



Unannounced Care Inspection Report 3 October 2019



Tennent Street

Type of Service: Nursing Home

**Address: Sandringham Suite, 1 Tennent Street, Belfast
BT13 3GD**

Tel no: 028 9031 2318

Inspectors: Gillian Dowds & Joseph McRandle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 registered nursing home which provides care for up to 17 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Methyl Dagooc 7 December 2018
Person in charge at the time of inspection: Methyl Dagooc	Number of registered places: 17 The home is also approved to provide care on a day basis to 1 person.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 17

4.0 Inspection summary

An unannounced inspection took place on 03 October 2019 from 09.00 hours to 18.00 hours.

This inspection was undertaken by the care and finance inspectors.

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.

Evidence of good practice was found in relation to staff interaction with patients, staff induction, supervision, appraisal, management of falls and the general financial arrangements for patients.

Areas requiring improvement were identified in relation to compliance with best practice in infection prevention and control (IPC); storage of thickening agents; care planning on pressure relieving devices; management of fluid targets; the dining experience; auditing; and with patients' written agreements.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*7

* The total number of areas for improvement includes one which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Methyl Dagooc, 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.

4.2 Action/enforcement taken following the most recent inspection dated 4 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 March 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

The following records were examined during the inspection:

- duty rota for all staff from 23 September to 13 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- two patient care records
- one patient's care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from August 2019
- RQIA registration certificate
- two patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies and valuables, patients' fees, payments to the hairdresser and purchases undertaken on behalf of patients
- a sample of records of monies deposited on behalf of patients
- a sample of records from patients' comfort fund and patients' personal property
- a sample of statements from the patients' bank account and records of reconciliations of patients' monies
- financial policies and procedures.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure that fluid intake records in relation to enteral feeding are fully completed and include an accurate total daily fluid intake.	Carried forward to the next care inspection

	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
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6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the staffing levels for the home. A review of the duty rota from 23 September to 13 October 2019 evidenced that these staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner; call bells were answered promptly and staff were observed to be helpful and attentive towards patients.

Review of two staff recruitment and induction files evidenced that staff were recruited safely.

Discussion with staff and review of records confirmed they had completed a period of induction and that they received regular supervisions and a yearly appraisal.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding. Review of training records confirmed staff had completed mandatory training in this area.

We discussed the provision of mandatory training with the manager and reviewed staff training records. This confirmed staff received regular training and the manager monitored the training on a monthly basis to ensure all staff were attending.

Review of one patient's care records evidenced that a range of validated risk assessments was completed and reviewed as required. These assessments informed the care planning process.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging.

We reviewed the management of falls in the home; the care records reviewed evidenced that validated risk assessments and care plans were in place to direct the care required. In discussion with the inspector, staff demonstrated their knowledge of the management of falls and how to care for patients who had a fall.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. The bedrooms were tidy and there were some good examples of personalisation of the patients' bedrooms. However, some of the sluices and some of the storage areas were untidy. In one bathroom, unnamed toiletries were stored in a cupboard, suggesting communal use. A snack kitchen area was unlocked; there was clutter in the kitchen area, with access to supplements and thickening agents. The microwave was found to be dirty and uncovered food was stored in the fridge. In the dining room we found a side board with the integrity compromised as the paint was badly chipped. This could not be effectively cleaned. An area for improvement in relation to compliance with best practice in infection prevention and control was made. An area for improvement was also made in relation to the inappropriate storage of thickening agents in the dining room and the snack kitchen.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of training records confirmed that all staff had attended fire training.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control and storage of thickening agents.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We observed the delivery of care to patients throughout the inspection and it was obvious staff knew them well and had a good understanding of their care needs. We observed that patients received the right care at the right time. Staff demonstrated effective communication skills and were seen to attend to patients in a caring and timely manner.

We reviewed two patients' care records and these evidenced that care plans were in place to direct the care required, and reflected the assessed needs of the patients. Care records reviewed also evidenced regular evaluation of the care provided in order to assess the effectiveness of this and to determine if reassessment of planned care was required. However, in some cases the evaluations were not patient centred or meaningful and this was discussed with the manager who advised that she will address this with the nursing staff. This will be reviewed during the next care inspection.

We reviewed a care plan for pressure relief. It was documented that a pressure relieving device was in use, however, there was no setting for the device recorded. An area for improvement was identified.

We reviewed a care plan for a patient requiring a fluid target. Although the target was recorded as "8 glasses per day" it did not record the volume of the glass. An area for improvement was identified.

Patients' nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SALT) where required. Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date.

We reviewed the care plan for the use of an indwelling catheter. The care plan contained the detail required to direct care.

Areas for improvement

The following areas were identified for improvement in relation to care planning of pressure relieving devices and fluid targets.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.00 hours. Patients were enjoying breakfast or a morning cup of tea or coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

The lunch time experience was observed by the lay assessor. He commented:

"Observed the serving of lunch in Sandringham. There were 11 patients at four tables in the dining room. Three care staff were serving lunch from the heated trolley in the 'snack kitchen'. The trolley was not plugged in. Meals were set on a four tier tray trolley for later distribution and then patients were served in the dining room before the other meals were taken to patients in their rooms. Where assistance was offered with eating it was done so sensitively and appropriately. The use of the heated trolley and the tiered trolley was discussed with the manager and an area for improvement for the dining experience was identified."

Patients spoken to were mostly positive about their experiences in the home. One patient who spoke to the lay assessor discussed how he did not know why he was there. This was discussed with the manager who confirmed this had been fully discussed with the patient.

Ten patient/relative questionnaires were left in the home for completion; no responses were returned within the timescale for inclusion in this report.

Staff were observed speaking to patients in a friendly manner and were observed singing with patients in the lounge.

The manager confirmed the available activities in the home and a planner was evident but lacked description of the activity for the days that the activity therapist was on duty. This was discussed with the manager and will be reviewed at the next care inspection.

Staff spoken with were positive about working in Tennent Street and one stated, "I love it here."

We also sought staff opinion on working in Tennent Street via the online survey; no responses were received.

A record was kept of cards and compliments received. Remarks included:

"Thank you for your kindness."

"Thank you for taking good care of my father. "

"Thank you for all the care and attention."

Areas for improvement

The following area was identified for improvement in relation to the dining experience.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

There has been no change in management arrangements since the last inspection. Discussion with staff, patients and relatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed a sample of reports of monthly monitoring visits carried out by the registered provider. These included evidence of consultation with patients, staff and visitors, a service improvement plan and an action plan.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, medication, wound care and bedrails.

However, it was identified that in some cases where a shortfall was identified any action taken to rectify this was not always documented and an area for improvement was identified.

Management of patients' monies

Financial systems in place at the home were reviewed and found to be satisfactory. These included the system for recording transactions undertaken on behalf of patients, the system for retaining receipts from transactions, the system for recording the reconciliations of patients' monies, the system for recording patients' personal property and the system for retaining patients' personal monies.

A review of two patients' files evidenced that copies of signed written agreements were retained within both files. The two agreements reviewed did not show the current weekly fee paid by, or on behalf of, the patients. This was discussed with the manager and identified as an area for improvement under the standards.

A review of a sample of purchases undertaken on behalf of patients showed that in line with the DHSSPS Care Standards for Nursing Homes 2015 details of the purchases were recorded, two signatures were recorded against each entry in the patients' transaction sheets and receipts were available from each of the purchases reviewed.

Areas for improvement

The following areas were identified for improvement in relation to robust auditing and updating patients' written agreements to show the current fee.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Methyl Dagooc, registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 30 November 2019	The registered person shall ensure the infection prevention and control issues identified in this inspection are addressed. Ref: 6.3
	Response by registered person detailing the actions taken: A supervision session was carried out with all the staff regarding infection prevention and control issues which were identified during the inspection. The issues identified have since been addressed. The compliance of same is being monitored by the Registered Manager during daily walk around the Home and via the Regional Manager during the Reg29 audit.
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 29 Stated: First time To be completed by: 1 June 2018	The registered person shall ensure that fluid intake records in relation to enteral feeding are fully completed and include an accurate total daily fluid intake. Ref: 6.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 30 November 2019	The registered person shall ensure that prescribed thickening agents and food supplements are securely stored at all times. Ref: 6.3
	Response by registered person detailing the actions taken: Thickening agents and food supplements were immediately removed and stored securely at the time of the inspection. Compliance is being monitored during the daily walk around audit.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 30 November 2019	The registered person shall review the existing fluid management arrangements in the home so to ensure that daily fluid targets are reflective of individualised assessed need. Assessed fluid targets should be recorded in the patients individual care records and fluid intake reviewed daily by a registered nurse. Ref : 6.4
	Response by registered person detailing the actions taken: All residents care plans have been reviewed. Assessed fluid targets

	are recorded in the patients individual care records. The trained staff are reviewing fluid intake daily. Compliance of same is being monitored by the Registered Manager through completion of Resident Care TRaCAs.
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<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2019</p>	<p>The registered person shall ensure that the pressure relieving equipment used is appropriately set in regards to manufacturer's guidance and patients' weight. The settings required should be appropriately recorded in care plans and reviewed accordingly.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All settings for pressure relieving equipment have been checked, reviewed and have been recorded in care plans accordingly. Compliance is being monitored through the audit process.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 5 December 2019</p>	<p>The registered person shall ensure that meals are stored in an appropriate manner prior to serving to maintain the temperature of the food.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Meals are now being stored in an appropriate manner prior to serving to maintain the temperature of the food. Staff have attended dining experience training. Compliance of this is being monitored by the Registered Manager completing the Dining Experience TRaCA monthly.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2019</p>	<p>The registered person shall ensure that action plans are developed to address the shortfalls identified within auditing records and that these action plans are reviewed to ensure completion</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Following the completion of Audits, if required an action plan is developed to address any areas of deficits. These actions will be reviewed on a regular basis to ensure these are completed prior to the action plan being closed off.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2019</p>	<p>The registered person shall ensure that patients' written agreements are updated to show the current fee paid by, or on behalf of, patients.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Written agreements have been updated to show current fee paid.</p>

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



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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