

Inspection Report

1 March 2022



Tennent Street

Type of service: Nursing Home
Address: Balmoral and Sandhurst Suites,
1 Tennent Street, Belfast, BT13 3GD
Telephone number: 028 9031 2318

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual Mrs Natasha Southall	Registered Manager: Mrs Aleyamma George - Not registered
Person in charge at the time of inspection: Mrs Aleyamma George	Number of registered places: 27 There shall be a maximum of 14 persons in category NH-DE located in the Balmoral Suite and a maximum of 13 persons in category NH-A located in the Sandhurst Suite. The home is also approved to provide care on a day basis to 1 person in the Balmoral Suite.
Categories of care: Nursing Home (NH) A – Past or present alcohol dependence DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 25
Brief description of the accommodation/how the service operates: The home is a registered nursing home which provides health and social care for up to 27 patients. Patients' bedrooms are all located at ground floor level and patients have access to communal lounges and outdoor space. There is a residential home on the upper floor.	

2.0 Inspection summary

An unannounced inspection took place on 1 March 2022, from 10.15 am to 6.30 pm by two care 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.

The home was clean, tidy and welcoming on the day of inspection. Patients had choice in where they spent their day and were either in their own bedrooms or one of the communal rooms.

Discussion with staff identified that they had a good knowledge of patients' needs and were well trained to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Enforcement action did not result from the findings of this inspection. However, areas for improvement were identified in relation to the management of nutrition; meals and mealtime, the delivery of personal care and the storage of thickening agents. The regional manager and manager were invited to attend a meeting with RQIA on 8 March 2022 to discuss the findings. During the meeting the manager provided an action plan on how they intend to drive the improvements required to ensure that the concerns raised at the inspection would be addressed. RQIA accepted the action plan and will review the areas for improvement at a subsequent care inspection.

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.

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, 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 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

Four patients were consulted during the inspection. They told us they were happy with the service provided and shared comments such as, "I like it here".

Two staff members consulted during the inspection said they were happy working in the home. All comments from staff and patients were passed to the manager for consideration and action where necessary.

Three completed questionnaires were received following the inspection and indicated satisfaction with the services provided. There were no responses received 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 01 September 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (d) (iii) Stated: First time	The registered person shall ensure that the corridors in the home are maintained free from any obstruction that would impede in the event of an evacuation of the home.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (b) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to health and safety of the patients is identified and so far as possible eliminated.</p> <p>This is stated in reference but not limited to the storage of thickening agents in the Balmoral unit, access to paint and toiletries in the Sandhurst unit.</p> <p>Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement was partially met as no paint or toiletries were accessible in the Sandhurst unit. The storage of the thickening agents in the Balmoral suite shall be discussed further in section 5.2.3.</p> <p>This area for improvement has not been fully met and will be stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that during the monthly monitoring visits, feedback from the patients' relatives/ representatives is sought on the running of the home.</p> <p>Action taken as confirmed during the inspection: The monthly monitoring reports viewed evidenced feedback from patients' relatives / representatives.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any gaps in previous employment records are explored and explanations are recorded.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection</p>	<p>Carried forward to the next inspection</p>

Area for improvement 2 Ref: Standard 39 Stated: First time	<p>The registered person shall ensure that a separate record is kept in the nursing home of all training undertaken by staff.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	Not Met
Area for improvement 3 Ref: Standard 48 Stated: First time	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year and a record of these drills is maintained.</p> <p>Action taken as confirmed during the inspection: A review of records and information provided following the inspection evidenced that this area for improvement was met.</p>	
Area for improvement 4 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that the menus are reviewed and ensure a variety of meals are available taking into consideration patients' choice and dietary requirements when planning the menus; a record of the patients' involvement in the menu planning should be maintained.</p> <p>Action taken as confirmed during the inspection: Observation on the day of inspection and review of records evidenced that this area for improvement was not met and will be discussed further in section 5.2.2.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	Not Met

Area for improvement 5 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that all staff have adequate training in regard to the provision of modified meals and meals are provided as per the individual patient requirements.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that the majority of staff had received training in regards to the modification of meals. The manager confirmed following the inspection that one remaining staff member will attend on return from a period of leave.</p>	Met
Area for improvement 6 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that robust patient centred care plans are in place for patient's those with a dementia diagnosis and presentation of behaviour that challenges.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 7 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that the repositioning records are completed in full at the time of the repositioning and nursing staff evaluate the effectiveness of this care.</p> <hr/> <p>Action taken as confirmed during the inspection: Gaps in the recording on the repositioning charts was evident. This will be discussed further in section 5.2.2.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	Not met

Area for improvement 8 Ref: Standard 16 Stated: First time	The registered person shall ensure that complaints records include details of all communications with the complainant/s; the result of investigations and actions taken; the complainant's satisfaction with the outcome and how this level of satisfaction was determined.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. One employment record reviewed evidenced 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 who told us of the steps taken to address this. The area for improvement will therefore be carried forward for further review at the next inspection.

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 and which from the residential home staff. This was discussed with the manager and an area for improvement was stated for a second time.

Staff said that teamwork 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 nurse 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 and the manager told us 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; 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 were knowledgeable about patients' 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 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 some of the male patients in the Balmoral Suite had not been shaved. This was discussed with the staff on the day of the inspection and the rationale for this was not clear. This was further discussed at the meeting with RQIA and assurances were provided with the actions identified to 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.

A review of the repositioning records evidenced that the care provided was not consistently recorded; this was discussed with the manager and an area for improvement in this regard has been stated for a second time.

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 lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable and had a pleasant experience. 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 stated for a second time.

The serving of the lunch time meal was observed. Patients spoken with were unaware of what was being served for lunch as the menu had not been updated. The meals served for those patients in the dementia unit did not appear appetising due to the combinations of food on offer; staff spoken with also commented that the food was unappetising.

One patient's meal was requested to be returned to the kitchen as staff were not available to assist the patient and the meal was cold. It was also observed that the speech and language therapist's (SLT) recommendations were not fully adhered to in regards to supervision of one identified patient during the meal and with the utensils used. This was discussed further at the meeting with RQIA where an action plan was presented detailing how this was to be addressed. An area for improvement was identified to ensure knowledge of and compliance with SLT recommendations.

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 daily.

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. The décor in patients' rooms was tasteful and patients said they were happy with their rooms. Patients' rooms were personalised with items of memorabilia which was important to them.

In one identified lounge furniture was worn and the manager advised that new furniture had been ordered. A floor to a store also was required to be repaired. This was discussed with the manager who agreed to address this.

The activity room in the Sandhurst unit was observed to be locked as it was being used as a temporary store. This was discussed with the manager who told us that she had raised the issue of storage in the home with senior management and was addressing this.

In the Balmoral unit we observed some tins of thickening agents accessible in the dining room. Staff were requested to remove these, however, they had been returned following the serving of lunch and again left unattended. This was discussed further at the meeting with RQIA and an area for improvement identified at the previous inspection was stated for a second time.

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 television. Patients in the Balmoral unit were observed to be enjoying decorating pancakes. In the Sandhurst unit there were no activities taking place and we were advised that there was a vacancy for the activities therapist. The activity records reviewed evidenced a lack of detail and were repetitive of activities such as watching television or laundry. The provision of activities was discussed with the manager and an area for improvement was identified.

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.

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.

5.2.5 Management and Governance Arrangements

There was change of manager since the last inspection and Mrs Aleyamma George has been the acting manager since 1 November 2021. An application for the registration of the manager with RQIA has been received and is in process.

There was evidence that a robust system of auditing was 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 is required to have a person, known as the adult safeguarding champion, 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 of adults in need of protection.

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 incidents 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. A copy of the reports are made available in the home.

6.0 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
Total number of Areas for Improvement	2*	8*

* The total number of areas for improvement includes four that have been stated for a second time and three which are carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (b) (c) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to health and safety of the patients is identified and so far as possible eliminated.</p> <p>This is stated in reference but not limited to the storage of thickening agents in the Balmoral unit, access to paint and toiletries in the Sandhurst unit.</p> <p>Ref:5.1.and 5.2.3</p> <p>Response by registered person detailing the actions taken: The thickening agents in the units are stored in designated boxes and kept in the treatment room. Staff supervision / training has been completed. Paint is stored in the Maintenance Person's store and not within access to residents in unit. The identified resident's toiletries are kept in locked areas as per care plan and other resident's toiletries are returned to the individual rooms after use in showering etc. Senior staff and management will continue to review this.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that staff are aware of patients' SLT recommendations and that these are adhered to during mealtimes. This is stated in reference but not limited to the level of supervision required and utensils to be used when assisting patients with their meals.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The SLT recommendations are adhered as per the guidance and care plan of the respective residents. Staff training and supervisions given to enhance the staff awareness and compliance is in place. Management and Senior staff will continue to review to ensure compliance.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 38 Stated: First time	<p>The registered person shall ensure that any gaps in previous employment records are explored and explanations are recorded.</p> <p>Ref: 5.1 and 5.2.1</p>

To be completed by: With immediate effect	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 16 December 2021	The registered person shall ensure that robust patient centred care plans are in place for patient's those with a dementia diagnosis and presentation of behaviour that challenges. Ref:5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection
Area for improvement 3 Ref: Standard 16 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that complaints records include details of all communications with the complainant/s; the result of investigations and actions taken; the complainant's satisfaction with the outcome and how this level of satisfaction was determined. Ref:5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection
Area for improvement 4 Ref: Standard 39 Stated: Second time To be completed by: 1 June 2022	The registered person shall ensure that a separate record is kept in the nursing home of all training undertaken by staff. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The Training records are separated for the different units and staff training records are in place. Management will continue to review.
Area for improvement 5 Ref: Standard 12 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that the menus are reviewed and ensure a variety of meals are available taking into consideration patients' choice and dietary requirements when planning the menus; a record of the patients' involvement in the menu planning should be maintained. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The Resident's choices was reviewed by the catering team across all 4 units, the menus now reflect this.

<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 1 June 2022</p>	<p>The registered person shall ensure that the repositioning records are completed in full at the time of the repositioning and nursing staff evaluate the effectiveness of this care.</p> <p>Ref:5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff supervision has been completed regarding appropriate and contemporaneous documentation and Nurse on duty to check during the shift. Registered Manager/Senior Nurse on duty will continue to review.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure attention to detail when attending to patients' personal care. Contemporaneous records of care delivery should be maintained to evidence the care provided.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: The daily care needs are delivered as per the Resident's care plan and choices. Staff supervision given regarding contemporaneous documentation. Registered Manager/Senior Nurse on duty will continue to review.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients in the absence of an activity co-ordinator. A contemporaneous record of activities delivered must be retained.</p> <p>Ref:5.2.4</p> <p>Response by registered person detailing the actions taken: Activities are provided as per the activity planner. In the unit where there is no designated activity leader, the vacancy is advertised and recruitment team are sourcing . The staff in the unit continue to engage with the residents and activities are carried out as per residents choice, a record of these are recorded. Registered Manager/Senior nurse on duty will continue to review.</p>

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