



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 3 October 2019



Tennent Street

Type of Service: Nursing Home

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

Tel no: 028 9031 2318

Inspectors: Gillian Dowds & Joseph McRandle

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 27 patients. The home is divided into two units, Balmoral Suite containing 14 beds and Sandhurst Suite containing 13 beds.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston | Registered Manager and date registered: Methyl Dagooc 7 December 2018 |
| Person in charge at the time of inspection: Methyl Dagooc | Number of registered places: 27 |
| Categories of care: Nursing Home (NH) DE – Dementia. A – Past or present alcohol dependence. | Number of patients accommodated in the nursing home on the day of this inspection: 27 |

4.0 Inspection summary

An unannounced inspection took place on 3 October 2019 from 09.00 to 18.00 hours. This inspection was undertaken by the care and finance inspectors.

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.

Areas for improvement in respect of previous finance inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to personalisation of patients' bedrooms, notification to RQIA, communication with patients, staff and the multidisciplinary team. The general financial arrangements for patients.

Areas requiring improvement were identified in relation to IPC, access to potential hazards, care records, manual handling, dining experience, auditing, statements of patients' written agreements and patients' property records.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 3 | *8 |

*The total number of areas for improvement includes one which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Methyl Dagooc, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of this inspection RQIA were concerned that some aspects of the quality of care and service delivery in Tennent Street Care Home was below the standard expected. A decision was made to invite the registered persons to a serious concerns meeting in relation to the robustness of management arrangements, manual handling practices, patients access to chemicals and hazards, activities, the dining experience in the Balmoral Suite, deficits in care records, the management of wound care and oversight of the registered nurses. This meeting took place on 14 October 2019.

At this meeting the registered manager, Louisa Rea, Head of Operational Quality and Lorraine Kirkpatrick, Regional Manager acknowledged the deficits identified and provided a full account of the actions and arrangements put into place to ensure the necessary improvements. We were satisfied with the assurances provided and the decision was made to take no further enforcement action at this time. However, a further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. Please refer to the main body of the report and the quality improvement plan (QIP) for details.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

4.2 Action/enforcement taken following the most recent inspection dated 4 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 March 2019. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings including finance and registration information and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

The following records were examined during the inspection:

- duty rota for all staff from 23 September to 13 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- five patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from March 2019
- RQIA registration certificate
- two patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies and valuables, patients' fees, payments to the hairdresser and purchases undertaken on behalf of patients
- a sample of records of monies deposited on behalf of patients
- a sample of records from patients' comfort fund and patients' personal property
- a sample of statements from the patients' bank account and records of reconciliations of patients' monies
- financial policies and procedures.

Areas for improvement identified at the last inspection were reviewed and an assessment of compliance was 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 inspections

There were no areas for improvement identified as a result of the last care inspection.

| Areas for improvement from the last medicines management inspection | | |
|---|---|--|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 18 Stated: First time | The registered person shall ensure that the reason for and outcome of medicines administered to manage distressed reactions is recorded and any regular use referred to the prescriber. | Carried forward to the next care 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 2 Ref: Standard 4 Stated: First time | The registered person shall ensure that the care plans in relation to thickening agents are updated to reflect the patient's most recent speech and language therapist's recommendations. | Met |
| | Action taken as confirmed during the inspection: Review of the care records evidenced that this area for improvement has been met | |

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed the staffing levels for the home and that these levels were kept under review. A review of the staff rota from 23 September to 13 October 2019 indicated that these staffing levels were adhered to; and that short notice sick leave was managed appropriately.

We also sought staff opinion on staffing via the online survey; no responses were submitted within the time frame for inclusion in this report.

Review of two staff recruitment and induction files evidenced that staff were recruited safely, had completed a period of induction and that they received regular supervision and a yearly appraisal.

We observed staff practice in relation to hand hygiene and infection prevention and control (IPC) measures. We saw one staff member not washing their hands between patients; and one staff member was carrying soiled laundry uncovered to the sluice. We discussed this with the manager who agreed to address this with staff. We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. Patients' bedrooms were personalised and tastefully decorated and a communal lounge in the Sandhurst Suite was found to be bright and well decorated. However in the Balmoral Suite we found that some of the lounge chairs were worn and could not be effectively cleaned. An area for improvement was made.

We observed two staff members attempting to move a patient using an improper handling manoeuvre. The manoeuvre was halted, by the inspector, and staff were directed on the correct procedure to ensure the safe transfer of the patient. Details were discussed with the manager who assured us that this would be addressed and the staff would be supervised throughout the rest of their shift and further training and supervision was arranged for the staff members. An area for improvement was identified.

We observed the door to a clinical room unlocked in the Balmoral Suite. In this room we observed an unlocked drug fridge, cleaning chemicals, thickening agents and other medical equipment. This room also contained personal items belonging to the staff. There was a potential risk of harm to patients who had access to this room. We brought this to the attention of the manager and the clinical room was then locked. We discussed with the manager the lack of oversight from the nurse in charge and the failure to identify these shortfalls. An area for improvement was made.

Balmoral Suite is registered to provide care for patients requiring dementia care. There was no activity plan displayed in the Suite and no visible sign of activities being undertaken. We discussed this with the manager and a review of the activities was agreed and will be reviewed at the next care inspection.

Fire safety measures were in place to ensure the safety of patients, staff and visitors to the home. Fire exits and corridors were observed to be clear of clutter and obstruction. Review of training records confirmed that staff were provided with fire safety training.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff and that other training was provided to ensure the needs of patients were met. Staff attendance at training sessions was monitored by the manager.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control, access to medicines and equipment and manual handling practice.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 3 | 0 |

6.4 Is care effective?

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

We observed the delivery of care to the patients. Staff were attending to patients' needs and did so in a friendly and caring manner.

We spoke with one family member regarding the delivery of care. They were complimentary regarding the care of their loved one and the staff attitude towards them their loved one and other patients.

We reviewed four patients' care records in relation to the management of nutrition, weight loss, pressure area care, wound care, bed rails and falls. Risk assessments and care plans were in place to manage the delivery of care and these were reviewed on at least a monthly basis.

However, a number of areas requiring improvement were identified in relation to care planning and record keeping as follows:

- one patient's care plan regarding wound care did not contain sufficient detail to direct the wound care. The grade of wound, the dressing type or frequency was not documented on this care plan.
- one patient's care plan had not been reviewed to reflect changes in their pressure area care and the discontinuation of the pressure relieving mattress
- review of supplementary care records for bowel monitoring, food and fluid intake and repositioning had not been evaluated or reviewed by nursing staff on a daily or monthly basis.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas for improvement

The following areas were identified for improvement; wound care documentation, pressure device management and oversight of supplementary care in daily and monthly evaluation.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 3 |

6.5 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.

We arrived in the home at 09.00 hours. Patients were enjoying their breakfast or a morning cup of tea or coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

We observed the serving of the lunch in the dining room in the Balmoral Suite. The dining experience lacked atmosphere. We observed patients were not served their meal in a timely manner with one meal having to be returned to the kitchen. One staff member was assisting two patients with their meal at the same time and staff were standing whilst assisting patients. The nurse in charge was present in the dining room but did not recognise or identify the deficits in the standard of care over the mealtime. An area for improvement was identified. Patients were observed enjoying their meals in the Sandhurst Suite.

Patients spoken with commented positively in relation to their experience in the home. A visitor who spoke with, the lay assessor about staff said:

- “They’ve been very nice, you have to go find them, there’s no problems here”

Ten patient/relative questionnaires were left in the home for completion; no responses were returned within the timescale for inclusion in this report.

Two staff spoken with commented positively about working in Tennent Street. We also sought staff opinion via the online survey; no responses were received.

A record was kept of cards and compliments received, remarks included:

- “Thank you for your kindness”
- “Thank you for taking good care of my father “
- “Thank you for all the care and attention”

Areas for improvement

An area for improvement was identified in relation to the dining experience in the Balmoral Suite.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.6 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.

Discussion with staff, patients and relatives evidenced that the manager's working patterns supported effective engagement with patients, their family and the multi-professional team.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with the DHSSPS Care Standards for Nursing Homes 2015. Discussion with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, medication, wound care and bedrails. However, it was identified that in some cases for where a shortfall was identified, action taken to rectify this was not always documented. The audits had not been effective in identifying the deficits observed on inspection and an area for improvement was identified.

We reviewed a sample of reports of monthly monitoring visits carried out by the registered provider. These included evidence of consultation with patients, staff and visitors.

Management of patients' monies

Financial systems in place at the home were reviewed and found to be satisfactory. These included the system for recording transactions undertaken on behalf of patients, the system for retaining receipts from transactions, the system for recording the reconciliations of patients' monies, the system for recording patients' personal property and the system for retaining patients' personal monies.

A review of two patients' files evidenced that copies of signed written agreements were retained within both files. The two agreements reviewed did not show the current weekly fee paid by, or on behalf of, the patients. This was discussed with the registered manager and identified as an area for improvement under the standards.

A review of a sample of purchases undertaken on behalf of patients showed that in line with the Care Standards for Nursing Homes (April 2015) details of the purchases were recorded, two signatures were recorded against each entry in the patients' transaction sheets and receipts were available from each of the purchases reviewed.

A review of a sample of personal property records for two patients evidenced that the records had not been updated with items belonging to the patients since 2017. This was discussed with the registered manager and identified as an area for improvement.

Areas for improvement

The following areas were identified for improvement in relation to robust governance auditing and updating patients' written agreements to show the current fee and updating patients' property records.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 3 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Methyl Dagooc, 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 | |
| Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 10 December 2019 | <p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection.</p> <p>Ref 6.3</p> <p>Response by registered person detailing the actions taken: Infection control and prevention training and supervision has been held with staff. Staff compliance is being monitored through daily walk around by Registered Manager or designated senior staff. This will also be reviewed as part of the Reg 29 audit.</p> |
| Area for improvement 2 Ref: Regulation 14 (2) Stated: First time To be completed by: Immediately from time of inspection | <p>The registered person shall ensure that all parts of the home that patients have access to are free from hazards to their safety and that all unnecessary risks as far as reasonably practicable.</p> <ul style="list-style-type: none"> • This is in specific relation to the access to the clinical room in the Balmoral unit. <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staff have been minded to ensure the Clinical room in Balmoral unit is closed at all times when not in use. This is being monitored during daily walk around by the Registered Manager or designated senior staff. Compliance will also be monitored as part of the Reg 29 audit completed by the Regional Manager.</p> |
| Area for improvement 3 Ref: Regulation 14 (3) Stated: First time To be completed by: Immediately from time of inspection | <p>The registered person shall ensure that patients are moved and handled correctly through regular training and monitoring of practice.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Supervision sessions were carried out in regards to moving and handling practice. Staff have been observed to be compliant with correct moving and handling of patients based on their care plans. This is being monitored during daily walk around by the Registered Manager or designated senior staff and during the completion of the Reg 29 audit.</p> |
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 18 | <p>The registered person shall ensure that the reason for and outcome of medicines administered to manage distressed reactions is recorded and any regular use referred to the prescriber.</p> |

| | |
|--|---|
| <p>Stated: First time</p> <p>To be completed by: 1 June 2018</p> | <p>Ref: 6.1</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 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 10 December 2019</p> | <p>The registered person shall ensure, in accordance with NMC guidelines, there is a contemporaneous and consistent recording of wound care in wound charts, daily records and a care plan in place to direct the care required.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff had supervision session in regards to documentation in accordance with NMC guidelines. Wound documentation such as wound assessments and care plans were reviewed and are now in place. Compliance will be monitored via the auditing process carried out at Home level and via the Regional Manager during the Reg 29 visit.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 5 December 2019</p> | <p>The registered person shall ensure that repositioning records reflect the settings of pressure relieving devices; these devices are at the correct setting, are contemporaneously recorded and remain valid.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Care plans and other records were reviewed and have been updated detailing pressure relieving devices and repositioning regime. Staff are checking pressure relieving equipment twice a day to ensure that pressure relieving equipment is at the correct setting. Staff have been recording repositioning of patients as per care plan contemporaneously. Compliance will be monitored through the auditing process</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 10</p> | <p>The registered person shall ensure monthly care plan review and daily evaluation records are meaningful, patient centred and includes oversight of the supplementary care records.</p> <p>Ref: 6.4</p> |

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|---|--|
| December 2019 | <p>Response by registered person detailing the actions taken: A supervision session was carried out with all nurses in regards to documentation. Staff are recording daily progress notes which are more patient centered and includes an oversight of supplementary records. Compliance will be monitored through the auditing process</p> |
| <p>Area for improvement 5 Ref: Standard Stated: First time</p> | <p>The registered person shall review the meal time experience in the dementia unit to ensure that the dining experience is delivered in accordance with best practice in dementia care.</p> <p>Ref: 6.5</p> |
| <p>To be completed by: Immediately from the day of inspection</p> | <p>Response by registered person detailing the actions taken: A dining experience audit was completed and actions required have been addressed. Staff have had training in regards to dining experience and new IDDSI. Compliance will be reviewed during monitoring via the Registered Manager and senior staff.</p> |
| <p>Area for improvement 6 Ref: Standard 35 Stated: First time</p> | <p>The registered person shall ensure that action plans are developed to address the shortfalls identified within auditing records and that these action plans are reviewed to ensure completion</p> <p>Ref: 6.6</p> |
| <p>To be completed by: 7 December 2019</p> | <p>Response by registered person detailing the actions taken: Action plans have been developed to ensure that shortfalls identified within auditing records are being addressed. Regular review of these actions plans will take place.</p> |
| <p>Area for improvement 7 Ref: Standard 2.8 Stated: First time</p> | <p>The registered person shall ensure that patients' written agreements are updated to show the current fee paid by, or on behalf of, patients.</p> <p>Ref: 6.6</p> |
| <p>To be completed by: 5 December 2019</p> | <p>Response by registered person detailing the actions taken: Current agreement fees have all been updated and are in place.</p> |
| <p>Area for improvement 8 Ref: Standard 14.26 Stated: First time</p> | <p>The registered person shall ensure that the inventory of property belonging to each patient is updated and reconciled at least quarterly. The record of the reconciliation should be signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> |
| <p>To be completed by: 5 December 2019</p> | <p>Response by registered person detailing the actions taken: Patient property belongings are now listed and have been updated.</p> |

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| | Senior staff have checked and countersigned it. |
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****Please ensure this document is completed in full and returned via Web Portal****



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