

Unannounced Care Inspection Report 20 July 2017



Tennent Street

Type of Service: Nursing Home
Address: Balmoral and Sandhurst Suites,
1 Tennent Street, Belfast, BT13 3GD
Tel no: 028 9031 2318
Inspector: Heather Sleator

www.rgia.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 Healthcare Responsible Individual(s): Dr Claire Royston	Registered Manager: See below
Person in charge at the time of inspection: Violet Graham	Date manager registered: Ms Violet Graham – registration pending
Categories of care: Nursing Home (NH): DE – Dementia. A – Past or present alcohol dependence.	Number of registered places: 27 comprising: 14 – NH-DE (Balmoral Suite) 13 – NH-A (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 inspection took place on 20 July 2017 from 09.45 to 16.30 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.

Evidence of good practice was found in relation to staffing and the empathy displayed to patients, adult safeguarding, infection prevention and control and fire safety. The home's environment was fresh smelling and clean throughout and the level of attention to personalising patients' bedrooms was commended. We observed good practice in communication between staff and between patients and staff. Our observations confirmed that staff were knowledgeable of patients' wishes and preferences. There were good working relationships between staff and good support from management.

Areas requiring improvement were identified under the standards: improving the standard of décor in the dining room in Balmoral unit; upgrading of identified bathroom/toilet facilities in both Balmoral and Sandhurst units and completing a review of the approach to meals and mealtimes and the dining experience for patients in accordance with best practice in dementia care in Balmoral unit.

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.

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4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Violet Graham, 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 15 February 2017

The most recent inspection of the home was an unannounced premises inspection undertaken on 15 February 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, seven staff and one visiting professional. There were no patients' representatives available at the time of the inspection. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- duty rota for all staff for the week commencing 17 July 2017
- 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
- three staff recruitment and induction file
- three patient care records
- two 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 15 February 2017

The most recent inspection of the home was an unannounced premises inspection on 15 February 2017.

The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 28/29 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 4.2 Stated: First time	The registered provider should ensure that the auditing of care records includes a review of the care interventions, stated in care plans. The interventions should accurately define the actions to be taken by staff to meet an individual's assessed need and are framed to reflect the core values of privacy, dignity and respect. (Balmoral unit)	Met
	Action taken as confirmed during the inspection: The review of three patient care records evidenced that robust quality auditing had been undertaken in respect of patient care records and care interventions were written in a person centred manner.	
Area for improvement 2 Ref: Standard 7.1 Stated: First time	The registered provider should ensure that patients care records evidence that patients, as applicable have been consulted regarding the planning of their care. (Sandhurst unit)	Met
	Action taken as confirmed during the inspection: The review of three patient care records evidenced that as far as possible and/or where applicable patients' representatives had been consulted in the planning of care.	

Area for improvement 3 Ref: Standard 7.1 Stated: First time	The registered provider should ensure that patient or unit meetings commence, at a frequency decided by the patients, until such times as patients feel the meetings are no longer of benefit. (Sandhurst unit)	Met
	Action taken as confirmed during the inspection: The review of the minutes of patient meeting and discussion with the manager evidenced that a patients meeting had taken place in Sandhurst unit following the last inspection. At this meeting the patients decided that there was no need for further meetings and any issue or opinion would be discussed with staff on an individual 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 manager confirmed the planned daily staffing levels for the home and stated 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 week commencing 17 July 2017 evidenced that the planned staffing levels were generally adhered to.

The planned staffing levels were based on the patients' dependency levels, which were assessed using the Care Home Equation for Safe Staffing (CHESS) assessment tool, developed by Four Seasons Healthcare. The manager explained that this was reviewed on a regular basis and that the staffing levels could be adjusted as required.

Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with patients evidenced that there were no concerns regarding staffing levels.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the manager and a review of three personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

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. Three completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The manager had also signed the record to confirm that the induction process had been satisfactorily completed.

Discussion with the manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that between 90 to 100 of staff had completed their remaining mandatory training.

The manager and staff also confirmed that training had been provided in respect of the Dementia Care Framework (DCF) in 2016; this included training modules on dementia care; activities and engagement; communication; distressed reactions; and dementia and the law. This training had been completed by 98 percent of staff. The dementia training was 'experiential,' providing staff with the opportunity to experience themselves the impact of sensory and cognitive limitations. The home attained their DCF accreditation on completion of the training requirements and observation of practice.

Observation of the delivery of care evidenced that training had been embedded into practice. Overall compliance with training was monitored by the manager and this information informed the responsible persons' monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with the NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. The relevant contact details were available in a folder for all staff to access; including the whistleblowing procedure.

Discussion with the 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 within the organisation and all registered managers attended regional training on the new procedures on 16 June 2017. Discussion also evidenced that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately.

Infection prevention and control measures were adhered to and equipment was stored appropriately. There was evidenced of the availability of and adequately stocked personal protection equipment (PPE).

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. The areas reviewed were found to be clean, tidy and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items and life story noticeboards were in bedrooms (Balmoral unit). An area for improvement was identified in relation to aspects of the environment. There was a malodour present in a bathroom (Balmoral unit) which was identified to the manager. The flooring in the same bathroom evidenced wear and tear and was stained. A bathroom in Sandhurst unit also evidenced significant wear and tear and should be upgraded. The décor of the dining room in Balmoral unit should also be considered for upgrading. The area at the serving hatch between the kitchen and the dining room was not as clean as it should be and should be reviewed in accordance with infection prevention and control guidelines. As discussed with the manager the curtain pelmets in the dining room of Balmoral unit were aged and dust was clearly evident. The manager agreed to address this and work commenced during the inspection of the removal of the pelmets.

Fire exits and corridors were observed to be clear of clutter and obstruction

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the environment of both Balmoral and Sandhurst units. The upgrading of the identified bathroom facilities should be addressed and the dining room of the Balmoral unit should be redecorated.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of three 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.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse Specialists (TVN). Discussion with registered nurses 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.

A review of wound care records evidenced that wound care was generally managed in line with best practice. The review of one patient's care records did not evidence that a wound care plan and treatment plan had been written for the patient. This was brought to the attention of a registered nurse and the manager and the patient's care records were updated by the conclusion of the inspection. Discussion took place with the manager regarding the information within patients care records (Balmoral unit), staff were able to discuss the patients' individualised care through their knowledge of their patients however care recording did not always reflect this depth of knowledge. The manager agreed to discuss this with the registered nurses at the next trained staff meeting.

The care plans detailed the 'do not attempt resuscitation' (DNAR) directive that was in place for the patients, as appropriate. This meant up to date healthcare information was available to inform staff of the patient's wishes at this important time to ensure that their final wishes could be met.

Patients' bowel movements were monitored by the registered nurses on a daily basis, using the Bristol Stool guidance as a reference, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

Personal or supplementary care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans, the frequency of repositioning was recorded on the repositioning record and staff were reporting on the condition of the patient's skin. An area for improvement identified in Sandringham unit regarding supplementary care records was not as clearly evident in Sandhurst and Balmoral units.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005; the registered manager confirmed that the patient register was checked on a regular basis.

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 confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients’ condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent team meeting in Sandhurst unit was held in March 2017 and a meeting with the clinical leads of each unit was held in June 2017. Staff stated that there was effective teamwork with each staff member knew their role, function and responsibilities.

The serving of the midday meal was observed in Balmoral unit and was identified as an area for improvement. There was an apparent lack of organisation during the mealtime. Dining tables were not fully set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray and tray service was poor as the meal was not covered during transportation and fluids and/or condiments were not available. Meals were set in front of patients who required assistance with their meal prior to staff having time to assist. Therefore the temperature of the meals may not have been conducive to eating. The menu displayed in the dining room did not reflect the meal being served. This was discussed with the manager and it was agreed that the approach to meals and mealtimes would be reviewed. Patients in Sandhurst unit stated they were satisfied with the meal provision.

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

The following area identified for improvement was in relation to completing a review of the approach to meals and mealtimes in Balmoral unit in accordance with best practice in dementia care.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Consultation with 15 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect

Patients and were involved in decision making about their own care. Patients were consulted with regarding meal choices and their feedback had been listened to and acted on. Patients were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends, where they so wished. Staff supported patients to maintain friendships and socialise within the home. There was a personal activities leader (PAL) responsible for the provision of activities in the home. A dementia resource box for activities had been supplied by the organisation to assist the PAL in engaging persons with dementia in meaningful activities. The resource box was viewed and the materials available were very good. There was evidence of a variety of activities in the home and discussion with staff confirmed that patients were given a choice with regards to what they wanted to participate in. There were various photographs displayed around the home of patients' participation in recent activities. Social care plans were in place to provide information to staff to ensure that patients' social care needs were met individually.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Staff and patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

An electronic feedback system was also situated in the reception area. This was available to relatives and other visitors to give general feedback on an ongoing basis or answer specific questions on the theme of the month. The feedback was summarised automatically by the system and the results were available to the manager and the regional manager. Comments included, "staff help me with my money otherwise I would spend it all on silly things" and "I'm settled here and don't plan on moving".

During the inspection, we met with 15 patients, three care staff, two registered nurses, the personal activities leader, one member of the housekeeping staff and a visiting professional. Some comments received are detailed below:

Staff

"Everyone gets on well here."

"I love it here."

"It's a good place to work; we all help each other out."

"Any training needs I have I just say to the clinical lead."

Patients

"Everyone goes out of their way to help you."

"It's ok."

"Staff are always there for you."

Visiting Professional

"I have no concerns about this home."

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. One staff member had returned their questionnaire, within the timeframe for inclusion in this report. Outcomes were as follows:

Staff: the respondent indicated that they were 'satisfied' that the care in the home was safe, effective and compassionate; and they indicated that they were 'very satisfied' the home was well-led. No written comments were received.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

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 manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described how they felt confident that the manager would respond positively to any concerns/suggestions raised.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the manager.

Discussion with the 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 Care Standards for Nursing Homes 2015. Staff and patients spoken with confirmed that they were aware of the home's complaints procedure.

Discussion with the manager 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, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

As a further element of its Quality of Life Programme, Four Seasons Healthcare operate a Thematic Resident Care Audit (“TRaCA”) which home managers can complete electronically. Nursing homes which have attained the DCF accreditation complete the ‘TraCA D’ Information such as home governance, information governance, housekeeping, resident care and health and safety checks are recorded on various TRaCAs on a regular basis. This information was subject to checks by the regional manager once a month.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was 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.

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. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

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 within the home.

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 Violet Graham, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>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</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The identified bathroom facilities in Balmoral and Sandhurst will be redecorated and new flooring will be in place by 31/10/17. The dining room in Balmoral will be redecorated by the 31/10/17</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>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.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The dining experience has been reviewed and has been enhanced in the Balmoral unit. The tables are being set up prior to serving meals. The patients have a choice of meals. Staff now approach meal times in a relaxed manner to give the patient time to enjoy their dining experience</p>

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



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