

Inspection Report

4 April 2023



Chestnut Lodge

Type of Service: Nursing Home
Address: 47 Carrickaness Road, Benburb,
Dungannon, BT71 7NH
Tel no: 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 No 2 Ltd Registered Person: Amanda Mitchell	Registered Manager: Barbara Armstrong Date Registered: Pending
Person in charge at the time of inspection: Barbara Armstrong	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.
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: 29
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 4 April 2023 from 10:00am to 04:30pm 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.

The home was clean, tidy and there was a welcoming atmosphere. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 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 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.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; "staff are very friendly and helpful" and "the food is very good, there is nearly too much!".

Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and training.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaires following the inspection.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team

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 6 September 2022		
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: Second time	The registered person shall ensure that all areas of the home are maintained in a clean and hygienic condition. With specific reference to: <ul style="list-style-type: none"> • over bed tables • soap, toilet roll, hand paper towel dispensers • sanitary ware • foot pedal operated bins are available within communal bathrooms. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. With specific reference to ensuring that: <ul style="list-style-type: none"> • Care plans are implemented following a change in the assessed needs of a patient. • Care plans are archived when no longer relevant. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		
Area for improvement 1 Ref: Standard 23 Stated: Second time	<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 repositioningthe frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan. <p>Action taken as confirmed during the inspection: Review of records evidenced that there were inconsistencies in the recording of the recommended frequency for repositioning for identified patients. This area for improvement has been stated for a third time and a new area for improvement has been identified to ensure that there are systems in place to monitor this.</p>	Not met
Area for improvement 2 Ref: Standard 26 Stated: Second time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 3 Ref: Standard 35 Stated: Second time	<p>The registered person shall ensure that effective quality assurance audits are implemented and maintained to assess the delivery of care in the home. With specific reference to:</p>	Met

	<ul style="list-style-type: none"> • environment • IPC. 	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient has been assessed as requiring repositioning: <ul style="list-style-type: none"> • the condition of the patients skin is recorded on each change of position • the patients position is altered during each repositioning intervention and clearly recorded within the repositioning chart. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 14.26 Stated: First time	The registered person should ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 11 Stated: First time	The registered person shall ensure that a schedule of activities is displayed in a suitable format and in an appropriate location to inform patients of what is scheduled.	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. Review of employees' recruitment records evidenced that reasons for gaps of employment were not always explored. This was discussed with the management team and an area for improvement was identified.

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). A record was maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

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.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager had a competency and capability assessment in place. Review of staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role. Some of the assessments reviewed were due to be reviewed, assurances were given by the manager on the day that this would be addressed.

Staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a "handover" at the beginning of each shift to discuss any changes in the needs of the patients.

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 and risk assessments were developed in a timely manner to direct staff on how to meet the patients' needs.

Where a patient is assessed as being at risk of falls, review of records and discussion with staff evidenced that measures to reduce this risk had been put in place.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patient care records relating to pressure area care evidenced that the recommended frequency of repositioning recorded in the charts and care plans were inconsistent.

This area for improvement has been stated for a third time. To ensure that there are systems in place to monitor this, an additional area for improvement has been identified.

Wound care records for an identified patient were reviewed. A wound care plan was in place to direct care and evaluations were completed at each wound change, however the recommended frequency of dressing changes in the care plan was different to the frequency of dressing changes being carried out. This was identified as an area for improvement.

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.

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.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Bathrooms and toilets were clean and hygienic. Patients said that they were satisfied that the home was kept clean and tidy.

The home's most recent fire safety risk assessment was dated 22 November 2022. Fire extinguishers were easily accessible.

A room used to store confidential patient information was left unsecured and therefore accessible to anyone wishing to enter that room. This was brought to the attention of the management team and assurances were given that this would be addressed immediately. This was identified as an area for improvement.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

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

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients said that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The manager said she felt very supported by senior management.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly.

There was evidence of a system of quality auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices and falls.

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. The manager was identified as the safeguarding champion for the home.

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.

The home was visited each month by a representative of the responsible individual (RI) 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 reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

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	1	4*

* the total number of areas for improvement includes one standard that has been stated for a third time.

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 19 (5) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that confidential information relating to patients is safely secured. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered person can confirm that confidential information relating to patients is safely secured.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 23 Stated: Third time To be completed by: With immediate effect	The registered person shall ensure that where a patient has been assessed as requiring repositioning: <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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The Registered Person can ensure that where a person has been assessed as requiring repositioning that the care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning and that records are reflective of the recommended frequency within the care plan. A new Daily "Review of Repositioning Records" chart has been implemented and this is completed at the end of each shift by RGN after reviewing all repositioning records and returned to the Home Manager who will also maintain oversight of these records

<p>Area for improvement 2</p> <p>Ref: Standard 38 (3)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that before staff commence working in the home that all gaps in employment are explored and recorded.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered person shall ensure that all gaps in employment are explored and recorded before staff commence working in the home, these will be checked when application is initially received and again during interview process and any identified gaps explored and recorded.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2023</p>	<p>The registered person should evidence that there is robust monitoring and oversight of repositioning being delivered to identified patients.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Person will evidence that there is robust monitoring and oversight of repositioning being delivered to identified patients by checking the Daily "Review of Repositioning Records" chart that has been implemented and completed at the end of each shift by the RGN. In addition to reviewing these records a new Repositioning Record audit has been introduced and this will be completed weekly by the Registered person as part of the Audit Process within the care home</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that care plans for wound care are appropriate to the patient's needs and have the recommended dressing frequency recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: In order to ensure that care plans for wounds are appropriate to the patient's needs and have the recommended dressing frequency recorded this has been added to the "Daily Home Manager's Checklist" as oversight. This topic was explored in depth at the RGN meeting and Deputy Manager and Clinical Lead will support daily checking to assure adherence.</p>

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