

Inspection Report

Name of Service: Chestnut Lodge
Provider: Healthcare Ireland No 2 Ltd
Date of Inspection: 23 October 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Healthcare Ireland No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Judith Gumbo – not registered
Service Profile:	
<p>This home is a registered nursing home which provides nursing care for up to 40 patients; a maximum of 20 patients living with dementia; 17 patients in frail elderly over 65 years of age; and 3 patients with physical disability under 65 years of age. Bedrooms and living areas are located over two floors with access to communal lounges, dining areas and outdoor spaces.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 October 2025 from 9.45 am to 5.50 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 4 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery. Including; supervision of patients during meal times, care records, General Data Protection Regulation (GDPR), Control of Substances Hazardous to Health (COSHH), the management of prescribed topical creams and a system to ensure that all staff participate in a fire evacuation drill at least once a year.

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. Refer to Section 3.2 for more details.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Two areas for improvement have been stated for a second time.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Staff are very good", "I am getting well looked after", "I like it here", "The staff are very kind", "I am very happy here" and "Couldn't be better".

Staff said the management team were approachable, teamwork was great and that they felt well supported in their role. Comments included: "The manager is very good", "I enjoy working here" and "Good induction".

One relative and a visiting professional spoken with during the inspection commented positively about the overall provision of care within the home. Comments included: "The staff are doing a good job", "The staff are always very good at communicating with me about patients' needs" and "The staff are very friendly and welcoming".

There was no response to the online survey or questionnaires within the timeframe allocated.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of patients care records evidenced that these were mostly well maintained. A discussion was held with the management team regarding a number of charts without dates. The management team agreed to monitor this closely and to action where necessary.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. A menu was on display within each of the dining rooms offering a choice of two meals. A discussion was held with the manager regarding pictorial menus within the dementia unit; the manager acknowledged the benefits of such menus and agreed to have this implemented.

The dining experience was an opportunity for 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 had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a meal time co-ordinator to oversee the correct delivery of meals to patients.

Whilst the dining experience on the first floor was well organised and patients were appropriately supervised in accordance with the speech and language therapy (SALT) recommendations; patients within the ground floor dining room were observed eating their lunch time meal unsupervised which was not in accordance with SALT recommendations. An area for improvement was identified.

Patients commented positively about the food provided within the home with comments such as: "The food is great and plenty of choices", "There is always something nice to eat" and "The food is very good".

The importance of engaging with patients was well understood by management and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as music, movies, skittles and quizzes.

Balloon therapy was provided in the morning and a game of skittles was provided in the afternoon. Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: "There is plenty of things to do here and I really enjoy the activities" and "I am very happy here".

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

A system for monitoring care records post admission had been implemented by management following the last care inspection, to ensure that the relevant risk assessments and care plans were in place. Review of one patient's care records evidenced that a number of risk assessments and care plans had not been completed within the required timeframe. An area for improvement has been stated for a second time.

The door to the nurses' office on the first floor was open with access to patient confidential information. An area for improvement was identified.

Whilst care records were person centred, regularly reviewed and updated; a number of care plans had not been implemented to reflect relevant medical conditions. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that refurbishment works had been completed since the last care inspection. The management team confirmed that further refurbishment works were on the homes agenda including ongoing painting and the replacement of identified furniture.

Observation of the environment identified concerns regarding the management of risks to patients. Food, fluids and toiletries were accessible in a number of patient bedrooms. Cleaning products were observed to be unsupervised on a domestic trolley on the ground floor, not in keeping with Control of Substances Hazardous to Health (COSHH) regulations. This area for improvement has been stated for a second time.

Prescribed topical creams were not securely stored in a number of patient's bedrooms and a communal shower room on the first floor, some of which had no label or were labelled for another patient. Details were discussed with the management team and an area for improvement was identified.

A fire risk assessment was completed on the 11 November 2024. Several actions were identified which had not been signed off by management as completed. Following the inspection, written confirmation was received that the actions stated were completed.

There was evidence that fire drills were carried out within the home on a regular basis with a record of the staff who attended. However, there was no system in place to ensure that all staff attended at least one fire evacuation drill a year. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included regular monitoring of the environment and staff practice to ensure compliance. Whilst most staff were compliant with IPC best practice, one member of staff was wearing nail polish which would inhibit effective hand hygiene. This was discussed with management and following the inspection, written confirmation was received that the necessary action was taken to address this.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Judith Gumbo is now the Acting Manager since 24 February 2025.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There were systems in place to ensure that accidents and incidents were notified to patients' next of kin, the trust and to RQIA.

A record of complaints was held within the home. Review of a sample of complaints evidenced that these were appropriately addressed.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 23 October 2025</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 2.0 and 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Chestnut Lodge Care Home currently cares for residents across multiple categories of care, including frail elderly, Dementia care and Physical disability. This presents a challenge as clients within each category of care have various levels of capacity, safety awareness and levels of independence. There is not a designated dementia unit within the home. Therefore, a risk management approach to the storage of food and drink by residents within their own bedrooms has been adopted to balancing the rights and choices of the individual against the needs of those residents within the home who have impaired safety awareness. Risk management plans are in place were required to manage individual risk. Each resident has been provided with a secure plastic container to store their own personal items. We have requested cooperation from the residents who are independent in this area to use these boxes and staff within the home will check the rooms of those residents with dementia or reduced safety</p>

	<p>awareness to ensure food items are stored within the boxes. Family members have been advised to limit items brought into the home and for the need to have these items stored in the boxes. Posters advising visitors and families of items which are not permitted to be stored/located in rooms for safety reasons will be displayed in bedrooms and in the front foyer of the home.</p> <p>The domestic team have had supervision during which they have been reminded of their responsibility to ensure that cleaning trollies are kept within their line of sight at all times.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2025</p>	<p>The registered person shall ensure that patients are supervised during meals in accordance with SALT recommendations.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The meal time experience on the ground floor in the home was reviewed post inspection. A meal time co-ordinator is now identified for both floors to ensure that the practices observed by the inspector on the first floor, including the appropriate supervision of residents in accordance with SALT recommendations, is replicated in all dining areas. The regional manager met with the kitchen team to reinforce that they are not to provide meals directly to residents unless this has first been authorised by the meal time co-ordinator and the safety pause has been completed.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2025</p>	<p>The registered person shall ensure that prescribed topical creams are appropriately labelled to denote ownership and are safely and securely stored at all times.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: A review of all bedrooms took place following the inspection. Unlabelled topical creams were removed and replaced with creams prescribed for the resident. A vanity unit with a lock is provided in the room for safe storage of creams. A care assistant is allocated to complete a daily check of bedrooms which includes monitoring of compliance with storage of creams. A template has been developed to evidence the required checks has been completed. A Registered Nurse will spot check rooms to validate the accuracy of information in the audit and the audit submitted to the home manager with the daily shift report for sign off.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 23 October 2025</p>	<p>The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home.</p> <p>Ref: 2.0 and 3.3.3</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2025</p>	<p>Response by registered person detailing the actions taken: Prior to the inspection a system for auditing of new residents care records was implemented. Regrettably the oversight in relation to one care record occurred with one identified resident who had been admitted during the home managers' annual leave. A meeting has taken place with the member of staff who assumes responsibility for the management of the home in the managers absence and a professional reflection has been completed and learning evidenced.</p> <p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The door to the nurses station was fitted with a keypad to secure the records when there was no one present in the office. Discussion has taken place with the nursing team who have been reminded of their responsibility to ensure the door is locked as they exit . Compliance will be monitored during the managers' walkarounds and during senior management's monitoring visits</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2025</p>	<p>The registered person shall ensure that care plans are in place for patients' relevant medical conditions.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: A Registered Nursing meeting was completed following on from the inspection and feedback from the inspection in relation to the completion of care plans was shared. The care record identified was reviewed by the registered manager and care plans were developed for the relevant medical conditions. A review of all residents records have been reviewed to provide assurance that all residents past medical history is reflected in the care plans.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 48.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is implemented to ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref: 3.3.4</p>

To be completed by:
13 November 2025

Response by registered person detailing the actions taken:

Fire drills are completed regularly in the home, and a fire drill matrix is maintained. However, on review of the drill records it was not clear which drill included a " Fire Evacuation". A new fire drill matrix is under development which will allow for the recording of the date of the Fire Drill Evacuation. In the interim the manager will use a highlighter pen to indicate on the current Fire Matrix the date of the Fire Drill Evacuation. Fire Drill Evacuations are being completed within the home at present, and it is anticipated that there will be 100% compliance achieved by 31.12.25

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews