

# Unannounced Care Inspection Report 26 January 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.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Chestnut Lodge took place on 26 January 2017 from 09.35 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection.

The term 'patients' is used to describe those living in Chestnut Lodge which provides both nursing and residential care.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	2*

\*The total number of recommendations includes one recommendation which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 December 2016. Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection.

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.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Health Care Dr Claire Royston	<b>Registered manager:</b> Paul Gildernew
<b>Person in charge of the home at the time of inspection:</b> Paul Gildernew	<b>Date manager registered:</b> 17 July 2013

<p><b>Categories of care:</b> RC-MP(E), NH-PH, RC-I, RC-MP, NH-I, NH-DE</p> <p>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.</p>	<p><b>Number of registered places:</b> 40</p>
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### 3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted to RQIA since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with 12 patients individually and others in small groups, two patient representatives, four care staff, two registered nurses and two ancillary staff members.

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 information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- two recruitment files
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- incidents / accidents records
- duty rotas for the period 23 to 29 January 2017
- a sample of auditing documentation

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 16 December 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector and will be validated at the next medicines management inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 23 June 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 21 (1) (b) <b>Stated:</b> First time	The registered provider must ensure the recruitment process is reviewed to make sure that all relevant information has been obtained and/or reviewed prior to a staff member commencing in post.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two recruitment files evidenced that this requirement has now been met.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> During a review of the environment, compliance with best practice on infection prevention and control (IPC) was observed to have been well managed. Isolated issues with IPC, identified during this inspection, were appropriately managed.	
<b>Requirement 3</b> <b>Ref:</b> Regulation 18 (2) (a) <b>Stated:</b> First time	The registered person must ensure that all patients within the home have a nurse call provision in their bedroom to summon help if needed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Nurse call provisions were observed appropriately in rooms reviewed. Where the nurse call provision was not present, an appropriate care plan had been drafted to meet this need.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 46 Criteria (1) (2)  <b>Stated:</b> Second time	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation and discussion with the registered manager confirmed that a robust system had been implemented which achieved compliance with best practice in IPC.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 18 Criteria (10)  <b>Stated:</b> First time	The registered provider should ensure that all relevant staff receive training on restraint/restrictive practices.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of training records evidenced that 13 staff had completed the training and further training had been requested for staff to attend.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered provider should ensure that care plans accurately reflect the assessed needs of the patients.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one patient's care records evidenced that a care plan last updated in October 2016 was no longer reflective of the patient's current needs.  This recommendation has not been met and will be stated for the second time.	

### 4.3 Inspection findings

#### 4.3.1 Staffing

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 23 to 29 January evidenced that the planned staffing levels were adhered to. Discussion with staff evidenced that two staff had concerns regarding staffing levels specifically from 14.00 to 20.00 hours and were of the opinion that an extra care assistant would assist in patients' needs being met in a more timely manner during this time period. Two respondents in staff questionnaires indicated that they did not feel there were enough staff on duty to meet the needs of patients at all times. Discussion with patients and representatives

evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3.2 Care Practices

A review of patient care and accident records evidenced that an unwitnessed fall had occurred. Records did not indicate that central nervous system (CNS) observations had been taken immediately following the incident and monitored in line with best practice guidelines. This was discussed with the registered manager and a requirement was made to ensure post falls management was conducted in compliance with best practice guidance.

### Areas for improvement

It is required that post falls management is conducted in compliance with best practice guidance.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 4.3.3 Care Records

One patient's care records was reviewed in regard to nutrition. It was observed that the last malnutrition universal screening tool (MUST) score had been calculated in October 2016. There was also evidence that the patient's weight had been checked monthly. These weights when compared evidenced a body weight loss of six percent in one month. There was no evidence that the patient had been referred to a dietician or general practitioner at this time and commenced on weekly weight checks. A food and fluid intake chart had been maintained. However, the charts did not include any food supplements which had been offered or taken by the patient. Although, the food chart did indicate that extra food had been offered to the patient even when this food was refused. This was discussed with the registered manager and a requirement was made.

Repositioning charts had been recorded well and consistently in line with assessed frequency and evidencing of regular skin checks. Bowel management had been recorded well in two of the patient care records reviewed. However, one patient had one bowel movement recorded in a 15 day period. This had not been referenced within nursing evaluation records. There was no indication within any records reviewed of any actions taken in response to the unrecorded bowel management. This was discussed with the registered manager and a recommendation was made to ensure supplementary care records are regularly monitored by registered nursing staff to ensure they are correctly completed and are contemporaneously recorded following care delivery.

### Areas for improvement

It is required 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.

It is recommended that supplementary care records are regularly monitored by registered nursing staff to ensure they are correctly completed and are contemporaneously recorded following care delivery.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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#### 4.3.4 Consultation

Two registered nurses, four carers and two ancillary staff members were consulted to ascertain their views of life in Chestnut Lodge. Staff consulted confirmed that when they raised a concern, they were happy that the home's management would take their concerns seriously. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Six of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"I just love it here. It's a brilliant place to work."

"It's a really good home. Can't fault it."

"I like my work and I have job satisfaction here."

"I am happy to work here."

"I really enjoy it here."

"I like it here."

Twelve patients were consulted and the patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Nine patient questionnaires were left in the home for completion. Three patient questionnaires were returned within the timeframe.

Some patient comments were as follows:

"I find the home very good."

"I am happy here."

"It's nice. The staff are very good."

"It's fine here."

"The staff are very good here."

Two patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. Three relative questionnaires were returned. All respondents indicated that they were satisfied or very satisfied with the care provided in the home.

Some relatives comments were as follows:

"I find the care in the home very good. They (the staff) are more than good to ... ."

"I find the home very comfortable and very welcoming."

#### Areas for improvement

There were no areas of improvement identified on inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3.5 Environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, laundry, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Fire exits and corridors were maintained clear from clutter and obstruction. The home was generally compliant with IPC measures. Isolated issues with IPC were managed immediately when identified on inspection.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3.6 Staff Training

Discussion with staff, the registered manager and a review of training records confirmed that the majority of staff were compliant with mandatory training requirements. Thirteen staff had completed training on restraint/restrictive practice and further training was requested for remaining staff to attend.

#### Areas for improvement

There were no further areas of improvement identified on inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3.7 Meals and Mealtimes

The serving of breakfast commenced at 09.15 and was completed at 10.10 hours. Lunchtime commenced at 12.50 and was completed at 13.45 hours.

The serving of lunch was observed in the dining room on the ground floor. The mealtime was well supervised. Food was served in an organised manner; when patients were ready to eat or to be assisted with their meals. Patients were seated allowing for appropriate space at the dining tables. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with clothing protectors. A selection of condiments was available on the tables and a range of drinks were offered to the patients. The food appeared nutritious and appetising. A pictorial menu was on display in the dining room with the day's meal selection. Staff advised that patients who were not satisfied with the meal selection were offered alternatives. The mealtime experience was observed to be well organised and pleasurable for patients.

#### Areas for improvement

There were no further areas of improvement identified on inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 January 2017</p>	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <p><b>Ref: Section 4.3.2</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Registered Manager has arranged clinical supervision with Registered Nurses. Supervision will include discussion on</p> <ol style="list-style-type: none"> <li>1) Head injury management post fall.</li> <li>2) A review of FSHC policy on falls/risk assessment and care planning.</li> <li>3) All nursing staff to review care plans and associated risk assessments followingsupervision.</li> </ol>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 January 2017</p>	<p>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.</p> <p><b>Ref: Section 4.3.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Registered Manager has reviewed residents weights and updated same on Epic. Clinical supervision has been arranged with Registered Nurses and will cover FSHC nutritional policy, initial completion of care plan and associated risk assessments. Monthly evaluations to evidence progress and should deterioration be noted that appropriate communication with Multi disciplinary team is recorded and agreed outcomes are cascaded to staff and further reviewed. Local trust referral system shall be included.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 9 February 2017</p>	<p>The registered provider should ensure that care plans accurately reflect the assessed needs of the patients.</p> <p><b>Ref: Section 4.2</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Registered staff are reviewing careplans and associated risk assessments ensuring they are person centred and reflective to their current needs. Registered manager will monitor compliance via completion of care tracca on QoI.</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>Ref: Section 4.3.3</b></p>
<p><b>To be completed by:</b> 9 February 2017</p>	<p><b>Response by registered provider detailing the actions taken:</b> Registered manager has arranged supervision with care staff to discuss standard operating procedure for completing supplementary booklets. Registered nurses will conduct a daily check on supplementary care records and Registered Manager will spot check also to monitor compliance for contemporaneous completion.</p>

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



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