

Unannounced Care Inspection Report

19 March 2018



Tennent Street (Balmoral and Sandhurst Suites)

Type of Service: Nursing Home (NH)
Address: 1 Tennent Street, Belfast, BT13 3GD
Tel No: 028 90 312318
Inspector: Gerry Colgan

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Ms Voilet Graham
Person in charge at the time of inspection: Ms Sheila Mae Hechanova, Clinical Lead	Date manager registered: 15 September 2017
Categories of care: Nursing Home (NH) DE – Dementia. A – Past or present alcohol dependence.	Number of registered places: 27 14 persons in category NH-DE located in the Balmoral Suite 13 persons in category NH-A located in the Sandhurst Suite. Day care to 1 person in the Balmoral Suite.

4.0 Inspection summary

An unannounced inspection took place on 19 March 2018 from 08.30 to 15.30 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 assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management. There were also examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified under the standards in relation to the environment and infection prevention and control.

Patients said:

“This is a good place. We are all well looked after.”

“I couldn’t be in better hands. They are all great.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Sheila Mae Hechanova, clinical lead, 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 20 July 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 20 July 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 15 patients, 11 staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was left informing staff how to complete a questionnaire electronically.

The following records were examined during the inspection:

- duty rota for all staff from 5 March 2018 to 26 March 2018
- 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
- one staff recruitment and induction file
- five patient care records
- five patient care charts including food and fluid intake charts and reposition charts

- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 the most recent inspection dated 20 March 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that the upgrading of the identified bathroom facilities in Balmoral and Sandhurst units is addressed and the dining room of the Balmoral unit is redecorated	Partially met
	Action taken as confirmed during the inspection: The dining room of the Balmoral unit has been redecorated however the bathroom/shower rooms in both Balmoral and Sandhurst require upgrading. This will be stated for the second time	
	This area for improvement has not been met and is stated for a second time	

Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that the approach to meals and mealtimes in Balmoral unit is reviewed and enhanced in accordance with best practice in dementia care.	Met
	Action taken as confirmed during the inspection: Observation at breakfast and lunch times confirmed that mealtimes in Balmoral have been reviewed and enhanced in accordance with best practice in dementia care. The Quality Dining Experience has been introduced and subject to audit on a three monthly basis.	

6.3 Inspection findings

6.4 Is care safe?

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

The clinical lead confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 5, 12 and 19 March evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff receive supervision and appraisals and competency and capability assessments as applicable.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the clinical lead and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the clinical lead and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The clinical lead and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included the observation of a selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling. However, the environment is generally tired and in need of refurbishment. There were visible marks on the walls below the soap dispensers in most of the ensuite facilities in Balmoral suite and the floor in the shower room was discoloured. As stated at the previous care inspection of July 2017 the identified bathroom requires up grading.

In Sandhurst suite there were similar marks below the soap dispensers in some of the en-suites. Both shower room floors were discoloured in places. The sluice room floor was discoloured. The plaster was coming off a wall in an identified bedroom. An identified bedroom en-suite floor was discoloured. The inside of the door in another identified bedroom was badly marked/scrapped and requires repair.

Fire exits and corridors were observed to be clear of clutter and obstruction however the outside glass of one fire door in the Sandhurst unit had a significant build-up of grime and cobwebs. Infection prevention and control measures were generally adhered to however the four settees in the Sandhurst lounge could not be adequately cleaned because the seat cushions had holes/tears and in an identified ensuite in Sandhurst a toilet cistern has been leaking for some time as there was significant discolouration on the pipework. A refurbishment programme is urgently required for this home and should be submitted to RQIA detailing the timescales for completion. This has been identified as an area for improvement under regulation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

Areas for improvement under regulation were identified in relation to the upgrading of the environment.

Areas were identified for improvement under the standards in relation to infection prevention and control procedures.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. A review of supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Review of five patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff spoken with confirmed that communication between all staff grades was effective. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and the TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Staff confirmed that staff meetings were held every three months and the minutes were made available. .

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the clinical lead and review of records evidenced that patient and/or relatives meetings were held on a six monthly basis. Minutes were available. Patients and their representatives confirmed that they attended meetings and were aware of the dates of the meetings in advance. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff and management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and patient representatives'.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the clinical lead confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with fifteen patients individually, and with others in smaller groups, confirmed that living in the Balmoral and Sandhurst suites of Tennent Street Care Home was a positive experience.

Patient comments

- “I like it here. They are all very good to us.”
- It’s not bad at all. There’s plenty going on during the day.”

Representatives comments....

- “My (relative) is not long in but he seems to be well cared for.”
- “My father calls in every day and he is happy with the place.”

No questionnaires were received by RQIA after the return date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Staff were able to identify the person in charge of the home. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. Discussion with the clinical lead and review of records and observation evidenced that the home was operating within its registered categories of care.

Policies and procedures were indexed, dated and approved by the registered provider. The clinical lead confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. A copy of the complaints procedure was available in the home. Staff were knowledgeable of the complaints process.

A review of notifications of incidents to RQIA since the last care inspection of July 2017, confirmed that these were managed appropriately. Discussion with the clinical lead and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the clinical lead and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Sheila Mae Hechanova, clinical lead and Ms Ancy Matthews, registered nurse, 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 27(2) (b). Stated: First time	The registered person shall provide RQIA with a refurbishment programme for the Balmoral and Sandhurst Units to address the issues highlighted in section 6.4 of this report and detailing timescales for completion Ref: Section 6.4
To be completed by: 31 May 2018	Response by registered person detailing the actions taken: The regional manager and the covering manager have drafted up a refurbishment plan for each unit in the home. Plan for 2018 for Balmoral and Sandhurst units has been provided to the Named Inspector and works commenced on 30.04.18.

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 30 April 2018	The registered person shall repair the leaking toilet cistern in the identified bedroom. Ref: 6.4 Response by registered person detailing the actions taken: The leaking toilet cistern in the identified bedroom has been repaired.
Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: 31 May 2018	The registered person shall replace all damaged seats in the Sandhurst Lounge. Ref: 6.4 Response by registered person detailing the actions taken: New lounge furniture for Sandhurst lounge has been ordered-waiting for delivery of same early May 2018.

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



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