

Announced Premises Inspection Report 15 February 2017



Tennent Street

Type of Service: Nursing Home

Balmoral and Sandhurst Suites, 1 Tennent Street, Belfast, BT13 3GD

Tel No: 028 9031 2318

Inspector: Colin Muldoon

1.0 Summary

An announced premises inspection of the Balmoral and Sandhurst suites at Tennent Street Care Home took place on 15 February 2017 from 10.00 to 12.00.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jacquelyn Woods (Registered Manager) and Stevie McCormick (Estates Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 04 February 2014.

2.0 Service Details

Registered organisation/registered provider: Four Seasons Healthcare Maureen Royston	Registered manager: Jacquelyn Woods
Person in charge of the home at the time of inspection: Jacquelyn Woods	Date manager registered: 1 April 2005
Categories of care: NH-A, NH-DE	Number of registered places: 27

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Jacquelyn Woods (Registered Manager) and Stevie McCormick (FSHC Estates Manager).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 July 2016

The most recent inspection of Balmoral and Sandhurst suites at Tennent Street Care Home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 04/02/2014

Last premises inspection statutory requirements Standard 32 - Premises and grounds		Validation of compliance
Requirement 1 Ref: Regulation 27.- (2)(a) Stated: First time	In the Sandhurst shower room the necessary action should be taken to prevent water ponding at the wash hand basin. (Item 9.2.1 in report)	Met
	Action taken as confirmed during the inspection: The inspector was informed that work has been carried out in this shower room since the last inspection. There was no evidence of ponding on the day of inspection.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32 Stated: First time	Consideration should be given to replacing the units in the treatment room in Balmoral. (Item 9.2.2 in report)	Met
	Action taken as confirmed during the inspection: There are two treatment rooms in Balmoral suite. The larger room has had new units fitted. The units in the other treatment room are serviceable but showing some wear.	
Last care inspection statutory requirements Standard 35 - Safe and healthy working practices		Validation of compliance
Requirement 2 Ref: Regulation 13.- (7) 14.- (2)(a) and (c) Stated: First time	The measures for the control of legionella should be extended to include monitoring of the water temperatures at the sentinel outlets. Reference should be made to Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i> . (Item 9.3.1 in report)	Met

	Action taken as confirmed during the inspection: There are measures in place towards the control of legionella and these include the checking of sentinel outlet temperatures.	
Requirement 3 Ref: Regulation 14.-(2)(a) and (c) Stated: First time	The electrical cupboard in the communal toilet in Balmoral should be kept locked. (Item 9.3.2 in report) Action taken as confirmed during the inspection: This cupboard was locked on the day of inspection.	Met
Last premises inspection statutory requirements Standard 36 - Fire Safety		Validation of compliance
Requirement 4 Ref: Regulation 27.-(4)(a) Stated: First time	It should be ensured that all the issues identified in the fire risk assessment are addressed within the timescales set by the risk assessor. (Item 9.4.1 in report) Action taken as confirmed during the inspection: The fire risk assessment has been reviewed since the last premises inspection. The most recent review was carried out in April 2016. The action plan associated with the last review is being marked up as issues are addressed.	Met
Requirement 5 Ref: Regulation 27.-(4)(f) Stated: First time	Arrangements should be made which will ensure that all staff participate in practice fire drills which are in compliance with the fire plan. The drills should verify that the plan can be carried out effectively when the minimum number of staff are on duty. (Item 9.4.2 in report) Action taken as confirmed during the inspection: The manager informed the inspector that arrangements are in place for all staff to receive training in fire safety and evacuation. This includes twice yearly e learning which the manager confirmed is 97% up to date. The manager also confirmed that, in addition, face to face fire safety training and familiarisation sessions are led by health and safety staff and team leaders and that a matrix recording system is used to manage attendance at this.	Met

Requirement 6 Ref: Regulation 27.- (4)(b) 27.- (4)(d)(ii) Stated: First time	Consideration should be given to the recommendation to fit repeater fire alarm panels in all the units within the premises. (Item 9.4.3 in report)	Met
	Action taken as confirmed during the inspection: The fire risk assessment was last reviewed in April 2016. The assessment includes consideration of the means of giving warning of fire and the management of fire safety. No deficiencies were noted.	
Requirement 7 Ref: Regulation 27.- (4)(c) 27.- (4)(d)(i) Stated: First time	The door to the kitchen in Sandhurst should be fitted with an appropriate automatic closing device. (Item 9.4.4 in report)	Met
	Action taken as confirmed during the inspection: Addressed	
Requirement 8 Ref: Regulation 27.- (4)(b) Stated: First time	The use and storage of flammable aerosols should be reviewed. (Item 9.4.5 in report)	Met
	Action taken as confirmed during the inspection: The provider confirmed aerosols were removed following the last premises inspection and none were observed during this inspection.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. There is a central courtyard off the Sandhurst suite. The paving around a manhole cover is uneven and should be made good. Some wall surfaces in the Sandhurst snack kitchen would benefit from redecoration. Refer to recommendation 1 in Quality Improvement Plan.
2. Some toilet frames throughout the home are becoming rusty. The inspector suggested that a survey be carried out and a programme of repair or replacement put in place.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate. This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jacquelyn Woods (Registered Manager) and Stevie McCormick (FSHC Estates Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP by web portal for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 44 Stated: First time To be completed by: 15 April 2017	<p>The paving in the courtyards should be checked and made good as necessary.</p> <p>The wall surfaces in the Sandhurst snack kitchen should be redecorated as necessary.</p> <p>Response by registered provider detailing the actions taken: The paving in the courtyard has been repaired and the snack kitchen has been redecorated.</p>



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews

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