



# Unannounced Follow Up Care Inspection Report 20 November 2018



## **Tennent Street**

**Type of Service: Nursing Home (NH)**

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

**Tel No: 028 9031 2318**

**Inspector: Kieran McCormick**

[www.rqia.org.uk](http://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 provider 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 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(s):</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Methyl Dagooc - registration pending
<b>Person in charge at the time of inspection:</b> Methyl Dagooc - Manager	<b>Date manager registered:</b> Application received - registration pending.
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia. A – Past or present alcohol dependence.	<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.

### 4.0 Inspection summary

An unannounced inspection took place on 20 November 2018 from 09.30 to 15.15 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 Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last care inspection on the 31 August 2018.

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>	*2	2

\*The total number of areas for improvement include one under regulation which has been stated for a second time and which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Methyl Dagooc, 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

The most recent inspection of the home was an unannounced premises inspection undertaken on 3 September 2018. No further actions were required to be taken following the most recent 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
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of potential adult safeguarding issues
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with six patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 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 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 poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for all staff from 5 to 25 November 2018
- accident and incident records from August 2018
- staff meeting records
- training records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- housekeeping and infection prevention and control audits
- a sample of housekeeping cleaning schedules
- three patient care records
- sample of patient activities records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 3 September 2018**

The most recent inspection of the home was an unannounced estates inspection.

**6.2 Review of areas for improvement from the last care inspection dated 31 August 2018**

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 provider should ensure that there is an established system to ensure compliance with best practice in infection prevention and control measures in the home. This includes ensuring that all IPC concerns identified in this report are urgently addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced an improvement in the cleanliness and adherence to infection prevention and control best practice guidance. Training records provided an assurance of staff attendance at infection prevent and control training. Review of audits and completed cleaning schedules provided additional assurances regarding the governance arrangements in place.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 19 (5) <b>Stated:</b> First time	The registered person shall ensure that confidential patient records/information are maintained in accordance with best practice guidance and legislative requirements.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector observed on the Balmoral Suite confidential patient information on public display in the dining room and confidential information adhered to the wall in an identified patient's bedroom.  <b>This area for improvement has not been met and will be stated for a second time.</b>	
<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 47 <b>Stated:</b> First time	The registered person shall ensure that storage areas posing a COSHH risk are securely locked at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Identified areas of risk were observed to be safely secured.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall ensure that 'net pants' are provided for each patient's individual use and not used communally.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the laundry area and discussion with laundry staff confirmed that net pants were labelled for individual use only.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that the housekeeping staffing provision is sufficient to meet the environmental and cleanliness standards required for the environment/service.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of a sample of staff duty rotas and discussion with housekeeping staff on duty confirmed that the staffing provision had improved and was sufficient to meet the needs of the home.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that robust auditing arrangements are implemented and adhered to for the ongoing monitoring of the environment and infection prevention and control practices.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of a sample of audits and completed cleaning schedules provided assurances regarding the governance arrangements in place to monitor the cleanliness and condition of the environment in accordance with best practice guidance.	

### 6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last care inspection on 31 August 2018. It was noted that five of the six areas for improvement were assessed as having been met. One area for improvement was not met and has been stated for a second time.

The certificate of registration issued by RQIA was appropriately displayed in the home. The manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. Since the last inspection there has been no change of management arrangements for the home.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Discussion with laundry staff and observation of the laundry area evidenced that net pants were labelled for individual patient use. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The home was fresh smelling and tidy throughout. There was a noted improvement in the cleanliness and environmental décor throughout the home. A review of the staff duty rota from 5 to 25 November 2018 evidenced that the planned staffing levels for housekeeping staff remained consistent. A system of auditing and governance regarding the environment and adherence to best practice infection prevention and control was evidenced on the day of inspection. The inspector observed two occasions on the Sandhurst Suite where identified fire doors had been wedged open. This was discussed with the manager for their urgent attention and an area for improvement under the regulations was made.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

During a tour of the Balmoral Suite the inspector identified confidential patient information on public display in the dining room and confidential information adhered to the wall in an identified patient’s bedroom, this was discussed with the nurse in charge of the suite for their attention. A previous area for improvement has been stated for a second time.

The inspector reviewed the care records for three patients within the home. Records reviewed evidenced that in each case risk assessments and care plans were person centred and reflected the individual assessed needs of each patient. However in the case of each patient care records had not been consistently reviewed/evaluated. This was discussed with the manager and an area for improvement under the standards was made. The inspector reviewed the fluid management arrangements for patients in the home. Care records evidenced the recording of fluid intake and daily oversight by a registered nurse of total daily fluid intake. However the inspector identified that for those patients who did not meet their required daily fluid intake there was no care plan in place to guide staff on how best to manage the identified issue. This was discussed with the manager and an area for improvement under the standards was made.

At the time of writing this report, there were no questionnaires returned from patients or their representatives. Questionnaire comments received after specified timescales will be shared with the manager, as necessary.

Questionnaire comments received after specified timescales will be shared with the manager, as necessary.

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to environmental improvements and adherence to infection prevention and control best practice, governance arrangements, dignity and privacy, staff knowledge of patients’ wishes, preferences and assessed needs.

**Areas for improvement**

Area for improvement identified during the inspection included an identified fire safety concern and specific improvements required regarding patients care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

**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, 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 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 DHSSPS 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 19 (5)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that confidential patient records/information are maintained in accordance with best practice guidance and legislative requirements.</p> <p>Ref: 6.2 &amp; 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All confidential information/records were removed immediately from display and are now maintained in accordance with best practice guidance and legislative requirements.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the practice of wedging fire doors in the home is ceased.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have all been reminded not to wedge open fire doors. This is being monitored during daily walkabouts around the Home by the Registered Manager/Nurse in Charge. Door retaining units are being fitted to the identified doors.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that patients care plans and risk assessments are consistency reviewed/evaluated in accordance with individual patient need and in keeping with policy and procedure.  <b>Ref: 6.3</b>
	<b>Response by registered person detailing the actions taken:</b> Risk assesment and care plans are being reviewed and evaluated in accordance with individual patient need and in keeping with policy and procedure.This will be monitored monthly by unit managers and spot checked by the Registered Manager.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that a person centred care plan is devised for those patients at risk of dehydration and whom the home identify as consistently not meeting their daily fluid intake target.  <b>Ref: 6.3</b>
	<b>Response by registered person detailing the actions taken:</b> Discussions have taken place with GPs for all patients who are unable to meet their fluid targets.Care plans are now in place for all patients who are at risk of dehydration.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**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)