



# Unannounced Care Inspection Report 28 September 2020



## Tennent Street

**Type of Service: Nursing Home**  
**Address: Sandringham Suite, 1 Tennent Street,**  
**Belfast, BT13 3GD**  
**Tel No: 028 9031 2318**  
**Inspector: Gillian Dowds**

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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 nursing home registered to provide nursing care for up to 17 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Methyl Dagooc - 07 December 2018
<b>Person in charge at the time of inspection:</b> Roxana Mitrea – Acting Manager	<b>Number of registered places:</b> 17
<b>Categories of care:</b> 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. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 17

### 4.0 Inspection summary

An unannounced inspection took place on 28 September 2020 from 10.20 to 17.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control practices
- care delivery
- care records
- governance and management arrangements.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	*4

\*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Roxana Mitrea, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with five patients and five staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for all staff from 21 September to 4 October 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- one staff recruitment file
- four patients' care records including food and fluid intake records
- complaints and compliments
- a sample of monthly monitoring reports
- accident/incident records
- a sample of governance audits
- records of adult safeguarding referrals
- COVID-19 information file.

Areas for improvement identified at the last care 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 inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 6 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 4 Stated: First time	The registered person shall ensure wound care evaluation is recorded at each wound dressing change.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed two wound care records. These evidenced gaps in the recording of ongoing assessment and evaluation. This will be discussed further in section 6.2.4.  This area for improvement has not been met and will be stated for a second time.	
<b>Area for improvement 2</b> Ref: Standard 4 Stated: First time	The registered person shall ensure accurate recording of bowel management documentation and this care is evaluated by the registered nurses.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced this area for improvement was met.	

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty.

Staff felt that they had been well supported during the outbreak of COVID-19 in the home. The staff also told us that they felt well equipped for their role and that they had been kept updated with developments and guidance relating to COVID-19; an up to date COVID-19 file was maintained for staff reference and information.

We reviewed one staff recruitment file; this evidenced that the required employment checks were carried out prior to a staff member commencing work in the home. There was a system in place to monitor the registration status of nurses with the NMC and care staff with NISCC.

Comments made by staff included:

- “We all pull together.”
- “We are kept up to date with any changes.”
- “Staffing is ok, better now we have the third person on.”

### **6.2.2 Infection prevention and control (IPC) measures**

Signage had been displayed at the entrance to the home to reflect the current guidance on COVID-19. Staff had a temperature check on arrival to the home.

Personal protective equipment (PPE) was readily available throughout the home and PPE stations were well stocked. Staff told us that they had had sufficient supplies of PPE at all times.

We observed that staff were compliant in relation to wearing their masks. However we noted on some occasions staff not donning (putting on ) their PPE in the correct order. A small number of staff missed opportunities to additionally sanitise their hands. We discussed this with the manager and an area for improvement was made regarding staff’s adherence to IPC measures and management oversight of this.

We reviewed the home’s environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining room, sluices and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients’ bedrooms were attractively decorated and personalised. We observed that some fans were dusty and required to be cleaned; this was discussed with the manager who agreed to address this.

### **6.2.3 Care delivery**

We observed that patients looked well cared for and were content and settled in their surroundings. Patients who were in their rooms had call bells within reach. Patients who were in the lounge were observed to enjoy listening to music and singing along with staff.

There was a calm and friendly atmosphere in the home. Staff were seen to treat patients with kindness and respect. Patients spoken to told us:

- “Lovely.”
- “Staff are very good, they help me”
- “I am happy enough here.”
- “I like it here.”

We observed the serving of lunch in the dining room and found this to be a pleasant and unhurried experience for the patients. Staff were helpful and attentive and patients were offered alternatives if required. Staff were seen to assist patients with their eating and drinking needs as required.

Feedback from the patients in relation to the meal was mostly positive; however, one patient advised that they were not always happy with the presentation of the food. One staff member also advised that new menus had been implemented. We were advised that the patients had not been consulted in relation to the menu changes. All comments were passed to the manager and an area for improvement in relation to the dining experience was made.

#### **6.2.4 Care records**

We reviewed four patients' care records which evidenced that individualised care plans had been developed to direct the care required. However, some care plans lacked specific details. In one instance, we viewed a care plan for patient's mobility; we observed that the equipment in the care plan did not correspond to the required equipment listed in the risk assessment. An area for improvement was made.

Patients' weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred. Food and fluid records reviewed were up to date. One care plan for a patient with identified weight loss directed staff to weigh the patient weekly; the patient was weighed monthly. We also evidenced within one patient's record a weight which appeared to have been recorded inaccurately; no action was taken to recheck this weight. We discussed these findings with the manager and an area for improvement was made.

We reviewed the wound care records for two wounds and observed that relevant wound care documentation was in place. However, we evidenced gaps in the recording of the ongoing assessment and evaluation of the care provided and an area for improvement in this regard was stated for the second time. We observed that recommendations from the tissue viability nurse (TVN) were followed and the nurse spoken with advised us the wounds were healing well.

We reviewed the records for a patient who required an antibiotic to treat an acute infection. We observed that an appropriate care plan was in place had sufficient detail to direct the care required.

#### **6.2.5 Governance and management arrangements**

A change of management had taken place since the last inspection. RQIA had been notified appropriately.

We reviewed a sample of governance audits in the home. These audits identified areas that required improvement; we observed that action plans were developed and timeframes for completion were visible. However, given the findings on this inspection in relation to care records we discussed the robustness of the system for auditing care records further with the manager and an area for improvement was identified.

We reviewed a sample of the monthly monitoring reports and found that action plans were developed from these where improvements were required. We observed, however, that there was no indication when the required actions had been taken and an area for improvement was identified.

### Areas of good practice

Throughout this inspection we saw good practice in regard to the personalisation of patients' bedrooms, warm and supportive staff interactions with patients and the teamwork within the home.

### Areas for improvement

Areas for improvement were identified in relation to the correct usage of PPE, ensuring care plan reflect the assessed needs and weight management. Further areas for improvement were identified in relation to monthly monitoring reports and care plan audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

## 6.3 Conclusion

During the inspection patients were observed to be well presented and content in their surroundings. Staff were observed interacting with patients in a friendly and caring manner. Patients spoken to were positive about their experiences living in Tennent Street.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roxana Mitrea, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2020	<p>The registered person shall ensure weight monitoring for all patients is contemporaneously completed and maintained in accordance with individual care needs.</p> <p>Ref: 6.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Monthly Home Manager's weights audit implemented to ensure all patients are weighed in accordance with their own care plan.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2020	<p>The registered person shall ensure any corrective action taken as a result of an action plan is clearly documented when completed.</p> <p>Ref: 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All action plans developed as a result of any type of audit are now being signed and dated by the person reviewing and signing off the actions.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 November 2020	<p>The registered person shall ensure wound care evaluation is recorded at each wound dressing change.</p> <p>Ref:6.1 and 6.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Supervisions have been completed with all trained staff regarding management of wound care. Active wounds are being checked weekly by the Home Manager. Wound Analysis Audit is being completed monthly.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that training on the use of PPE and hand hygiene is embedded into practice. .</p> <p>Ref:6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Supervisions completed regarding hand hygiene and use of PPE. Hand hygiene and PPE audits completed weekly.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2020</p>	<p>The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need, with specific reference but not limited to the equipment required for use for mobility as documented in care plans.</p> <p>Ref: 6.2.4</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2020</p>	<p><b>Response by registered person detailing the actions taken:</b> All care files are in the process of being audited using the care profile review tool to ensure triangulation between assessed needs, risk assessments and individual care plans.</p> <p>The registered person shall ensure a robust system is in place for the auditing of care records.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly care plans review matrix implemented to ensure each care file is being audited at least 6 monthly. Each review will trigger an action plan, if gaps identified, which will be handed over to the trained staff to address within 7 days.</p>

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



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