

# Inspection Report 1 September 2021



## 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](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

## 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> Miss METHYL DAGOOC	<b>Number of registered places:</b> 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.
<b>Categories of care:</b> Nursing Home (NH) A – Past or present alcohol dependence DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 26
<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 27 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 1 September 2021 from 9.30 am to 5.00pm by a 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. Patients had choice in where they spent their day and were either in their own bedrooms or one of the communal rooms.

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 were well trained 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; fire safety, recruitment practices, training records, menu choices, provision of meals and storage of items such as thickening agents. Further areas for improvement were identified in relation to care records 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.

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 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

Six patients were consulted during the inspection. They told us they were happy with the service provided comments such as, "Everyone is great" and "We get on well". Patients were positive about the cleanliness of the home and the care provided. The meal provision was described as "good, but all the same".

Six 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.

One completed questionnaire was received following the inspection and indicated satisfaction with the services provided. There was 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 29 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 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>
	<b>Action taken as confirmed during the inspection:</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 46.2  <b>Stated:</b> First time	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in infection prevention and control best 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 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure in regard to the use of a pressure relieving device <ul style="list-style-type: none"> <li>• The device is maintained at the correct setting for each individual patient.</li> <li>• The care records are reflective of the correct setting.</li> <li>• A checking system is in place to ensure the device setting is correct.</li> <li>•</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area 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 within recruitment records that not all employment gaps had been checked prior to the appointment of staff. 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.

Training records also evidenced that not all staff had taken part in an annual fire drill; this was discussed with the manager and an area for improvement was identified.

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 person in charge when the manager was not on duty.

Some staff told us that they felt that the staffing levels, particularly in the morning, were not adequate. This was discussed with the manager who advised that the staffing levels were currently under review for the home and would be discussed further with the regional manager.

Staff in the home responded to the needs of the patients in a timely way and provided 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.

Staff told us that the patients' needs and wishes were important. 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 and how best to assist them.

### 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.

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.

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

Staff spoken with were aware of the patients' nutritional needs, however, said the meals on offer could be repetitive and it was also observed that the meal was in-part was the same as what had been served the previous day. An area for improvement was identified.

The lunchtime meal identified on the menu was not offered to patients with a dementia. This was discussed with kitchen staff who confirmed that this was to aid the patients' nutrition as the food served was easier to swallow. Patients on a normal diet who don't have an assessed choking risk should not have to have options amended to aid in nutrition. This was discussed with the manager and identified as an area for improvement.

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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed. Care plans reviewed for those patients who were diagnosed with dementia lacked specific detail to direct the care required. This was discussed with the manager and an area for improvement was identified.

For those patients who required assistance to change position a care plan was in place to direct the care however gaps in the recording of the repositioning care provided was evident and an area for improvement was identified.

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. 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. Patients said "they keep my room clean".

In one identified lounge furniture was worn and the manager advised that new furniture had been ordered. Some furniture and bins had been placed in the corridor of the Sandhurst unit that partially occluded the passage to the fire exit. This was discussed with the unit manager and an area for improvement was identified.

Cleaning records were observed to be stored in the activity room within one unit; this was discussed with the manager who agreed to address this.

In the Balmoral unit we observed some tins of thickening agent accessible in the dining room and in the Sandhurst unit the electrical room was unlocked and access to toiletries and paint in the activity room was also observed. 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 Residents**

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 meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, visiting, planning activities and life in 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, puzzles 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.

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

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

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.

Patients said that they knew how to report any concerns and said they were confident that the person in charge would investigate their concerns. Review of the home's record of complaints evidenced that some lacked detail of information such as detailing any investigation taken place, record of actions taken or outcomes of the complaint; 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, these were reviewed at a subsequent visit.

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 and patients had a good rapport and chatted in a friendly manner about daily life in the home.

Staff were seen to be responsive to patients requests and had a good knowledge of their individual care needs and preferences.

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 11 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>	3	8

Areas for improvement and details of the Quality Improvement Plan were discussed with Methyll Dagooc, Registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 ( 4) (d) (iii)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>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.</p> <p>Ref:5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The corridors are free from obstruction, this will continue to be monitored.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</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>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Storage of thickening agents have been reviewed are appropriately stored. All paint is kept in the maintenance man's store, this has been reiterated to the appropriate staff members. All toiletries belonging to residents are stored in the locked cabinets. The Home Manager has set expectations with staff teams regarding the continued compliance with safe storage; there is a process in place for to record the Home Managers monitoring of compliance.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 December 2021</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>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Regulation 29 report will reflect resident's and relative's feedback.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38</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 any gaps in previous employment records are explored and explanations are recorded.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All pre-employment checks will be explored thoroughly prior to the person commencing post. Any gaps in employment will be discussed prior to commencement and explanations provided and recorded where appropriate.</p>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<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>          A separate training record is held for all staff employed in the unit. The Registered Manager will keep this under review.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 48 <b>Stated:</b> First time <b>To be completed by:</b> 1 December 2021	<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>Ref:5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>          Registered Manager will review to ensure all staff attend a fire drill at least once yearly and will ensure a record is maintained.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect.	<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>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          Residents recently completed food questionnaires and these are taken into consideration when meal planning. Likes/dislikes are recorded and a choice is always available.</p>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect.	<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> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          The Registered Manager will ensure that staff training is facilitated by the relevant person, and staff dealing with the resident's dietary needs will provide the appropriate consistency of the modified diet as prescribed for the individual resident.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 December 2021.</p>	<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> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure through staff supervision that patient centred care plans are in place for all residents, this will continue to be monitored by the Registered Manager and senior staff</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4</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 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:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure through staff supervision that repositioning of the Residents as per the assessed needs/ care plan are completed and recorded appropriately, this will be further reiterated at staff meetings.</p>
<p><b>Area for improvement 8</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 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.</p> <p>Ref:5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Complaints will be appropriately documented as per the FSHC guidelines and the relevant communications, investigations/ reports, outcomes, any learning areas, action plan will be printed and attached in the complaints log/monthly audit files. Registered Manager will keep under review so that any improvement action taken have a positive outcome.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care