



Unannounced Follow-up Care Inspection Report 6 January 2020



Tennent Street

Type of Service: Residential Care Home
**Address: Hampton Suite, 1 Tennent Street, Belfast,
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Tel No: 028 9031 2318
Inspector: Debbie Wylie

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 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 16 beds that provides care for residents.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Methyl Dagooc 07 December 2018
Person in charge at the time of inspection: Methyl Dagooc	Number of registered places: 16 which includes Category RC-MP for 8 persons only.
Categories of care: 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	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 6 January 2020 from 09.30 to 16.00 hours.

As a result of the last care inspection on 7 October 2019, the registered persons were asked to attend an enforcement meeting in RQIA. We were provided with an action plan and assured, through discussion, that the areas for improvement we had identified would be addressed. This inspection assessed progress with the areas for improvement identified at the last care inspection and 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 fire prevention and safety, the environment, activities, COSHH, care plans, activities and the dining experience.

One area for improvement was identified in relation to displaying of the daily menu as a result of this inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Methyl Dagooc, Manager and Lorraine Kirkpatrick, Area Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

As a result of the last care inspection on 7 October 2019, the registered persons were asked to attend an enforcement meeting in RQIA. We were provided with an action plan and assured, through discussion, that the areas for improvement would be addressed.

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 previous care inspection report

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

During the inspection we spoke with eight residents individually and with others in small groups and two staff. Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- a sample of records of accidents /incidents
- a sample of records of complaints/compliments
- a sample of staff training records
- a sample of governance audits
- a sample of monthly monitoring visits
- personal emergency evacuation plans
- activity records
- a sample of governance audits.

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)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13.-1 (a) (b) Stated: First time	The registered person must ensure that chemicals are stored appropriately and not within unlocked cupboards in the nurses' office and residents' snack kitchen and that staff are bare below the elbow.	Met
	Action taken as confirmed during the inspection: Throughout the home we saw that chemicals were stored appropriately in locked cupboards. Staff were seen to be bare below the elbow at all times during the inspection.	
Area for improvement 2 Ref: Regulation 27.- (4) (a) (b) Stated: First time	The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary. The management of the PEEPS plan in relation to one resident's fire risk assessment and planning should be kept up to date.	Met
	Action taken as confirmed during the inspection: Review of the fire records found that a current fire risk assessment and management plan was in place. Review of a sample of residents' PEEPS plans found that these were up to date.	

<p>Area for improvement 3</p> <p>Ref: Regulation 10.- (1)</p> <p>Stated: First time</p>	<p>The registered provider and the registered manager of the home will ensure oversight of the competence and skill of staff working within the residential home in relation to management of smoking, fluid intake and pain management which had not been identified by the management.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of governance records and discussion with staff confirmed that this area for improvement had been met.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: Third time</p>	<p>The registered person shall ensure that the residents' care plans are based on each resident's assessed needs, are comprehensive and regularly reviewed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of three care records confirmed that this area for improvement had been met.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure a record is kept of staff working over a 24-hour period and the capacity in which they worked.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the staff rota confirmed that this area for improvement had been met</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall ensure the home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records, and observation of the activity board confirmed that this area for improvement had been met.</p>		

6.2 Inspection findings

Environment

We saw that the communal rooms, residents' bedrooms, corridors and bathrooms were all clean, tidy and well decorated. Residents' bedrooms were personalised with memorabilia and their own furniture. Residents were seen to be relaxed and comfortable in the home and chatted with staff and other residents during the day.

The smoking room was clean and tidy. Staff were observed inspecting the room regularly to ensure that it was clean and any waste disposed of. A record of these inspections by staff was reviewed and confirmed that the room was checked hourly.

Staff had completed fire training and staff spoken with were knowledgeable about fire safety. This was evidenced on review of fire training records.

Staffing

Review of the staff rota confirmed that an accurate record of staff working in the home was maintained. Staffing levels on the day of inspection were seen to meet the needs of the residents.

Dining experience

We saw that meals and snacks were served to residents in the dining room and to others in their own bedrooms. Residents were given a choice of snack and drinks throughout the day.

The lunch time meal was relaxed and unhurried with residents being asked about their preference of meal and accompanying drinks. Staff were responding appropriately to requests for alternative meal choices and assistance with cutting food.

Staff and residents chatted and the chef spoke to residents about their enjoyment of the meal. Staff spoken with had a good knowledge of requirements for diabetic diets and modified diets. The daily menu was not displayed on the menu board and an area for improvement was made.

Infection prevention and control

Staff were seen to observing infection prevention practices including bare below the elbow throughout all interactions with residents. Hand washing and use of aprons and gloves by staff was seen to be undertaken appropriately.

Activities

Activities were observed in the dining room throughout the afternoon with residents enjoying a game of bingo. Staff and residents were laughing and enjoying the entertainment while others watched a film in the sitting room. Records showed that a variety of activities were planned daily including beauty therapy, music, board games, bingo and crosswords. Residents were kept informed of these activities via an activities board in the hallway and an activities schedule in their own rooms.

An activities coordinator was seen to plan and organise activities on a regular basis while taking part in the activities along with the residents and other staff.

Care Records

A review of three residents care records confirmed that they were well documented and based on individual residents' assessed needs. Records showed that staff were knowledgeable about the management of smoking risks, fluid intake targets and pain management.

Areas for improvement

One area for improvement was identified in relation to the displaying of the daily menu.

	Regulations	Standards
Total number of areas for improvement	0	1

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 and Lorraine Kirkpatrick, area manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 3 February 2020</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and position for residents to access and that the menu is kept up to date.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A supervision for all staff was carried out in regards to the importance of displaying daily menu. A weekly menu is displayed in the resident's respective rooms. The night staff update the menu every night in the dining room and every Sunday in all the rooms.</p>

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



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