



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	18689
Establishment ID No:	1479
Name of Establishment:	Chestnut Lodge
Date of Inspection:	10 June 2014
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Chestnut Lodge
Address:	47 Carrickaness Road Benburb BT71 7NH
Telephone Number:	0283754 8706
Registered Organisation/Provider:	Four Seasons Health Care/Mr James McCall
Registered Manager:	Mr Paul Gildernew
Person in Charge of the Home at the time of Inspection:	Mr Paul Gildernew
Other person(s) consulted during inspection:	Mr Gerry Hegarty(Four Seasons Health Care Maintenance Manager).
Type of establishment:	Nursing Home
Number of Registered Places:	40; Maximum of 20 patients in NH-DE, 17 patients in NH-I, and 2 patients in NH-PH.
Date and time of inspection:	10 June 2014 from 10.00 – 13.30hrs
Date of previous estates inspection:	20 July 2013
Name of Inspector:	Raymond Sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with the person in Mr Gerry Hegarty & Mr Paul Gildernew;
- Examination of records;
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr Paul Gildernew and Mr Gerry Hegarty.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

7.0 PROFILE OF SERVICE

Chestnut Lodge Care Home is located approximately two miles from Benburb in its own landscaped grounds. The home is registered to provide care under the following categories of care:

Nursing Care

I - old age not falling into any other category
DE – dementia

Residential Care

RC - I - Old age not falling into any other category.
MP - care for one resident in the mental health category of care excluding learning disability (under the age of 65).
MP (E) - Mental disorder excluding learning disability or dementia (over the age of 65).

Chestnut Lodge Care Home is also registered to provide day care for two service users. The home comprises of 30 single bedrooms, five double bedrooms, three sitting rooms, dining-room, kitchen, laundry, bathroom, shower and toilet facilities, staff accommodation and offices. Adequate car parking facilities are provided at the front of the home.

8.0 SUMMARY

Following the Estates Inspection of Chestnut Lodge on 10 June 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

The inspection resulted in three requirements and two recommendations, listed in the quality improvement plan appended to this report.

Building interior decorated surfaces are currently receiving refurbishment, the building exterior surfaces are to be renewed during proposed external variation works. Building services and fire safety precautions are maintained effectively in compliance with current good practice.

The Estates Inspector would like to acknowledge the assistance of Mr Paul Gildernew and Gerry Hegarty during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

All issues raised in the report of the previous estates inspection on 20 July 2013 have been addressed.

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activity and procedures; the building and engineering services however require some attention in order to comply with this standard. Items requiring corrective action by the registered person are detailed in report item 9.2.2 and in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.

9.2.2 Bedroom 6 wall decorative finish was damaged due to impact with hoists/wheelchairs.
Bedroom 4 wall decorative finish was damaged due to impact with hoists/wheelchairs.
Laundry wall paint is in poor decorative condition, wall surface is marked by impact with trolleys/trays etc.
Corridor wall surfaces adjacent to the smoker's room has been damaged due to impact with hoists/wheelchairs etc.
Rear elevation roof eaves fascia and gutters are dirty and require cleaning.
(Reference: Quality Improvement Plan Item 1)

- 9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner***
- 9.3.1 Safe and healthy working practices are evident in the home, compliant with this standard, although some issues have been identified for attention by the registered person. Items requiring corrective/improvement action by the registered person are detailed in the following report items 9.3.2 & 9.3.3, and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.
- 9.3.2 The last recorded Portable Appliance Test combined inspection was completed on 3 May 2013; Mr Hegarty stated that a test date had been arranged
(Reference: Quality Improvement Plan Item 2)
- 9.3.3 The passenger lift Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination dated 12 March 2014 listed several minor items of corrective work to be completed by the responsible person. The maintenance manager stated that the items will be completed during the next routine lift engineer service inspection.
(Reference: Quality Improvement Plan Item 3)
- 9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.***
- 9.4.1 Fire Safety procedures implemented in the home were compliant with this standard. Records inspected demonstrate good attention to fire safety matters; there are however two issues which need to be addressed, detailed in the following report sections 9.4.2 & 9.4.3, and in the attached quality improvement plan section titled '**Standard 36: Fire safety**'.
- 9.4.2 A review of the home`s fire risk assessment was completed on 19 May 2014 by Jonathan Cleary, Four Seasons Health & Safety Manager. It is understood that the fire risk assessor has applied for professional body registration for fire risk assessment with the Institute of Fire Engineers (IFE), and expects to obtain registration with that body within a period of six months.
(Reference: Quality Improvement Plan Item 5)
- 9.4.3 The fire safety risk was listed as moderate, and would reduce to tolerable subject to the implementation of the fire risk assessment report

recommendations.
(Reference: Quality Improvement Plan Item 4)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr Paul Gildernew and Mr Gerry Hegarty during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	CHESTNUT LODGE
Date of Inspection	10 June 2014
Estates Inspector	R.Sayers

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X	X		R.Sayers	06/08/14
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the quality improvement plan were discussed with Mr Paul Gildernew and Mr Gerry Hegarty during the inspection process.

The timescales commence from the date of inspection.


Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Paul Gildernew
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall 

CAROL COWINS
DIRECTOR OF OPERATIONS

Announced Estates Inspection to Chestnut Lodge Nursing Home on 10 June 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(b)	Complete a condition survey of all interior & exterior surfaces, implement cleaning/redecoration of deteriorated/damaged surfaces. (Reference: Report paragraph 9.2.2)	12 weeks	Condition survey carried out by Estates Manager: Exterior of home fully redecorate Summer 2013. The Maintenance Man is currently working on a painting and decorating plan for the interior of the home as of 16.6.14.

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Assurance, Challenge and Improvement in Health and Social Care

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulations 14 (2)(a),(b) & (c)	Verify that all electrical appliances are inspected and tested in compliance with Health & Safety Executive guidance document " Maintaining Portable and Transportable Electrical Equipment (HSG107, INDG 236 & 237) (Reference: Report paragraph 9.3.2)	8 weeks	PAT test completed 6.5.14 by Cobra ,Recorded filed in Mintenance Certificate Folder
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
3	Standard 35.1	Implement corrective works noted on 12 June 2014 Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination report. (Reference: Report paragraph 9.3.3)	8 weeks	Order has been raised to Ritchie Harte. Job due for Completion 12.08.14.

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Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Requirement Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 27 (4)(a)	Verify that the fire risk assessment report recommendations are either implemented or prioritized and scheduled for works action. (Reference: Report paragraph 9.4.3)	8 Weeks	All required actions have been actioned and signed off to date.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
5	Standard 36.1	<p>It is recommended that the annual reviews of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>(Reference: Report paragraph 9.4.2)</p>	12 Weeks	As per agreement with RQIA Four Season's Fire Risk Assessors are currently undergoing IFE Assessment. Both Assessors to be Registered this year.

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Assurance, Challenge and Improvement in Health and Social Care