



# Unannounced Care Inspection Report

## 4 December 2018



## Tennent Street

**Type of Service: Residential Care Home**  
**Address: Hampton Suite, 1 Tennent Street, Belfast, BT13 3GD**  
**Tel No: 028 9031 2318**  
**Inspector: Kylie Connor**

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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 residential care home registered to provide care and accommodation for 16 persons in the categories of care cited on the home’s certificate of registration and detailed in section 3.0 of this report. The home is located within the same building as Tennent Street Nursing Home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Methyl Dagooc, Manager	<b>Date manager registered:</b> Methyl Dagooc – Registration Pending
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP – Mental disorder excluding learning disability or dementia PH (E) – Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> Total number 16 places comprising: 16 - RC – I 16 - RC- DE 16 – RC PH (E) 08 – RC - MP

### 4.0 Inspection summary

An unannounced care inspection took place on 5 December 2018 from 10.00 to 17.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought 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 induction, training, responding promptly to changes in residents' health and maintaining good working relationships.

Areas requiring improvement were identified in regard to care plans, recruitment procedures and auditing of cleaning records.

The manager gave assurances that incidents will be notified to RQIA where the Police Service of Northern Ireland (PSNI) are contacted and where an emergency ambulance attends the home. The manager also gave assurances that residents would be interviewed during all Regulation 29 visits and that residents' written consent for arrangements for individual night checks would be obtained and documented in care plans.

Residents said that they had good relations with the staff, that they enjoyed the activities and that they liked the food. Residents said that staff and the manager were approachable.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

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

This includes one area for improvement that was stated for the second time. 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 April 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. Comments received are included within this report.

During the inspection, the inspector met with the manager, team leader, two care staff and two residents; the lay assessor met with five residents.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Several 'Have I missed you' cards were left on display at the reception area, inviting anyone to contact RQIA with feedback. No questionnaires or feedback was received from residents, residents' representatives or staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability matrix
- Staff training schedule
- One staff personnel file
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Cleaning records

- Hand Hygiene Audits
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Minutes of representatives' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures
- RQIA certificate of registration
- Employer's liability insurance certificate was displayed

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as partially 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 30 April 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 30 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	The registered person shall ensure that the comprehensiveness and detail in care plans is improved to support person centre care and to guide and support staff in the delivery.	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b>          Whilst an overall improvement was noted, further efforts are needed to ensure standards are maintained. Inspection of one resident’s care plan evidenced that there was insufficient detail regarding the arrangements in place to supervise the resident. A second resident’s care plan did not sufficiently detail the arrangements in place to administer cream noting, ‘as per script.’ This is stated for the second time.</p>	
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**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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of a completed induction record and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The inspector informed the manager of the Induction Programme, recently launched by the Northern Ireland Social Care Council (NISCC) to support best practice.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of staff appraisals and supervision were reviewed during the inspection. The inspector informed the manager of the NISCC Adult Care Toolkit to support staff in their continuous personal development.

Discussion with the manager and team leader and review of one staff record confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Discussion with the manager and review of one staff file confirmed that staff were largely recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Clear dates i.e. day/month/year of starting/leaving employment and education were not provided and therefore it was not possible to identify if there were any gaps and obtain an explanation to support robust employment practice. An area of improvement was identified to comply with the regulations.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Review of records confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with NISCC.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the team leader, review of accident and incidents notifications, care records and complaints records confirmed that suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The manager advised there were restrictive practices within the home, notably the use of time specific monitoring observations and management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff established that they were knowledgeable and had understanding of Infection Prevention and Control (IPC) policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance hand hygiene audits were undertaken and action plans developed to address any deficits noted.

The team leader reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Staff reported that following the previous inspection the dining chairs had been recovered and new table cloths had been purchased.



Inspection of the internal and external environment identified that the home and grounds to the front of the home were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

It was established that some residents smoked. Discussion with the team leader confirmed that risk assessments and corresponding care plans had been completed in relation to smoking.

A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training and infection prevention and control.

### Areas for improvement

One area for improvement was identified in regard to obtaining full employment history to ensure that any gaps are identified and explored.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.5 Is care effective?

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

Discussion with the manager and team leader established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of three care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Two care plans reviewed did not contain adequate detail to ensure staff consistency in the delivery of care and support, as detailed in section 6.2 of the report; an area for improvement has been stated for the second time. In discussion with the team leader it was identified that night checks for each resident are undertaken on an hourly basis. Discussion took place with the manager in regard to individualised consent in regard to the frequency of night checks and the inclusion of this in care plans. The manager gave assurances that this would be addressed without delay.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.



Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The inspector observed part of the lunch-time meal; residents had different meals and appeared to be enjoying their meal in a relaxed manner; staff were attentive. Systems were in place to regularly record residents' weight and any significant changes in weight were responded to appropriately. Discussions with staff evidenced that staff had weighed a resident upon discharge from hospital and promptly contacted the GP in response to the resident's significant weight loss; weekly monitoring of the residents weight had been introduced. This is commended. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team regarding any areas of concern identified in a timely manner.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Discussion with the manager confirmed that audits of accidents and incidents (including falls, outbreaks), NISCC registration and dining experience were undertaken. Examination of records of cleaning tasks to be undertaken by night staff evidenced that there were gaps without explanation of why these tasks had not been undertaken. An area of improvement was identified in regard to the auditing of cleaning records to comply with the standards.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident/representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents and staff spoken with during the inspection made the following comments:

- "Staff help me stay independent." (resident)
- "The food is lovely. I enjoy it all. I like shredded wheat for breakfast and I had soup and sandwiches for lunch. The soup was lovely." (resident)
- "They (staff meetings) are once per month, we are kept up to date." (staff)
- "Communication is good (between staff and between staff and residents)." (staff)
- "They (residents) always get what they want (at mealtimes)." (staff)

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to responding promptly to changes in residents’ health and communication between residents, staff and other interested parties.

**Areas for improvement**

One area for improvement made under the standards was stated for a second time in regard to the detail within care plans. One new area for improvement was identified in regard to auditing cleaning records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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.**

The manager and team leader advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity, and explained how confidentiality was protected.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff and residents confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents and review of activity records confirmed that residents were enabled and supported to engage and participate in meaningful activities. It was good to note that in addition to the activity staff, care assistants had also facilitated activities with residents including bowls, quiz and singing. In discussion with the manager and team leader there was agreement that there was room for further improvement in regard to care assistants facilitating activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

A resident and a staff member spoken with during the inspection made the following comments:

- “I knit and crochet and I like to read. I join in with whatever they are doing.” (resident)
- “We do activities daily, darts, bingo, musical activities. We encourage them (residents) to join in. The pal (activities co-ordinator) does chair exercises, arts and crafts and whatever they (residents) choose.” (staff)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

Whilst there had been some change in the management arrangements in the home since the previous inspection, the changes had been managed well and continuity of care had been sustained.

Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident and incidents confirmed that these were effectively documented and largely reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Two incidents were identified that had not been reported to RQIA. The inspector advised that incidents where there was Police Service of Northern Ireland (PSNI) involvement or where a resident was taken to hospital (not through a planned appointment) should be referred to RQIA; the manager gave assurances that these would be referred to RQIA in the future. Discussion with the manager confirmed that a regular audit of accidents and incidents was undertaken. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. One of the four reports reviewed did not evidence that residents had been spoken with. The manager gave assurances that this would be highlighted and addressed.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager reported that the home's annual quality review report for the year 2017-2018 whilst overdue, was being finalised. The manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home collected equality data on residents and the manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

A resident and a staff member spoken to during the inspection made the following comments:

- "She's (the manager) very good, I would ask her anything." (resident)
- "She (the manager) is fair, easy to talk to and approachable." (staff)

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Schedule 2 (6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2019</p>	<p>The registered person shall ensure that a full employment history, together with a satisfactory written explanation of any gaps in employment is obtained. A written explanation should be provided in regard to the employment gaps in the identified staff file.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. New applicants employment history is being checked thoroughly to ensure that all employment is written down and if there is any gaps, the reasons are recorded.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 February 2019</p>	<p>The registered person shall ensure that the comprehensiveness and detail in care plans is improved to support person centred care and to guide and support staff in the delivery.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. Staff have checked and updated all risk assessments and care plans for all residents ensuring that it is person centered care.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2019</p>	<p>The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary; this should include cleaning records.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. The Home Manager and Team Leader are doing a weekly check of all records to ensure that staff complete them and record appropriately accordingly to FSHC policies and procedures.</p>

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



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