

# Inspection Report

11 July 2024



## Chestnut Lodge

Type of service: Nursing Home

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

Telephone number: 028 3754 8706

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland No 2 Ltd  <b>Registered Person:</b> Ms Amanda Mitchell	<b>Registered Manager:</b> Mrs Patricia Graham – registration pending
<b>Person in charge at the time of inspection:</b> Mrs Patricia Graham	<b>Number of registered places:</b> 40  A maximum of 20 patients in category NH-DE, 17 patients in category NH-I and 3 patients in category NH-PH
<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 patients accommodated in the nursing home on the day of this inspection:</b> 30
<b>Brief description of the accommodation/how the service operates:</b> 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 11 July 2024 from 10:05 am to 4:40 pm 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 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 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 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; "the staff are very good" and "I enjoy the activities".

Patients were positive about 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 also 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 or 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 18 June 2024		
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 13 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that a suitable call bell system is in place throughout the home in order that staff and patients can appropriately summon assistance if and when required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall ensure that a record is kept of all activities that take place, the names of the person leading each activity and the patients who participate. The programme of activities should be displayed in a suitable format and an appropriate location.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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. There was evidence that a robust system was in place to ensure staff were recruited properly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Review of records showed that mandatory training comprised of a range of relevant topics, for example, safeguarding, manual handling and infection prevention and control.

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.

Review of the duty rota, observation of patient acuity and feedback from staff raised concerns that the current staffing levels may not be sufficient to meet the current needs of the patients accommodated particularly during the morning shift. This was discussed with the manager and an area for improvement was identified.

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.

### **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.

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 required care for wounds or pressure ulcers had this clearly recorded in their care records.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or 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.

It was observed that the majority of drinks were served in coloured plastic tumblers, there was a lack of choice for patients who might prefer drinking from a glass tumbler. This was brought to the attention of the manager for information and appropriate action. During the inspection, the manager confirmed that additional glass tumblers had been purchased and that patient preference would be catered for following risk assessments where necessary. This will be reviewed at the next inspection.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was 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.

The majority of patient equipment was well maintained and clean. However, a small number of chairs, wheelchairs and crash mats were found to be stained. This was discussed with the manager and an area for improvement was identified.

Some patient chairs were noted to be worn and were frayed, this was discussed with the responsible individual at feedback and assurances were given that there was a refurbishment plan in place to address this. This will be reviewed at the next inspection.

Review of the duty rota evidenced that on a number of occasions the planned daily staffing levels for domestic provision was not met. This was discussed at feedback and an area for improvement was identified.

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.

### **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.

The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as skittles, bingo and quizzes. Activity records were maintained which included the patient engagement with the activity sessions.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Patricia Graham has been the manager since 2 January 2024.

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 auditing across various aspects of care and services provided by the home. It was not clear from the care record audits reviewed who had responsibility to make improvements where deficits were noted and if the recommended actions had been addressed. This was discussed with the manager and an area for improvement was identified.

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 regional 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 Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Patricia Graham, manager and Ms Amanda Mitchell, registered person (via telephone), 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 Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2024	The registered person shall ensure that staffing levels are reviewed to ensure that there are adequate staffing levels at all times. The review should take account of but not limited to dependencies of patients and the layout of the building.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b>  Review completed post inspection. Dependencies will be reviewed regularly taking into account the high turnover of respite and temporary placements in this Home. These will be completed no less than once a month and as required due to admissions and discharges. Review will also be informed by accident and incident analysis in the home or significant changes in clinical need.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 11 July 2024	The registered person shall ensure the infection prevention and control deficits identified at this inspection are addressed. This is in relation to patient equipment.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Chairs identified have been cleaned and staff made aware of infection issues. Compromised chairs have been removed and replaced . Refurbishment Plan remains in place.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 41.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2024	The registered person shall ensure that there are a sufficient number of domestic staff employed so that standards relating to the cleaning of the premises are fully met.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The domestic staff who had been offered posts prior to the inspection but were awaiting access NI checks and references are now fully compliant and have commenced in post. This has allowed the manager to fill all the rostered domestic shifts without dependence on agency domestic staff who were not always reliable

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2024	The registered person shall ensure that deficits identified by the homes care record audits are included in an action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Focus learning on auditing has been cascaded to those staff who complete audits. The development of separate action plans which can be revisited to close the audit loop has been discussed and will be monitored by the Home Manager and Senior team during their visits to the home

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