



Unannounced Care Inspection Report 31 August 2018



Tennent Street (Sandringham Suite)

Type of Service: Nursing Home (NH)
Address: 1 Tennent Street, Belfast, BT13 3GD
Tel No: 028 9031 2318
Inspector: Kieran McCormick

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 17 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: Methyl Dagooc (Application in progress)
Person in charge at the time of inspection: Daniel Lupea – Registered Nurse	Date manager registered: Application pending approval
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. TI – Terminally ill.	Number of registered places: 17 The home is approved to provide care on a day basis to one person.

4.0 Inspection summary

An unannounced inspection took place on 31 August 2018 from 09.40 to 14.55 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

The inspection had been scheduled to have been carried out as an unannounced primary inspection. However due to the seriousness of the concerns identified early in the inspection, regarding the environment and management of hygiene, the focus of inspection was therefore changed. The regional manager attended the home during the inspection; the concerns identified were discussed with the regional manager for their urgent attention.

As a result of the inspection, RQIA was concerned that aspects of the quality of care and service delivery within Tennent Street, Sandringham Suite, in regards to the environment and management of hygiene in the home, were below the minimum standard expected. A decision was taken to hold a meeting with the intention to serve a failure to comply notice regarding the breach in Regulation 13(7) of the Nursing Homes Regulations (Northern Ireland) 2005. This meeting took place at RQIA on 7 September 2018.

During the intention meeting the representatives in attendance on behalf of the registered provider acknowledged the failings; those present provided a full and comprehensive account of the actions taken to ensure the improvements necessary to achieve compliance with the required regulation. RQIA were satisfied with the assurances provided and a decision was made that no further enforcement action was required to be taken.

A further inspection will be undertaken to validate sustained compliance and assure necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*10

*The total number of areas for improvement include one regulation and one standard that have been stated for a second time and which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Kirkpatrick, Regional Manager, Melanie Reyes, Acting Manager, a Registered Nurse and a Unit Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action, in the form of an intention to serve a failure to comply notice meeting, resulted from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 2 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing

- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with four patients and ten staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- a sample of housekeeping staff duty rota
- staff training records
- a sample of governance audits
- a sample of cleaning schedules
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met. The remaining areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 the most recent inspection dated 2 May 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 29 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.	Not met
	Action taken as confirmed during the inspection: A number of infection prevention control, environmental and cleanliness issues were identified during this inspection. This was therefore the focus of the enforcement action taken by RQIA. This area for improvement has not been met and will be stated for a second time.	
Area for improvement 2 Ref: Regulation 15 (1) (a) Stated: First time	The registered person shall not provide accommodation to a patient at the nursing home unless the needs of the patient have been assessed by a suitably qualified person.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Regulation 19 (1) (a) Stated: First time	The registered person shall ensure patient's care plans are patient centred and accurately reflect the patient's name.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patient's bedrooms and en-suites are prioritised on a re-decorating programme.</p> <p>Action taken as confirmed during the inspection: As before, a number of infection prevention control, environmental and cleanliness issues were identified during this inspection. This was therefore the focus of the enforcement action taken by RQIA.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure patient care plans take into account advice and recommendations from relevant health and social care professionals.</p> <p>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.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff are proficient in accessing electronic patient records. This area for improvement is made with specific reference to oversight of patient's fluid intake.</p> <p>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.</p>	<p>Carried forward to the next care inspection</p>

Area for improvement 4 Ref: Standard 41 Stated: First time	The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.	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.	
Area for improvement 5 Ref: Standard 11 Stated: First time	The registered person shall ensure the programme of activities is displayed in a suitable format and in a suitable location so patients know what is scheduled.	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.	
Area for improvement 6 Ref: Standard 12 Stated: First time	The registered person shall ensure that menus are displayed for patients in a suitable format and location on a daily basis, showing what is available at each mealtime.	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.	

6.3 Inspection findings

Environment and adherence to best practice in infection prevention and control

An inspection of the home's environment was undertaken and included observations of a broad sample of bedrooms, bathrooms, lounges, communal areas, dining rooms and storage areas. The inspector observed examples of where patients' bedrooms were personalised with photographs, pictures and personal items. It was noted that environmental improvements had been made in some areas of the home since the last inspection.

However observation of the wider environment, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures and best practice guidance and safe environmental standards were not consistently adhered to. Deficits were identified in relation to the cleanliness of patients' bedrooms, en-suite bathrooms, communal areas and equipment

used by patients. Clinical waste had not been disposed of appropriately in one en-suite bathroom. Walls throughout the home were found to be badly marked and stained. Equipment used by patients was not appropriately maintained and could not be effectively cleaned, including shelving, lamps, seating in the lounges, pull cords in bathrooms and pressure relieving cushions. These areas of concern were highlighted to the regional manager and an area for improvement under regulations was made in order to drive improvement relating to IPC practices.

Sluice rooms were not effectively cleaned or maintained for their purpose and were left unlocked with the potential for patients to access hazardous chemicals, an area for improvement under the standards was made.

There was evidence that 'net pants' used for continence management were being laundered and used communally, as a result an area for improvement under the standards was made.

A review of the duty rotas found deficits in the housekeeping staff cover, this was discussed with the regional manager and an area for improvement under the standards was made.

Cleaning schedules were not consistently completed with significant gaps noted in records. There was a lack of effective oversight and governance in relation to infection control, including an insufficient auditing system, an area for improvement under the standards was made relating to the governance arrangements for infection prevention and control.

Observations in an identified store room and in multiple patients' bedroom areas evidenced confidential information pertaining to individual patient care displayed on bedroom walls, this was discussed with the regional manager for their immediate attention and an area for improvement under the regulations was made.

Areas of good practice

There were examples of where patients' bedrooms were personalised with photographs, pictures and personal items.

Areas for improvement

Areas for improvement under the regulations were identified in relation to best practice in infection prevention and control and the sharing of confidential patient information. Areas for improvement under the standards were made in relation to COSHH regulations, communal use of 'net pants', housekeeping staffing provision and governance arrangements pertaining to infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	1	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Kirkpatrick, Regional Manager, Melanie Reyes, Temporary Manager, a Registered Nurse and a Unit 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff. This includes ensuring that all IPC concerns identified in this report are urgently addressed.</p> <p>Ref: Section 6.2 & 6.3</p> <p>Response by registered person detailing the actions taken:</p> <p>Supervisions have been carried out with all grades of staff in relation to infection control and hand hygiene. Issues highlighted in the last infection control audit carried out on 24.08.18 have been addressed. The infection control concerns highlighted in the report have all been addressed. The Registered Manager is checking infection control practices in the Home on a daily basis during her daily walkabout.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that confidential patient records/information are maintained in accordance with best practice guidance and legislative requirements.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken:</p> <p>This has been addressed. Confidential patient information has been removed from the patients' bedrooms and is being maintained in accordance with best practice guidance and legislative requirements.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall not provide accommodation to a patient at the nursing home unless the needs of the patient have been assessed by a suitably qualified person.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure patient's care plans are patient centred and accurately reflect the patient's name.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patient's bedrooms and en-suites are prioritised on a re-decorating programme.</p> <p>Ref: Section 6.2 & 6.3</p> <p>Response by registered person detailing the actions taken: This has been addressed.All patients' bedrooms and ensuites have been redecorated in Sandringham unit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that storage areas posing a COSHH risk are securely locked at all times.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: This has been addressed.Storage areas posing a COSHH risk are securely locked at all times.This is being monitored by the Registered Manager during daily walkabout around the Home.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that 'net pants' are provided for each patient's individual use and not used communally.</p> <p>Ref: Sections 6.3</p> <p>Response by registered person detailing the actions taken: This has been addressed.Net pants have been labelled for individual patient use and are not being used communally.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the housekeeping staffing provision is sufficient to meet the environmental and cleanliness standards required for the environment/service.</p> <p>Ref: Sections 6.3</p> <p>Response by registered person detailing the actions taken: This has been addressed.There are four domestic staff on duty everyday,one for each unit.The housekeeping post has been advertised and interviews are being planned.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that robust auditing arrangements are implemented and adhered to for the ongoing monitoring of the environment and infection prevention and control practices.</p> <p>Ref: Sections 6.3</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: This has been addressed. The Registered Manager is doing her daily walkabout around the Home and recording any issues she finds which are then addressed as soon as possible. During regulation 29 visits to the Home any outstanding environmental issues are discussed and addressed. Property Manager is also visiting the Home at least once a month to ensure that issues are being addressed. Infection control audit is being carried out monthly and any actions are being addressed.</p> <p>The registered person shall ensure patient care plans take into account advice and recommendations from relevant health and social care professionals.</p> <p>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.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure staff are proficient in accessing electronic patient records. This area for improvement is made with specific reference to oversight of patient's fluid intake.</p> <p>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.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2018</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>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.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2018</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format and in a suitable location so patients know what is scheduled.</p> <hr/> <p>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.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2018</p>	<p>The registered person shall ensure that menus are displayed for patients in a suitable format and location on a daily basis, showing what is available at each mealtime.</p> <hr/> <p>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.</p>

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



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