

Inspection Report

23 January 2024



Chestnut Lodge

Type of Service: Nursing Home
Address: 47 Carrickaness Road, Benburb,
Dungannon, BT71 7NH
Tel no: 028 3754 8706

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland No 2 Ltd Registered Person: Ms Amanda Mitchell	Registered Manager: Mrs Patricia Graham - not registered
Person in charge at the time of inspection: Mrs Patricia Graham	Number of registered places: 40 A maximum of 20 patients in category NH-DE, 17 patients in category NH-I and 3 patients in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 31
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 40 patients. Bedrooms and living areas are located over two floors with access to communal lounges, a dining area and outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2024 from 10:15 am to 3:50 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 clean, tidy and there was a welcoming atmosphere. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

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

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included 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; "things are great here" and "the staff are brilliant and so is the food."

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

Staff said they were happy working in the home and they felt well supported by the manager. Staff 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 4 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (5) Stated: First time	The registered person shall ensure that confidential information relating to patients is safely secured.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: Third time	The registered person shall ensure that where a patient has been assessed as requiring repositioning: <ul style="list-style-type: none"> care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 38 (3) Stated: First time	The registered person shall ensure that before staff commence working in the home that all gaps in employment are explored and recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person should evidence that there is robust monitoring and oversight of repositioning being delivered to identified patients.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 4.8 Stated: First time	The registered person shall ensure that care plans for wound care are appropriate to the patient's needs and have the recommended dressing frequency recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. 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. An overview of staff compliance with mandatory training was maintained and staff were reminded by the manager when training was due. 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.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager had a competency and capability assessment in place. Review of staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

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

5.2.2 Care Delivery and Record Keeping

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

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

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

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly and their care records accurately reflected their needs.

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.

Review of the care records for an identified patient who presented with distressed reactions provided evidence that care plans were in place, however, these care plans lacked sufficient specific details of the care and support required. This was discussed with the manager and an area for improvement was identified.

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

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

5.2.3 Management of the Environment and Infection Prevention and Control

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

It was observed that in a number of bedrooms, there was no call bell system for patients and staff to summon assistance if and when required. This was discussed with the manager who said that staff routinely carried out regular observations to ensure that all patients were safe and well, however there was no formal protocol in place to guide staff in the absence of a suitable system or to provide for patients who could summon help using a call bell system. An area for improvement was identified.

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

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. Review of the activity board evidenced that there was no up to date schedule of activities.

The management team advised of the ongoing recruitment for an activity staff member. In the absence of an activity staff member there was no evidence that patients were provided with activities or that staff were allocated time to provide the patients with some form of activities on a regular basis. The provision of activities provides patients with meaning and purpose to their day, in recognition of the importance of this to patients and in the absence of activity staff consideration should be given for staff to be allocated to provide patients with meaningful activity. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Patricia Graham has been the manager since 2 January 2024. The manager said she felt very supported by senior management.

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

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

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

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

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Patricia Graham, manager and Karen Agnew, regional manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 31 January 2024	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: all bedrooms and lounges checked and any missing call bells were replaced immediately. checked daily to ensure that residents are able to summon help when required.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 31 January 2024	<p>The registered person shall ensure detailed and patient centred care plans are in place for those patients who present with distressed reactions.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans reviewed and revised for the identified resident</p>
Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: 28 February 2024	<p>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.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Addressed</p>

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