

# Unannounced Follow-up Care Inspection Report 6 January 2020



## Tennent Street

**Type of Service: Nursing Home**

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

**Tel No: 028 9031 2318**

**Inspector: Gillian Dowds**

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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 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 27 persons.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced care inspection took place on 6 January 2020 from 09.30 hours to 16.40 hours.

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 2015.

The inspection sought to assess progress with issues raised following the last care inspection.

The following areas were examined during the inspection:

- staffing
- environment
- meals and mealtimes
- governance records

Patients said:

- “It’s brilliant, they bend over backwards.”
- “They’re very friendly as well. It’s like a home away from home.”
- “They’re great. They’re all brilliant. I’m not just saying that because you are here.”
- “I can get out to the shop or bank; the girl will take me out.”

Areas of good practice were found in relation to the environment, the dining experience and staff interaction with patients.

Areas for improvement were identified in relation to access to office/treatment room in the Sandhurst unit and oversight of supplementary care stated for a second time.

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
<b>Total number of areas for improvement</b>	1	*1

The total number of areas for improvement includes one under the standards which has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Methyl Dagooc, manager, and Lorraine Kirkpatrick, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 3 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 3 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 October 2019.

#### 5.0 How we inspect

*"RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report."*

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with two patients, two patients' relatives and two staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients'/relatives'/representatives' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A lay assessor was present during the inspection and their comments are included within this report

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- training records
- five patients' care records
- three patients' supplementary care records
- monthly monitoring reports
- governance audits

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance 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 inspection(s)

Areas for improvement from the last care inspection		
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 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment identified this area for improvement as met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> First time	<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"><li>• This is in specific relation to the access to the clinical room in the Balmoral unit.</li></ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed no access to unnecessary risks in the Balmoral unit.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	<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>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	<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>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed confirmed this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	<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>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced this area for improvement was met.	



<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Although improvement was observed in the monitoring of fluid intake, gaps in the oversight of bowel monitoring records was evident. This area for improvement will be stated for a second time.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the dining experience evidenced this area for improvement was met.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced this area for improvement was met.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure the competency and capability assessment of the nurse in charge of the home in the absence of the registered manager reflects the duties required and this is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed and observation evidenced this area for improvement was met.	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 2.8 <b>Stated:</b> First time	The registered person shall ensure that patients' written agreements are updated to show the current fee paid by, or on behalf of, patients.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced that this area for improvement was met.	
<b>Area for improvement 9</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inventory reviewed indicated that this area for improvement was met.	

## 6.2 Inspection findings

### Environment

We reviewed the home's environment including store rooms, bathrooms, shower rooms, sluices and a selection of patients' bedrooms. We observed an improvement in the general environment in the home and some good examples of personalisation of patients' bedrooms. We observed new furniture in place in the lounge in the Balmoral unit. There was improvement in the storage areas in the home. We identified new signage in place in the Balmoral unit. The door to the clinical room in the Balmoral unit was observed to be locked. This had been unlocked during the previous inspection and enabled patient access to this; the area for improvement was met. However we observed that the office/clinical room in the Sandhurst unit was left open with access to thickening agent and other items. An area for improvement was identified.

Staff were observed taking the appropriate infection prevention and control (IPC) measures and were wearing the appropriate personal protective equipment (PPE) as needed.

Fire exits and corridors were observed to be clear of obstruction

### Care Records

We reviewed five patients' care records and these evidenced that care plans were in place to direct the care required, and reflected the assessed needs of the patients. Care records reviewed also evidenced regular evaluation of the care provided in order to assess the effectiveness of this and to determine if reassessment of planned care was required. The evaluations reviewed were meaningful and patient centred.

We reviewed a care plan for pressure relief. It was documented that a pressure relieving device was in use, the mattress type and setting for the device recorded; this area for improvement identified in the last inspection was assessed as met.



We reviewed the documentation for a patient who had a wound. We identified that the care plan was reflective of the care required to manage the wound and relevant wound care documentation was in place. This area for improvement from the last care inspection was met.

We reviewed the supplementary care records and we observed that fluid monitoring, for those patients who required a prescribed fluid target, were evaluated by the nurses. An area for improvement on the previous inspection was met. However we did identify “gaps” in the recording of the bowel monitoring. This had not been identified in the daily evaluation of care and evaluation and this area for improvement will be restated for a second time.

## Dining Experience

We reviewed the lunch time experience for patients and it was observed to be a relaxed and calm experience. Food was served to the patients straight from the kitchen. The tables were attractively set and condiments were available for patients to use. Various drinks were available and offered to patients and food delivered to the patients in their bedrooms was covered. Staff communicated well with each other throughout the meal time. They were available to assist the patients and were observed doing so in a calm and friendly manner. Staff appeared knowledgeable about the patients’ likes, dislikes and dietary requirements and responded to patients’ requests.

The menu was displayed in the dining room in written format and discussion with the manager evidenced that they were in progress of updating this. Patients were encouraged with their meal and the nurse in charge was present throughout. The area for improvement in relation to the dining experience was met.

## Governance

Patients and staff had no complaints about the staffing levels in the home unless there was short notice absence. They did advise that there were systems in place to manage this. Staffing levels on the day of inspection were seen to meet the needs of the patients.

Records reviewed evidenced that various governance audits undertaken by the manager, for example, training, infection prevention and control and care records showed that any areas that were identified as requiring improvement had an action plan and completion date. An area for improvement from the previous inspection was met.

## Areas for improvement

An additional area for improvement was identified in relation to locking of the office/treatment room door in the Sandhurst unit when staff not present.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## **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 and Lorraine Kirkpatrick, regional 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the day of inspection</p>	<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"> <li>This is in specific relation to the access to the clinical room /office room in the Sandhurst unit.</li> </ul> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Discussed with all staff specifically in ARBD unit the importance and risk of leaving the clinical room unsupervised. This is being monitored during daily walk around. Compliance will also be monitored by the Regional Manager or nominated person as part of the Monthly Reg 29 visit.</p>
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### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 March 2020</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: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Supervision with staff was completed with regards to the monitoring of supplementary care records and documenting it on a daily basis and evaluate monthly or as needs change in their respective care plans. Compliance will be monitored through the completion of the Care TRacA and by the Regional Manager or nominated person as part of the Monthly Reg 29 visit.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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