

Unannounced Care Inspection Report 11 September 2017



Chestnut Lodge

Type of Service: Nursing Home

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

Tel no: 028 3754 8706

Inspector: Dermot Walsh

www.rgia.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

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Mr Paul Gildernew
Person in charge at the time of inspection: Mr Paul Gildernew	Date manager registered: 17 July 2013
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. Residential Care (RC) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 40 comprising: Maximum of 20 patients in NH-DE, 17 patients in NH-I, and 2 patients in NH-PH. One regular respite in RC-MP and the home may also provide care on a day basis to 2 persons.

4.0 Inspection summary

An unannounced inspection took place on 11 September 2017 from 09.40 to 17.00 hours.

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 governance arrangements; communication and the culture and ethos of the home in respect of privacy and dignity.

Areas requiring improvement were identified in relation to recruitment, monitoring registration status of registered nurses, staffing arrangements, the environment and record keeping in respect of timely completion of assessments/care plans from admission.

Patients described living in the home in positive terms. 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
Total number of areas for improvement	3	4

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 26 January 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 26 January 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
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 15 patients, seven staff and one patients' representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- duty rota for the period 4 to 17 September 2017
- 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
- one staff recruitment and induction file
- three patient care records
- three patient care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 26 January 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 26 January 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
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered person must ensure good practice guidance is adhered to with regard to post falls management.	Met
	Action taken as confirmed during the inspection: A review of accident records pertaining to the management of a fall evidenced that the actions taken were appropriate.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person must ensure that when a patient presents as a high risk of malnutrition; appropriate actions/referrals are implemented and documented in response to such risk. Outcomes of the response/s initiated must also be reviewed and documented.	Met
	Action taken as confirmed during the inspection: A review of patient care records, where the patient presented with a high risk of malnutrition, evidenced that the appropriate actions were conducted in response.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered provider should ensure that care plans accurately reflect the assessed needs of the patients.	Met
	Action taken as confirmed during the inspection: A review of three patient care records evidenced that care planning reflected the assessed needs of patients.	

Area for improvement 2 Ref: Standard 4 Criteria (9) Stated: First time	The registered person should ensure that supplementary care records are regularly monitored by registered nursing staff to ensure they are correctly completed and are contemporaneously recorded following care delivery.	Met
	Action taken as confirmed during the inspection: A review of three patients' supplementary care records evidenced that these had been completed appropriately and in accordance with the patients' care plans.	

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 the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 4 to 17 September 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients' representatives evidenced that there were no concerns regarding staffing levels. Consultation with four staff identified specific concerns regarding the staffing arrangements within the unit. Four respondents in staff questionnaires also indicated concerns in regard to the staffing arrangements. Given the concerns raised from the eight staff, this was discussed with the registered manager and identified as an area for improvement.

Staff recruitment information was available for inspection. Records were not maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 in that one of the two references received was not from the staff member's most recent or current employer. This was discussed with the registered manager and identified as an area for improvement. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. Discussion with staff and the registered manager confirmed that where agency nursing and care staff were employed, the same staff were employed to ensure consistency of care. The registered manager also confirmed that agency staff received an induction in the home prior to commencing their first shift.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. However, an area for improvement was identified in relation to compliance with relevant training on adult safeguarding. Compliance with training was monitored on the monthly monitoring inspections conducted by the regional manager. Staff commented that the majority of training was conducted through electronic learning. Comments from staff in respect of the training provision included; 'I would like more face to face training,' 'I am more of a practical learner,' 'I would prefer practical first aid rather than Elearning.' Staff concerns in relation to training were passed to the registered manager for their review and action as appropriate.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was not appropriately managed in accordance with Nursing and Midwifery Council (NMC). This was discussed with the registered manager and identified as an area for improvement. The registration status with Northern Ireland Social Care Council (NISCC) had been monitored appropriately.

The registered 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. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified and had attended training pertaining to the role.

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.

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. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents. 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 a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits were observed to be clear of clutter and obstruction. The home was found to be warm, well decorated, fresh smelling and clean throughout. However, during the review of the environment, an area for improvement was identified in regard to the laundry service provision in the home.

The garden area to the rear of the home was found to be overgrown and unsafe for patient use. This was disappointing as an area for improvement had been identified during a previous care inspection in January 2016. Since then, no actual physical progress has been made in creating a safe outdoor space for patients to utilise. This was discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, supervision and appraisal, infection prevention and control and the home's internal environment.

Areas for improvement

Areas for improvement under regulation were identified in relation to recruitment and professional registration checks.

An area for improvement under standards was identified in relation to the external environment, staffing, laundry provision and training on adult safeguarding.

	Regulations	Standards
Total number of areas for improvement	2	4

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 one patient's care records evidenced that relevant assessments and care plans had not been completed in a timely manner from admission. This was discussed with the registered manager and identified as an area for improvement.

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

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients. Staff also confirmed that the nurse in charge would prepare a report for the registered manager to review highlighting any activities such as accidents/incidents, staffing issues or complaints received within the previous 24 hours.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff described the use of an allocation board which identified the areas where staff were to work during the shift. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. There was evidence within records that patient/relatives meetings had been conducted. The registered manager stated that they would aim to have patients/relatives meeting quarterly.

A 'Quality of Life' (QOL) electronic feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

Patients and the representative spoken with expressed their confidence in raising concerns with the home's staff/management. All respondents within patient and relatives' questionnaires stated that the registered manager was available to manage any concerns and/or complaints. All relative questionnaire respondents stated that the registered manager was approachable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement under regulation was identified on the timely completion of all relevant assessments and care plans from admission.

	Regulations	Standards
Total number of areas for improvement	1	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 main dining room on the ground floor. The meal commenced at 12.45 hours. Patients were seated around tables which had been appropriately laid for the meal. Patients were afforded the choice to have their meal in their preferred dining area. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. 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 where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

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

The views and opinions of patients and patients' representatives, on the service provision of the home, was collected electronically as discussed in section 6.5. The registered manager confirmed that feedback to patients and/or their representatives of the opinions raised was provided during patient/relative meetings or individual feedback where appropriate. Evidence of consultation with patients was also included within the Annual Quality Report.

Seven staff members were consulted to determine their views on the quality of care within Chestnut Lodge. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Eight of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"I am happy working here."

"I love working here."

"Would like more staff. Care is excellent."

"In the evening there are only four carers. Dependency of residents is very high."

"I am happy working here. There is really good teamwork."

"I love it here."

Fifteen patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. All eight of the patient questionnaires were returned. Seven respondents indicated that they were 'very satisfied' with the care provided to them and the eighth respondent indicated that they were 'satisfied' with the care.

Some patient comments were as follows:

"They (the staff) are all very good."
 "It's a very good place to be."
 "I can't fault this place."
 "The care here is excellent."
 "The activities are brilliant."
 "It's nice here."

One patient representative was consulted during the inspection. Ten relative questionnaires were left in the home for completion. Four of the relative questionnaires were returned within the timeframe for inclusion in the report. All respondents were either 'very satisfied' or 'satisfied' with the care provision.

Some patient representative comments were as follows:

"It's great here. The girls are all lovely and the foods good."
 "An excellent home, with friendly hardworking staff who put the needs of the patients first! My father is very well looked after and we are happy with his care."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. 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:

"I would like to express my absolute thanks to all the staff at Chestnut who cared for my dad so well and with such respect."

"We would like to express our sincere thanks and gratitude for all the care and attention you gave to"

"Thank you so much for the love and excellent care you gave to my mother"

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. The audits were conducted monthly and an action plan had been developed to address shortfalls identified within the audits. There was evidence that the action plans had been reviewed to ensure completion.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

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.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and 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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The identified personnel file has now been fully reviewed and a reference has now been requested from previous employer. Registered Manager will ensure that records are maintained as per Regulation 21.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: NMC checking will now be completed as per FSHC internal policy that each Registered Nurse will be checked on line the 7th of each month and again on the last Friday of every month. Registered manager will demonstrate this in NMC file and evidence communication with any Registered Nurse within their personnel file.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: Section 6.5</p> <p>Response by registered person detailing the actions taken: Registered manager has discussed under supervision with Registered Nurses the importance of ensuring all care plans and associated risk assessments within five days of admission. Admission Tracca will also be used to audit documentation on day five. Feedback will be given to Named Nurse with a time frame of seven days to complete deficits. Registered Manager will then conduct a further audit to provide assurance that documentation is fully complete.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 41 Criteria (1) Stated: First time To be completed by: 18 September 2017	<p>The registered person shall review the staffing arrangements in the home to ensure that at all times the assessed needs of patients are met.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered Manager has conducted a full review of Resident dependency using CHESS. The indicative staffing shows that staffing is adequate to deliver safe and effective care.</p>
Area for improvement 2 Ref: Standard 13 Stated: First time To be completed by: 30 January 2018	<p>The registered person shall ensure that staff attend updated training on adult safeguarding.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Two training dates arranged for staff on the 9th and 11th of October. Further dates shall be arranged however in the interim a Safeguarding folder has been made available to all staff to read and use for reference. Registered Manager has reviewed staff completion for Safeguarding E learning module which is currently 88%.</p>
Area for improvement 3 Ref: Standard 44 Stated: First time To be completed by: 30 December 2017	<p>The registered person shall ensure that the laundry provision in the home is sufficient to meet the needs of all patients accommodated.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: An improvement plan is currently with Estates and Senior management team within Fshc.</p>
Area for improvement 4 Ref: Standard 44 Criteria (2) Stated: First time To be completed by: 30 March 2018	<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>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: An improvement plan is currently with Estates and Senior management team of Fshc.</p>

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



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