

Unannounced Estates Inspection Report

3 September 2018



Tennent Street (Balmoral and Sandhurst Suites)

Type of Service: Nursing Home
Address: 1 Tennent Street, Belfast, BT13 3GD
Tel No: 028 9031 2318
Inspector: Gavin Doherty

www.rqia.org.uk

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 that provides care for 27 service users.

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: Melanie Reyes	Date manager registered: Application pending approval
Categories of care: NH-DE, NH-A	Number of registered places: 27

4.0 Inspection summary

An announced inspection took place on 03 September 2018 from 10.30 to 12.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection was undertaken subsequent to an unannounced care inspection on 31 August 2018. This care inspection raised serious concerns regarding aspects of the care and service delivery within Tennent Street, relating to the environment and management of hygiene. The purpose of this inspection was to determine if any further action was necessary relating to estates issues in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified other than those already detailed in the unannounced care inspection IN030471, 31 August 2018. Findings of the inspection were discussed with Stevie McCormick, Property manager and Lorraine Kirkpatrick, Regional manager, as part of the inspection process and can be found in the main body of the report. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 June 2018.

5.0 How we inspect

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

- Recent inspection reports and returned QIPs
- Recent correspondence with the service
- Premises related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- 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
- Gas Safe certificates.

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 31 August 2018

The most recent inspection of the service was an unannounced care inspection. The QIP issued as a result of this inspection will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last premises inspection dated 15 February 2017

Areas for improvement from the last premises inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The paving in the courtyards should be checked and made good as necessary. The wall surfaces in the Sandhurst snack kitchen should be redecorated as necessary.	Carried forward

	Action taken as confirmed during the inspection: Not assessed during this focussed inspection.	
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6.3 Inspection findings

6.4 Is care safe?

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

A range of documentation in relation to the maintenance and upkeep of the establishment 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 establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, 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 establishment 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 which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

Areas of good practice

A current fire risk assessment was available for inspection and this indicated there were no significant findings and the risk was stated as 'Tolerable'.

A current risk assessment was available for the control of legionella bacteria in the premises hot and cold water systems. The action plan flowing from this assessment had been addressed and all control measures were in place. Records relating to these control measures were also available for inspection and these were found to be well maintained and up to date.

Certification relating to the premises mechanical and electrical installations were available for inspection and were found to be current and in line with best practice guidance.

The regional painting team had completed redecoration of the communal areas and bedrooms in May 2018. The property manager for the home advised that the painters would return before the end of the week to undertake further redecoration as required throughout the home.

Areas for improvement

Other than the areas for improvement identified in inspection IN030471 undertaken on 31 August 2018, no new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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 establishment.

This supports the delivery of effective care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to premises records and the ongoing upkeep of the statutory approvals required for the premises mechanical and electrical services.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The areas of the establishment 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 their private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas for improvement

Other than the areas for improvement identified in inspection IN030471 undertaken on 31 August 2018, no new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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