome."

- “An excellent care home. Chestnut Lodge really treats residents with respect and compassion.”
- “Very safe. Very kind and helpful.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from seven staff consulted during the inspection included:

- “This is a good care home. There are good staff here.”
- “The home is very busy. Most of the time it is grand.”
- “It’s fine here.”
- “I get great joy out of the residents.”
- “I really enjoy it here.”
- “I really do like it here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

Staff confirmed that the registered manager in the home was very ‘hands on’ and ‘always visible in the home’. Staff also confirmed that the registered manager was always available to provide guidance or advice during and out of normal office hours. Patients confirmed that they were aware of who the registered manager was and spoke positively in relation to interactions with the home’s management.

A review of the duty rota clearly evidenced the identity of the nurse in charge of the home in the absence of the registered manager. As previously stated, the nurse in charge would have undertaken an assessment to ensure that they had the appropriate knowledge to fulfil this role.

The registered manager confirmed that they had not received any recent complaints in the home relating to patients' care or in relation to the provision of any service in the home. A system was in place to record any complaints received including all actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management. A review of monthly monitoring reports, conducted by senior management within Four Seasons Health Care, confirmed that complaints would be reviewed as part of this visit by a nominated person.

The nominated person conducting the monthly monitoring visits would also review the care provision and service provision of the home. Any areas identified for improvement had been documented as discussed with the registered manager or nurse in charge and identified within an action plan included in the report. There was evidence within the reports that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed. Reports were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals.

Discussion with the registered manager and review of auditing records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care, restrictive practices and infection prevention and control practices.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paul Gildernew, Registered Manager, as part of the inspection process. 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 Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for Improvement 1 Ref: Standard 44 (also refer to Fitness of the premises E8) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that all patients have effective access to the nurse call system at all times, as required. Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: Registered Manager has conducted an audit on nurse call. Access is available to all residents with exception to residents who are at risk of harm with buzzer lead. This is recorded within care plans. A risk assessment is in place to support the care plan.
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: 1 May 2019	The registered person shall ensure that the staffing arrangements in the home, including deployment of staff, are sufficient to meet the assessed needs of patients at all times. Ref: 6.4
	Response by registered person detailing the actions taken: Registered manager has reviewed the deployment of staff and will continue to monitor this ensuring the assessed needs of residents are met.
Area for improvement 3 Ref: Standard 39 Stated: First time To be completed by: 30 June 2019	The registered person shall ensure that training, which has been deemed mandatory in the home, is completed in a timely manner and compliance is maintained. Ref: 6.4
	Response by registered person detailing the actions taken: Registered manager has reviewed the matrix for mandatory training. Staff have been advised of the importance of attending face to face training. Registered manager will monitor staff compliance and evidence communication with staff. The Regional Manager will record progress and sustained compliance during monthly Reg 29 visits.

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



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