

Unannounced Care Inspection Report 19 January 2021



Chestnut Lodge

Type of Service: Nursing Home

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

Tel No: 028 3754 8706

Inspector: John McAuley

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland Belfast Ltd Responsible Individual(s): Amanda Celine Mitchell	Registered Manager and date registered: Angela Stefaniou – acting manager
Person in charge at the time of inspection: Angela Stefaniou	Number of registered places: 40
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 33

4.0 Inspection summary

An unannounced inspection took place on 19 January 2021 from 09.40 to 14.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during this inspection:

- staffing
- safeguarding
- the home's environment
- Infection Prevention and Control (IPC)
- care delivery
- care Records
- fire safety
- governance and management.

Feedback from patients during this inspection was positive and complimentary about their experiences of life in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Angela Stefanidou, manager and Karen Agnew, regional 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.

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 20 patients and six staff. Questionnaires and “Tell Us cards” were also left in the home to obtain feedback from patients and patients’ representatives.

The following records were examined during the inspection:

- duty rotas
- staff competency and capability assessment
- staff induction records
- staff recruitment record
- professional registration records
- staff training records
- fire safety risk assessment
- fire safety records
- four patients’ care records
- Regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- complaints records
- incident and accident records.

The findings of the inspection were provided to Angela Stefanidou, manager and Karen Agnew, regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 44 (also refer to Fitness of the premises E8) Stated: Second time	The registered person shall ensure that all patients have effective access to the nurse call system at all times, as required.	Met
	Action taken as confirmed during the inspection: Observations found from the environment and care practices confirmed that patients had effective access to the nurse call systems.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staffing arrangements in the home, including deployment of staff, are sufficient to meet the assessed needs of patients at all times.	Met
	Action taken as confirmed during the inspection: Review of the staffing arrangements found these to be sufficient to meet the assessed needs of patients.	
Area for improvement 3 Ref: Standard 39 Stated: First time To be completed by: 30 June 2019	The registered person shall ensure that training, which has been deemed mandatory in the home, is completed in a timely manner and compliance is maintained.	Met
	Action taken as confirmed during the inspection: The mandatory training needs of staff were being maintained on an up-to-date basis with good managerial oversight of same.	

6.2 Inspection findings

6.2.1 Staffing

At the time of this inspection the manager was working as a nurse in the home. She was then supported by the home's area manager, Karen Agnew, who made herself available to assist and facilitate the inspection.

An inspection of the duty rota confirmed that it accurately reflected details of all staff working in the home. The manager reported that any member of staff who is in charge of the home in her absence has been assessed as competent and capable of doing so. A sample of one of these assessments found this to be appropriately in place. A sample of a record of staff induction for an agency staff member and a permanent staff member found these records to be appropriately in place.

The recruitment records of one staff member were inspected. These records were maintained in a methodical manner and in accordance with legislation.

Inspection of the professional registrations for staff confirmed that all staff have an up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager audits these registrations on a monthly basis. The manager is registered with the Nursing & Midwifery Council (NMC).

Staffing levels at the time of this inspection were found to be in keeping with the number and dependencies of patients accommodated and the size and layout of the home. Staff spoke in positive terms about their roles and duties, the provision of care, training and managerial support. They did say that the workload was busy but that there was good teamwork in place and felt supported by the manager if staffing levels were to be a concern.

6.2.2 Safeguarding

The manager demonstrated a good knowledge of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned Health and Social Care Trust, who would be contacted, what documents would be completed and how staff would assist and co-operate in any subsequent investigations. Staff also declared their knowledge and understanding of the whistleblowing policy and stated that they would have no hesitation in reporting any concerns and felt management would act positively on such information.

Inspection of staff training records confirmed that staff safeguarding training was maintained in an up-to-date basis.

6.2.3 The home's environment

The home was clean and tidy. A planned programme of redecoration was underway, with the first floor corridors and doors being painted. Patients' bedrooms were tastefully furnished with some of these rooms personalised. Communal areas were spacious and suitably maintained. Bathrooms and toilets were clean and hygienic.

It was reported that there are plans being put in place to redesign the layout and comfort of the home for patients. Once these plans are ready, these will be sent to the home's estates inspector for approval.

6.2.4 Infection Prevention and Control (IPC)

There were good protocols in place to accommodate visiting, including visiting professionals, in line with current guidelines. There was also good documentation pertaining to information and the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed that there were good IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with hand-washing and use of Personal Protective Equipment (PPE).

There were a good supply of PPE and hand washing sanitising gel at the entrance of the home and throughout accessible areas of the home. Signage was available in the home to relay information on IPC and COVID-19.

Social distancing with patients was in place as per their wishes and choice.

6.2.5 Care delivery

Patients were clearly comfortable and content in their environment and interactions with staff. Staff interactions with patients were polite, friendly, warm and supportive. Frailer patients were seen to be regularly attended to and discussions with two patients with such needs confirmed that they felt well cared for.

Staff sought consent with patients with personal care tasks in statements such as "Would you like to..."

In accordance with their capabilities patients were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments made included statements such as;

- "Everything is okay here. They are all good to us."
- "It's fine here. Everything is very good."
- "It's alright. No complaints."
- "I'm grand. All is very well."
- "It is a very good home. I can't find any faults."
- "I am glad to tell you everything is very good."
- "I'm only here a couple of days but I can tell you it is a very good home and the staff are lovely."

Care duties and tasks were organised and carried out in an unhurried person centred manner. The lunch time meal was nicely presented and looked appetising.

6.2.6 Care records

A sample of four patients' care records were inspected on this occasion. These records were maintained in comprehensive detail. The records gave a holistic assessment of the patient from which the care plan and interventions were based on. These details were clear and concise and had evidence of the patient and/or their representative being involved in this process, including input from aligned healthcare professionals.

However progress records largely contained repetitive type statements of care interventions, such as "assisted to wash and dress" and "hoist for transfers". The records gave no real account of the patient's well-being or progress. This has been identified as an area of improvement to address. On a positive note, the records did record actions taken in response to issues of assessed need and the effect of these actions.

6.2.7 Fire safety

The home's most recent fire safety risk assessment was dated 16 November 2020. There was no corresponding evidence in place to confirm that the three recommendations made from this assessment had been addressed. This has been identified as an area of improvement to notify the aligned estates inspector an action plan with timescales on how these three recommendations will be addressed.

Fire safety training and fire safety drills were found to be maintained on an up-to-date basis. Fire safety checks in the environment were also found to be maintained on an up-to-date basis.

6.2.8 Governance and management

The home has a defined management structure. At the time of this inspection the manager was covering nursing duties. The manager was able to facilitate both roles in a competent calm manner and from discussions had a good knowledge and understanding of patients' needs.

The last two months' Regulation 29 reports for December 2020 and January 2021 were inspected. These reports were well written with evidence of good managerial oversight of the home. An action plan was put in place with any issues identified from these Regulation 29 visits.

Discussions with the manager and inspection of the records of complaints confirmed that expressions of dissatisfaction are taken seriously and managed appropriately.

Staff training records were well maintained and contained evidence that staff mandatory training and additional training was being maintained on an up-to-date basis. There were systems in place to identify and address areas of training that needed updating with staff.

The accident and incident reports from 1 June 2020 to date of this inspection were inspected. These events were found to be managed appropriately and reported to the relevant stakeholders. Monthly audits of accidents and incidents to establish if there are any trends or patterns are carried out.

Areas of good practice

Areas of good practice were found in relation to staffing, care practices observed, managerial oversight and feedback from patients and staff.

Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to the recording of patients' care records and the action plan in response to the most recent fire safety risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Patients were seen to be comfortable, at ease and well cared well. Care duties and tasks were organised in person centred unhurried manner. Positive feedback was received throughout from discussions with patients. The manager acted with competence and leadership, and staff interactions with patients were kind, warm and supportive.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angela Stefaniou, manager and Karen Agnew, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 19 February 2021	<p>The registered person shall put in place a review of patients' progress records. This review should address the issue of progress records needing to have clearer statements of patients' well-being and progress as opposed to largely repetitive statements of care interventions.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: This area for improvement was discussed with staff nurses, further training and supervision was provided. Progress notes will be reviewed as part of monitoring visits and weekly by the acting manager</p>
Area for improvement 2 Ref: Standard 48(1) Stated: First time To be completed by: 19 February 2021	<p>The registered person shall submit an action plan with timescales to the home's aligned estates inspector on how the three recommendations of the fire safety risk assessment, dated 16 November 2020, will be addressed.</p> <p>Ref: 6.2.7</p> <p>Response by registered person detailing the actions taken: Completed and forwarded to aligned estates inspector</p>

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



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