



# Unannounced Care Inspection Report 31 August 2018



## Tennent Street (Balmoral and Sandhurst Suites)

Type of Service: Nursing Home (NH)  
Address: 1 Tennent Street, Belfast, BT13 3GD  
Tel No: 0289031 2318  
Inspector: Kieran McCormick

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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.

## 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

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Methyl Dagooc (Application in progress)
<b>Person in charge at the time of inspection:</b> Daniel Lupea – Registered Nurse	<b>Date manager registered:</b> Application pending approval
<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 31 August 2018 from 09.40 to 14.55 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 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.

The inspection had been scheduled to have been carried out as an unannounced primary inspection. However due to the seriousness of the concerns identified early in the inspection, regarding the environment and management of hygiene, the focus of inspection was therefore changed. The regional manager attended the home during the inspection; the concerns identified were discussed with the regional manager for their urgent attention.

As a result of the inspection, RQIA was concerned that aspects of the quality of care and service delivery within Tennent Street, Balmoral and Sandhurst Suites, in regards to the environment and management of hygiene in the home, were below the minimum standard expected. A decision was taken to hold a meeting with the intention to serve a failure to comply notice regarding the breach in Regulation 13(7) of the Nursing Homes Regulations (Northern Ireland) 2005. The meeting took place at RQIA on 7 September 2018.

During the intention meeting the representatives in attendance on behalf of the registered provider acknowledged the failings; those present provided a full and comprehensive account of the actions taken to ensure the improvements necessary to achieve compliance with the required regulation. RQIA were satisfied with the assurances provided and a decision was made that no further enforcement action was required to be taken.

A further inspection will be undertaken to validate sustained compliance and assure necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

The findings of this report will provide Tennent Street 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	4

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Kirkpatrick, Regional Manager, Melanie Reyes, acting manager, a Registered Nurse and a Unit Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action, in the form of an intention to serve a failure to comply notice meeting, took place as a result of the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 2 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 May 2018. 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
- the registration status of the home
- 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
- pre-inspection audit

During the inspection the inspector met with four patients and ten 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 registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- a sample of housekeeping staff duty rota
- staff training records
- a sample of governance audits
- a sample of cleaning schedules
- RQIA registration certificate
- a sample of 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.

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 2 May 2018**

The most recent inspection of the home was an unannounced medicines management inspection.

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 19 March 2018

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>	The registered person shall provide RQIA with a refurbishment programme for the Balmoral and Sandhurst Units.	<b>Met</b>
<b>Ref:</b> Regulation 27 (2) (b) <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> A refurbishment plan was devised and submitted to RQIA.	
<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>	The registered person shall repair the leaking toilet cistern in the identified bedroom.	<b>Met</b>
<b>Ref:</b> Standard 44 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> An observation of a sample of toilet cisterns across the home did not identify any concerns.	
<b>Area for improvement 2</b>	The registered person shall replace all damaged seats in the Sandhurst Lounge.	<b>Met</b>
<b>Ref:</b> Standard 44 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> New seating had been purchased and was in place in the Sandhurst lounge.	

## 6.3 Inspection findings

### Environment and adherence to best practice in infection prevention and control

An inspection of the home's environment was undertaken and included observations of a broad sample of bedrooms, bathrooms, lounges, communal areas, dining rooms and storage areas. The inspector observed examples of where patients' bedrooms were personalised with photographs, pictures and personal items. It was noted that environmental improvements had been made in some areas of the home since the last inspection.

However observation of the wider environment, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures and best practice guidance and safe environmental standards were not consistently adhered to. Deficits were identified in relation to the cleanliness of patients' bedrooms, en-suite bathrooms, communal areas and equipment used by patients. Clinical waste had not been disposed of appropriately in one en-suite bathroom.

Walls throughout the home were found to be badly marked and stained. Equipment used by patients was not appropriately maintained and could not be effectively cleaned, including shelving, lamps, seating in the lounges, pull cords in bathrooms and pressure relieving cushions. These areas of concern were highlighted to the regional manager and an area for improvement under regulations was made in order to drive improvement relating to IPC practices.

Sluice rooms were not effectively cleaned or maintained for their purpose and were left unlocked with the potential for patients to access hazardous chemicals, an area for improvement under the standards was made.

There was evidence that 'net pants' for continence management were being laundered and used communally, as a result an area for improvement under the standards was made.

A review of the duty rotas found deficits in the housekeeping staff cover, this was discussed with the regional manager and an area for improvement under the standards was made.

Cleaning schedules were not consistently completed with significant gaps noted in records. There was a lack of effective oversight and governance in relation to infection control, including an insufficient auditing system, an area for improvement under the standards was made relating to the governance arrangements for infection prevention and control.

The inspector observed on the Sandhurst Suite a fire door wedged open leading to a high risk area; this was discussed with the staff team on duty and was immediately addressed. Observations in multiple patients' bedroom areas evidenced confidential information pertaining to individual patient care stuck to the bedroom walls, this was discussed with the regional manager for their immediate attention and an area for improvement under the regulations was made.

### **Areas of good practice**

There were examples of where patients' bedrooms were personalised with photographs, pictures and personal items.

### **Areas for improvement**

Areas for improvement under the regulations were identified in relation to best practice in infection prevention and control and the sharing of confidential patient information. Areas for improvement under the standards were made in relation to COSHH regulations, communal use of 'net pants', housekeeping staffing provision and governance arrangements pertaining to infection prevention and control.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	4

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Kirkpatrick, Regional Manager, Melanie Reyes, Acting Manager, a Registered Nurse and a Unit Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>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.</p> <p><b>Ref: Section 6.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> A full infection control audit was carried out on 24.08.18. All actions identified following the audit have been addressed. The Registered Manager will commence in October 2018 to carry out a different section of the infection control audit every month going forward and will address any actions identified. The Regional Manager will review the actions addressed every month during the regulation 29 visit.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (5)</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 confidential patient records/information are maintained in accordance with best practice guidance and legislative requirements.</p> <p><b>Ref: Section 6.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed. Confidential patient records are now being maintained in accordance with best practice and not on display in patients' bedrooms.</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 47</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 storage areas posing a COSHH risk are securely locked at all times.</p> <p><b>Ref: Section 6.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed, storage areas posing a COSHH risk are securely locked at all times. This is being checked by the Registered Manager during daily walkabout around all units of the Home.</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that 'net pants' are provided for each patient's individual use and not used communally.</p> <p><b>Ref: Sections 6.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed. Net pants have been labelled for individual patient use and not being used communally.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the housekeeping staffing provision is sufficient to meet the environmental and cleanliness standards required for the environment/service.</p> <p><b>Ref: Sections 6.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed. Four domestic staff are on duty everyday, one for each unit in the Home and housekeeper job has been advertised and interviews to be carried out.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p><b>Ref: Sections 6.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager is doing her daily walkabout around the Home and recording any issues she finds which are then addressed as soon as possible. During regulation 29 visits to the Home any outstanding environmental issues are discussed and addressed. Property Manager is also visiting the Home at least once a month to ensure that issues are being addressed. Infection control audit is being carried out monthly and any actions are being addressed.</p>

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



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