



# Unannounced Care Inspection Report 29 September 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 Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Methyl Dagooc 12 December 2018
<b>Person in charge at the time of inspection:</b> Roxana Mitrea	<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

### 4.0 Inspection summary

An unannounced inspection took place on 28 September 2020 from 10.20 to 17.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control practices
- care delivery
- care records
- governance and management arrangements.

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Roxana Mitrea, 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.

## 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

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

The following records were examined during the inspection:

- duty rota for all staff from 21 September to 4 October 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- one staff recruitment file
- four patients' care records including food and fluid intake records
- complaints and compliments
- a sample of monthly monitoring reports
- accident/incident records
- a sample of governance audits
- records of adult safeguarding referrals
- COVID-19 information file
- RQIA registration certificate.

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)

The most recent inspection of the home was an unannounced care inspection undertaken on 6 January 2020.

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 14 (2)(a) <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 /office room in the Sandhurst unit.</li> </ul>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Observation during the inspection evidenced that this area for improvement was met.		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time <b>To be completed by:</b> 1 March 2020	<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>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was met.		

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty.

Staff felt that they had been well supported during the outbreak of COVID-19 in the home. The staff also told us that they felt well equipped for their role and that they had been kept updated with developments and recommendations relating to COVID-19; an up to date COVID-19 file was maintained for staff reference and information.

We reviewed one staff recruitment files; this evidenced that the required checks were carried out prior to a staff member commencing work in the home. There was a system in place to monitor the registration status of nurses with the NMC and care staff with NISCC.

Comments made by staff included:

- "It's not bad."
- "We are kept up to date with any changes."
- "Staffing is ok."

### 6.2.2 Infection prevention and control (IPC) measures

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. Staff had a temperature check on arrival to the home.

Personal protective equipment (PPE) was readily available throughout the home and stations were well stocked. Staff told us that they had had sufficient supplies of PPE at all times.

We noted a small number of occasions when staff were not wearing masks correctly and required to wear additional PPE such as gloves. We discussed this with the manager and an area for improvement was made regarding staff's adherence to IPC measures and management oversight of this.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining room, sluices and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were attractively decorated and personalised. The home was clean, tidy and fresh smelling. It was positive to observe that new arm chairs and television had been purchased for the Balmoral unit and there was ongoing painting of bedrooms and communal areas.

We observed that when floor cleaning was taking place in bedrooms the appropriate warning signage was not in place on the wet floors. This was discussed with the manager who advised that this would be addressed.

### 6.2.3 Care delivery

We observed that patients looked well cared for and were content and settled in their surroundings. Patients who were in their rooms had call bells within reach. There was a calm and friendly atmosphere in the home. Staff were seen to treat patients with kindness and respect. Patients spoken to told us:

- “Lovely.”
- “Staff are friendly”
- “Great, can’t fault it.”
- “Everything is great.”

We observed the serving of lunch in the dining room and found this to be a pleasant and unhurried experience for the patients. The menu was displayed, the food on offer was well presented and smelled appetising, staff were helpful and attentive and patients were offered alternatives if required. Staff were seen to assist patients with their eating and drinking needs as required.

#### **6.2.4 Care records**

We reviewed four patients’ care records which evidenced that individualised care plans had been developed to direct the care required. We observed that the care plans/ risk assessments were evaluated on a monthly basis.

There was evidence of referral to and recommendations from other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary.

Patients’ weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example, fortified diets were followed. Food and fluid records reviewed were up to date.

We reviewed the records for one patient who was at risk of skin breakdown and who used a pressure relieving mattress. We saw that there was a care plan in place to direct the care required; relevant documentation evidenced that staff checked the setting required. We identified, however, that the mattress was not/had not been maintained at the required setting. An area for improvement was made.

We reviewed the records for one patient who sustained a fall. We observed that staff carried out neurological observations and updated the relevant risk assessments; we observed that these observations were carried out in accordance with best practice guidance.

#### **6.2.5 Governance and management arrangements**

A change of management had taken place since the last inspection. RQIA had been notified appropriately.

We reviewed a sample of governance audits in the home. These audits identified areas that required improvement; we observed that action plans were developed and timeframes for completion were visible.

We reviewed a sample of the monthly monitoring reports and found that action plans were developed from these where improvements were required. We observed, however, that there was no indication whether the required actions had been taken and an area for improvement was identified.

### Areas of good practice

Throughout this inspection we saw good practice in regard to the personalisation of patients' bedrooms, warm and supportive staff interactions with patients and the teamwork within the home.

### Areas for improvement

Areas for improvement were identified in relation to the correct usage of PPE, monthly monitoring reports and the management of pressure relieving equipment.

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

## 6.3 Conclusion

During the inspection patients were observed to be well presented and content in their surroundings. Staff were observed interacting with patients in a friendly and caring manner. Patients spoken to were positive about their experiences living in Tennent Street.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roxana Mitrea, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2020	<p>The registered person shall ensure any corrective action taken as a result of an action plan is clearly documented when completed.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Supervisions completed with all nursing staff to ensure all action plans are signed and dated when completed. This will be spot checked by the Manager on a regular basis and as part of the Regulation 29 visit</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 46.2  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in infection prevention and control best practice.</p> <p>Ref: 6.2.2.</p> <p><b>Response by registered person detailing the actions taken:</b>            Supervisions are being held with the staff in relation to infection prevention and control. Hand hygiene and PPE audits are being completed weekly. A monthly infection control audit is completed and action plan addressed.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2020	<p>The registered person shall ensure in regard to the use of a pressure relieving device</p> <ul style="list-style-type: none"> <li>• The device is maintained at the correct setting for each individual patient.</li> <li>• The care records are reflective of the correct setting.</li> <li>• A checking system is in place to ensure the device setting is correct.</li> </ul> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The mattress settings are being reviewed and cross referenced against the care plans. A checking mechanism will then be put in place .</p>

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



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