

# Unannounced Secondary Care Inspection Report 8 February 2018



## Chestnut Lodge

Type of Service: Nursing Home (NH)

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

Tel no: 028 3754 8706

Inspector: Dermot Walsh

[www.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 40 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Paul Gildernew
<b>Person in charge at the time of inspection:</b> Marie Morgan (Deputy Manager)	<b>Date manager registered:</b> Paul Gildernew – 17/05/2013
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 40 comprising:  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.

### 4.0 Inspection summary

An unannounced inspection took place on 8 February 2018 from 09.25 to 16.00.

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 Care Standards for Nursing Homes 2015.

The term 'patients' 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 staffing arrangements, recruitment practice, monitoring registration status of nursing staff, the home's general environment, care planning, the culture and ethos of the home in relation to dignity and privacy, governance arrangements, risk management and maintaining good working relationships.

An area for improvement under regulations in relation to patient assessments has been stated for a second time. New areas were identified for improvement under care standards in relation to the decontamination of equipment and participation in fire drills. An area for improvement under the standards in regards to the outside garden area has been carried forward for review at a subsequent care inspection.

Patients were positive in their feedback of the care provided in the home. Patient comments can be reviewed in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
<b>Total number of areas for improvement</b>	*1	*3

\*The total number of areas for improvement includes one under regulation which has been stated for a second time and one under standards which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Marie Morgan, deputy 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 11 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 11 September 2017. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with nine patients, six staff and one patients' representative. A poster was displayed at a staffing area in the home inviting staff to respond to an online survey. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

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

The following records were examined during the inspection:

- duty rota for week commencing 5 February 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patients' daily care charts including bowel management and food and fluid intake charts
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 11 September 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 11 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (b)  <b>Stated:</b> First time	The registered person shall ensure that a reference is obtained from any applicant's current or most recent employer prior to commencing employment in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of recruitment records evidenced that the appropriate references had been received prior to the staff member commencing in post.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time	The registered person shall ensure that the system/process for monitoring the registration status of registered nursing staff employed to work in the nursing home is proactive and robust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A robust system had been implemented to ensure that the registration status of nursing staff was monitored effectively.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 15 (2) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that assessments are completed as required on admission in a timely manner and reviewed when required or when the patients' needs change.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records for a patient recently admitted to the home evidenced that a falls risk assessment had not been completed. A second record reviewed identified that a Braden risk assessment had not been completed for over a three month period, from September to October 2017.  This area for improvement has been partially met and has been stated for a second time.	



<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41 Criteria (1)  <b>Stated:</b> First time	The registered person shall review the staffing arrangements in the home to ensure that at all times the assessed needs of patients are met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Consultation with staff and patients and observation of the delivery of care evidenced no concerns with the current staffing arrangements.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The registered person shall ensure that staff attend updated training on adult safeguarding.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and staff and a review of training records evidenced that this area for improvement is now met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	The registered person shall ensure that the laundry provision in the home is sufficient to meet the needs of all patients accommodated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and staff evidenced that this area for improvement is now met. A new laundry provision had been approved for the home. See section 6.4 for further information.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 44 Criteria (2)  <b>Stated:</b> First time	The registered person shall ensure that the identified garden area is developed to make it safe and allow for enhancement of the patient experience in Chestnut Lodge.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b>  Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

### 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.**

Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Review of the duty rota, week commencing 5 February 2018, confirmed that the planned staffing levels had been adhered to. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of two staff recruitment records evidenced that enhanced Access NI checks were sought received and reviewed prior to staff commencing work and records were maintained. Appropriate references had also been obtained prior to the staff member commencing employment. An area for improvement made in this regard at the previous inspection has now been met.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. However, an area for improvement will be identified further within this section in regards to fire drills. Staff consulted commented negatively that the majority of training was through electronic learning. Staff were of the opinion that they would 'benefit from additional face to face training'. This information was passed to the manager for their review and action as appropriate.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC). An area for improvement made at the previous care inspection in regard to the monitoring of nursing staffs' registration has now been met.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A home specific safeguarding flowchart was on display at the entrance to the home identifying the Four Seasons Health Care safeguarding champion; deputy safeguarding champion and the home's safeguarding lead person. Additional information was on display advising of the DHSSPS policy on Prevention and Protection in Partnership 2015. Contact numbers pertaining to safeguarding were available at the nursing station. The manager confirmed that there were no ongoing safeguarding concerns. A safeguarding file had been sufficiently updated to reflect any previous concerns, which had all been closed.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, as previously discussed, there was evidence a falls risk assessment had not been completed at the time of admission for one patient or thereafter. Furthermore, a Braden risk assessment had not been



updated in relation to a second care record reviewed. This will be further discussed in section 6.5.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Discussion with the manager and staff confirmed that works to provide a new laundry provision in the home had been scheduled to begin week commencing 12 February 2018. Alternative arrangements to provide laundry service for the home had been sought and were in place. Appropriate documentation had been submitted to RQIA in regards to same.

During the review of the environment, bedrail bumpers observed in two patients' bedrooms were found to be in a state of disrepair. Given the damage observed, these bedrail bumpers could not be cleaned effectively. Furthermore, three operational hoists were reviewed. The hoists were observed to be unclean. There was no evidence available to demonstrate the decontamination of hoists. This was discussed with the manager and an area for improvement has been identified.

Fire exits and corridors were observed to be clear of clutter and obstruction. There were records of fire drills which had occurred in the home along with accompanying reports of any positive or negative staff responses to the drill and a list of staff who had participated in the drill. Although, records indicated that 14 staff employed in the home had not participated in a fire drill during 2017 and there was no evidence that appropriate actions had been taken in regards to this shortfall. This information was discussed with the manager and an area for improvement has been identified. A fire risk assessment of the home had been appropriately conducted in September 2016 and had been reviewed five times from the date of assessment.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, monitoring registration status of staff and the home's general environment.

### **Areas for improvement**

Areas were identified for improvement under care standards in relation to; the decontamination of equipment and staffs participation in fire drills.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2

**6.5 Is care effective?**

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, a review of care records for a patient recently admitted evidenced that a falls risk assessment had not been completed on or after their admission. A Braden risk assessment for another patient had also not been completed for over a three month period, September to October 2017. This was discussed with the manager and an area for improvement made at a previous inspection in relation to this same matter continued not to be met and therefore has been stated for the second time.

Supplementary care charts such as bowel management and food and fluid intake records evidenced that these records were maintained in accordance with best practice guidance, care standards and legislation.

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

There was information available to staff, patients, representatives in relation to advocacy services.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care planning and staff responses to concerns raised from patients and/or their representatives.

**Areas for improvement**

An area for improvement identified at a previous inspection under regulation in relation to the completion of risk assessments was not met and has been stated for a second time.

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 interactions with patients were observed to be compassionate, caring and timely. Consultation with nine patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not

verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining room on the ground floor. Lunch commenced at 12:35 hours. A concise menu was on display at reception. Patients were seated around tables which had been appropriately set for the meal. Food was served directly from the kitchen, when patients were ready to eat or be assisted with their meals. Patients were afforded the choice of their preferred dining area. Food was covered when transferred from the dining room. The food served appeared nutritious and appetising. The portion size was appropriate for the patients to which the food was served. Staff confirmed that alternative meal choices were available. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors when required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements. The mealtime was well supervised.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. A quality of life feedback system was in place at the entrance to the home. The manager confirmed that they would aim to achieve feedback from patients, staff, visiting professionals and patient representatives.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Six staff members were consulted to determine their views on the quality of care within Chestnut Lodge.

Some staff comments were as follows:

- "I do love working here."
- "The work can be challenging."
- "I love it."
- "I like it. Happy enough here."

As discussed earlier a poster was displayed at a staffing area inviting staff to respond to an on-line survey. No responses were received at the time of writing this report.

Nine patients were consulted during the inspection.

Some patient comments were as follows:

- "I love it here."
- "I am settled in very well."
- "I find this home very good."
- "It's very good. The staff are great."

Ten patient questionnaires were left in the home for completion. None of the questionnaires were returned.

One patient representative was consulted during the inspection. Ten relative questionnaires were left in the home for completion. Seven questionnaires were returned within the timeframe for inclusion in the report.

Some patient representative comments were as follows:

- “My wife ... is really well cared for by all the staff. We are very satisfied.”
- “Paul is extremely understanding and easy to talk to. He is very reassuring.”
- “Paul is very understanding of the needs of my husband.”
- “Maybe a wee lick of paint here and there.”
- “The staff are caring, compassionate and friendly. My mother is always clean and well presented.”
- “The staff and management are great. Perhaps the only drawback being the age of the building.”

One questionnaire was returned which did not identify if the respondent was a patient or patient representative. The respondent indicated that they were very satisfied with the service provision in the home.

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 relation to dignity and privacy.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the manager and review of the home's complaints records evidenced that the home had not received any complaints within the 2017 year. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

- "Thank you so much for taking care of .... You are all angels in disguise."
- "Many many thanks for all your kindness and support to ... Very much appreciated."
- "We ... wish to thank you for all the care and attention given to ... We will keep you in our thoughts and prayers. God bless you all."

There were systems and processes in place to ensure that urgent communications, safety alerts and notices from Northern Ireland Adverse Incident Centre were reviewed and where appropriate, made available to key staff in a timely manner. A file was maintained.

Governance records verified that a legionella risk assessment had been conducted in the home on 14 September 2017. A report had been completed and remedial works had been planned.

There was documentary evidence available of examination for all hoists and slings in use within the home in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER). Dates of examination, findings, actions taken and dates next due were recorded.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were 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 risk management and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Marie Morgan, deputy 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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person shall ensure that assessments are completed as required on admission in a timely manner and reviewed when required or when the patients' needs change.</p> <p>Ref: Sections 6.2 and 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has commenced discussions with registered nurses under supervision. This will be further discussed at registered nurse meeting 28<sup>th</sup> March 18. Registered manager will continue to monitor that care documentation is completed fully within five days of admission. Care file can be audited using the admission traca.</p>
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### Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44 Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall ensure that the identified garden area is developed to make it safe and allow for enhancement of the patient experience in Chestnut Lodge.</p> <p><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: Section 6.2</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46 Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2018</p>	<p>The registered person shall ensure that equipment in use in the home is safe for use and maintained clean at all times. This is specifically in regard to the identified bedrail bumpers and the hoists in use in the home.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has commenced supervisions with staff. This will be discussed further at Registered nurse meeting 28<sup>th</sup> March 18. Registered manager has replaced bed rail bumpers identified during inspection. A new cleaning regime put in place for hoists.</p>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 48 Criteria (8)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2018	The registered person shall develop a system to ensure that all staff employed in the home have participated in, at minimum, one fire drill per year.  Ref: Section 6.4
	<b>Response by registered person detailing the actions taken:</b> Registered Manager has developed a matrix listing all staff who are employed in the home and marked in fire drills received to date. Further training dates arranged to ensure that staff receive fire drills as per FSHC policy.

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



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