

Announced Premises Inspection Report 15 February 2017



Tennent Street

Type of Service: Residential Care Home
Address: Hampton Suite, 1 Tennent Street, Belfast, BT13 3GD
Tel No: 0289031 2318
Inspector: Colin Muldoon

1.0 Summary

An announced premises inspection of the Hampton suite in Tennent Street Care Home took place on 15 February 2017 from 10.00 to 12.00.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Jacquelyn Woods (Registered Manager) and Stevie McCormick (FSHC Estates Manager) as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 04 February 2014.

2.0 Service Details

Registered organisation/registered provider: Four Seasons Healthcare Maureen Claire Royston	Registered manager: Jacquelyn Woods
Person in charge of the home at the time of inspection: Jacquelyn Woods	Date manager registered: 1 April 2005
Categories of care: RC-MP, RC-I, RC-PH(E), RC-DE	Number of registered places: 16

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Jacquelyn Woods (Registered Manager) and Stevie McCormick (FSHC Estates Manager).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

4.0 The Inspection

The most recent inspection of the Hampton suite at Tennent Street Care Home was an unannounced care inspection on 20 October 2016. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 04 February 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27(2)(b) Stated: First time	The worktop in the snack kitchen should be replaced. (Item 9.2.1 in report)	Met
	Action taken as confirmed during the inspection: This worktop has been replaced.	

<p>Requirement 2</p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: First time</p>	<p>The floor covering in the toilet at main reception should be replaced and the edges and joins sealed. (Item 9.2.2 in report)</p> <hr/> <p>Action taken as confirmed during the inspection: This floor covering has been replaced.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 13.-(7) 14.-(2)(a) 14.-(2)(c)</p> <p>Stated: First time</p>	<p>The measures for the control of legionella should be extended to include monitoring of the water temperatures at the sentinel outlets. Reference should be made to Health and Safety Executive document L8 <i>Legionnaires' disease – The control of legionella bacteria in water systems</i> and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>. (Item 9.3.1 in report)</p> <hr/> <p>Action taken as confirmed during the inspection: There are measures in place towards the control of legionella and these include the checking of sentinel outlet temperatures.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>It should be ensured that all the issues identified in the fire risk assessment are addressed within the timescales set by the risk assessor. (Item 9.4.1 in report)</p> <hr/> <p>Action taken as confirmed during the inspection: The fire risk assessment has been reviewed since the last premises inspection. The most recent review was carried out in April 2016. The action plan associated with the last review is being marked up as issues are addressed.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 27.- (4)(f)</p> <p>Stated: First time</p>	<p>Arrangements should be made which will ensure that all staff participate in practice fire drills which are in compliance with the fire plan. The drills should verify that the plan can be carried out effectively when the minimum number of staff are on duty. (Item 9.4.2 in report)</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager informed the inspector that arrangements are in place for all staff to receive training in fire safety and evacuation. This includes twice yearly e learning which the manager confirmed is 97% up to date. The manager also confirmed that, in addition, face to face fire safety training and familiarisation sessions are led by health and safety staff and team leaders and that a matrix recording system is used to manage attendance at this.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 27.- (4)(b) 27.- (4)(d)(ii)</p> <p>Stated: First time</p>	<p>Consideration should be given to the recommendation to fit repeater fire alarm panels in all the units within the premises. (Item 9.4.3 in report)</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The fire risk assessment was last reviewed in April 2016. The assessment includes consideration of the means of giving warning of fire and the management of fire safety. No deficiencies were noted.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 27.- (4)(b) 27.- (4)(e)</p> <p>Stated: First time</p>	<p>The arrangements and training for staff regarding storage in rooms with fixed electrical apparatus should be reviewed. (Item 9.4.4 in report)</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following the last premises inspection the provider confirmed that flammable material was removed from the store. The manager confirmed that storage is managed and monitored.</p>		

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. Some toilet frames throughout the home are becoming rusty. The inspector suggested that a survey be carried out and a programme of repair or replacement put in place.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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