

# Inspection Report

**31 August 2021**



## Tennent Street

**Type of service: Nursing Home**

**Address: Sandringham Suite, 1 Tennent Street, Belfast,  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual</b> Mrs Natasha Southall	<b>Registered Manager:</b> Miss Methyl Dagooc  <b>Date registered:</b> 7 December 2018
<b>Person in charge at the time of inspection:</b> Ms Methyl Dagooc - registered 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
<b>Brief description of the accommodation/how the service operates:</b> The home is a registered nursing home which provides health and social care for up to 17 patients. Patients' bedrooms are all located at ground floor level and patients have access to communal bedrooms and outdoor space. There is a residential home on the upper floor..	

## 2.0 Inspection summary

An unannounced inspection took place on 31 August 2021, from 09.30am to 6.00pm by the care inspector.

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.

The home was clean tidy and welcoming on the day of inspection. The patients were observed in their rooms and the communal lounges if they preferred.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients wishes.

Areas requiring improvement were identified including; recruitment practices, training records, menu choices and serving of the meals, recording of food and fluid intake, infection prevention and control, complaints recording and feedback from patients representatives during the Regulation 29 visits.

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.

RQIA were assured that the delivery of care and services provided in Tennent Street was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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, their relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the Manager at the conclusion of the inspection.

#### 4.0 What people told us about the service?

Five patients were consulted during the inspection. They told us they were happy with the service provided. Comments included; "I am happy, everyone is friendly I get on well" and "they do their best". Patients were positive about the cleanliness of the home and the care provided. The meal provision was described as "good, but can be repetitive".

Four staff members were spoken with during the inspection they said they were happy working in the home.

All comments from patients and staff were passed to the manager for consideration and action as necessary.

No completed questionnaires were received following the inspection and there was no response from the on-line staff survey.

A record of compliments received about the home was kept and shared with the staff team.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28 September 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 12 (1) <b>Stated:</b> First time	The registered person shall ensure weight monitoring for all patients is contemporaneously completed and maintained in accordance with individual care needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met as stated.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time	The registered person shall ensure any corrective action taken as a result of an action plan is clearly documented when completed.	<b>Met</b>
	This area for improvement was met as stated.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered person shall ensure wound care evaluation is recorded at each wound dressing change.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met as stated.	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time	The registered person shall ensure that training on the use of PPE and hand hygiene is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met as stated.	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met as stated.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure a robust system is in place for the auditing of care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This are for improvement was met as stated.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence in recruitment records that not all gaps in the applicant's previous employment had been checked prior to the appointment of staff. This was discussed with the manager and an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. However; it was not possible to identify from the staff training matrix which training had been completed by the nursing home staff. This was discussed with the manager and an area for improvement was identified.

Staff said that team work was good and everyone worked well together. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. A review of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example' staff supported patients' who wished to spend time in the communal areas of the home and those who wished to remain in their own rooms.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said staff were friendly and staff were observed responding to patients requests promptly and it was evident that they knew the patients well.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising those patients who had difficulty in making their wishes or feelings known. Staff responded to patients requests for assist and were knowledgeable about their daily routines.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs and their daily routine.

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.

The patients were generally well presented however it was observed that for some of the male patients they had not been shaved; when discussed with one patient they indicated that this was not their choice. This was discussed with the staff on the day of the inspection and the rationale for this was not clear. This was further discussed with the manager who agreed she would address this. An area for improvement was identified.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral.

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.

During the lunch time meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. However, patients said they would like to see a variety of meals being served and some described the meal choices as repetitive.

Patient choice should be considered when planning menus and their opinions taken into consideration. This was discussed with the manager and an area for improvement was identified.

Staff spoken with were aware of the patients nutritional needs however some of the meals had not been appropriately modified prior to the serving of the meal. Meals had been delivered from the kitchen on a hot trolley and transferred to a different trolley to serve to the patients. One patient commented that their meal was cold and a replacement meal was offered. The serving of meals and provision of modified diets was discussed with the manager and an area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink; however, there was a lack of detail regarding the amount/ type of food taken. This was discussed with the manager and an area for improvement was identified.

Patients' needs were assessed 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. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that in general the home was clean, tidy and well maintained.

Patients' rooms were tastefully decorated and patients said they were happy with their rooms. Patients' rooms were personalised with items of memorabilia which was important to them. Patients said "they keep my room clean".

Some of the equipment reviewed such as fans were not effectively cleaned and rust was evident on some shower chairs and commodes. Items were observed to be stored on the floor of an identified store impeding appropriate cleaning. This was discussed with the manager and an area for improvement was identified.

The patients' kitchen area contained tea and coffee making materials and snacks and drinks were available for those who requested them.



There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures had been provided.

Visiting arrangements were managed in line with DoH and IPC guidance.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. They could go out to the local shops and could take part in the activities provided in the home.

Patients were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the day to day running of the home.

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Patients' needs were met through a range of individual and group activities, such as art, music activities and movies.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone calls. Visiting was in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

The manager had returned from long term leave since the last inspection. Ms Methyl Dagooc has been the manager in this home since 17 December 2018.

There was evidence of a robust system of auditing in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service has an adult safeguarding champion appointed, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients said that they knew how to report any concerns and said they were confident that their concerns would be addressed. Review of the home's record of complaints evidenced for some recorded complaints no record of actions taken or outcomes were recorded this was discussed with the manager and an area for improvement was identified.



Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place. It was noted that the relatives of patients had not been given an opportunity to provide feedback for these reports. This was discussed with the manager and an area for improvement was identified.

## 6.0 Conclusion

The home was clean, bright and welcoming. Staff engaged positively with patients and chatted in a friendly manner about daily life in the home.

The staff were seen to be responsive to patients' requests and had a good knowledge of their individual needs, likes and dislikes.

The staff worked well as a team and were aware of their roles and responsibilities in regard to the care of patients.

Based on the inspection findings nine areas for improvement were identified. Compliance with these areas for improvement will further enhance the service provided in Tennent Street.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	7

Areas for improvement and details of the Quality Improvement Plan were discussed with Methyl Dagooc, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<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 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure the infection prevention and control issues identified are addressed.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Weekly PPE audits are completed. A monthly IPC audit is completed and identified deficits form part of an action plan to be addressed. New shower chairs and comodes have been ordered and those identified with rust have been removed. Fans have been cleaned. These areas will be monitored during daily walkarounds.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2021	The registered person shall during the monthly monitoring visits feedback from the patient's relatives/ representatives is sought on the running of the home.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Feedback from relatives/representatives, with whom the Manager has had conversations with, will be documented on the monthly monitoring visit. Any relatives/representatives in the Home during the monitoring visit will be asked to provide feedback if agreeable and this will be recorded.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time  <b>To be completed by:</b> With Immediate effect	The registered person shall ensure that any gaps in employment records are explored and explanations are recorded.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> All employment records received will be checked thoroughly prior to an individual commencing post. Any gaps in employment will be explored with that individual and explanations recorded.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect.</p>	<p>The registered person shall ensure that a separate record is kept in the nursing home of all training undertaken by staff.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> E-Learning training records have now been divided into the different units in the Home for ease of reference</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect.</p>	<p>The registered person shall ensure attention to detail when attending to patients personal care.</p> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Supervisions are being completed with staff in relation to the importance of maintaining resident's personal hygiene. Resident choice in relation to hygiene needs should be recorded in their care plan. This will be monitored through daily walkarounds.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect.</p>	<p>The registered person shall ensure that patients are fully involved in the planning of the menus in the home; a record of the patients involvement should be maintained.</p> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Food questionnaires will be given to residents for completion which will include their likes/dislikes. A record will be retained of this and shared with the catering staff.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect.</p>	<p>The registered person shall ensure patients meals are modified to the correct consistency prior to the serving of the meal and the current system for the delivery of meals to patients is reviewed to ensure the temperature of the meals is maintained.</p> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A new Cook Manager has been appointed in the Home and there are plans for him to be supported by a Regional Support Chef as part of the induction. An up to date list of those residents requiring modified diets is kept by the kitchen and the unit. Meals are kept warm in the bain marie until point of service for those residents wishing to remain in their rooms. Residents in their rooms will be served their meals first.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that when required an accurate and detailed record is kept of all food and drinks consumed by patients.</p> <p>Ref:5.2.2</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that records are kept of all complaints and includes details of all communications with the complainants; the result of investigations; action taken and whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p> <p>Ref:5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All complaints/concerns are recorded on RADAR which is the incident management system. Complaints are addressed within specific timeframes. There is a systematic approach to addressing all complaints from logging the complaint, responding to the complainant, investigating the complaint and providing feedback to them. Assurance will be determined by speaking directly to the complainant and receiving feedback on their level of satisfaction. A monthly complaints audit is generated which includes an analysis of all complaints received.</p>

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



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