



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 07 and 11 October 2019



## Tennent Street

**Type of Service: Residential Care Home**

**Address: Hampton Suite, 1 Tennent Street, Belfast, BT13 3GD**

**Tel No: 028 9031 2318**

**Inspector: Debbie Wylie and Catherine Glover**

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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 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 registered residential care home which provides care for up to 16 residents in the categories of care as listed in section 3.0 below.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Methyl Dagooc 07 December 2018
<b>Person in charge at the time of inspection:</b> Methyl Dagooc	<b>Number of registered places:</b> 16
<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>Total number of residents in the residential care home on the day of this inspection:</b> 15 1 vacancy

### 4.0 Inspection summary

An unannounced inspection took place on 07 October 2019 from 09.35 hours to 16.00 hours and on 11 October 2019 from 10.00 to 12.30.

This inspection was undertaken by care and pharmacy inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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 the décor and environment, staffing, the meals and dining experience, standard of documentation of the personal medication records, the management of medicines on admission and the management of medicine changes.

Areas requiring improvement were identified for the recording of the duty rota, lack of activities programme for residents, infection prevention and control practices, fire risk assessment, care records and management oversight.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and staff.

Comments received from residents and staff during and after the inspection are included in the main body of this report.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	*3

\*The total number of areas for improvement includes one standard which has been stated for a third time.

Details of the Quality Improvement Plan (QIP) were discussed with Methyl Dagooc, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection by way of a meeting to discuss serious concerns. Following this meeting a decision was made to take no further enforcement action at this stage given the assurances provided by the registered person with an action plan which assured the following action would be taken:

- Ensure accurate and up to date content of care plans and risk assessments
- Review and update management of risk of fire with one resident
- Signing of smoking room checks
- Ensuring consent for use of residents photographs
- Increasing activities and stimulation for residents
- Appropriate management of infection prevention and control
- Review and update care plan in relation to pain management for one resident
- Review Control of Substances Hazardous to Health practices
- Ensuring appropriate storage of electrical equipment

The Inspector will carry out an inspection to follow up the action plan in the near future.

## 4.2 Action/enforcement taken following the most recent inspection dated 04 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 04 December 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas from 16.07.2019 to 07.10.2019
- overall staff training matrix
- one staff recruitment and induction record
- 2 residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records
- monthly monitoring reports
- RQIA registration certificate
- decontamination cleaning schedule
- fire risk assessment
- fire drills record
- hand hygiene audits
- NISCC registration checks

The following records/areas were reviewed during the medicines management inspection:

- staff training and competency
- resident's medication records, medicine administration records, records of medicines requested, received and transferred/disposed
- management of medicines on admission and medication changes
- management of controlled drugs
- medicine management audits
- storage of medicines
- stock control

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met for two areas and not met for one area.

The initial findings of the inspection were discussed with the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 04 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b) Schedule 2 (6)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff employment records reviewed by the care inspector confirmed staff recruitment files were available and up to date with employment history records at the time of 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> Second 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>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of care records evidenced insufficient recording of a daily fluid intake target and action taken in one resident's care plan. A care plan in relation to smoking was not adequately reviewed for one identified resident who refused to wear a fire resistant apron.  <b>This area for improvement is not met. It formed part of the enforcement meeting held and assurances of compliance have been received. It is now stated for a third and final time and will be validated at the next inspection.</b>	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The Inspector observed completed audit records for hand hygiene and the use of personal protective equipment. Decontamination and cleaning schedules were available and up to date at the time of inspection and were consistent with the home's documented policies and procedures.	

The two areas for improvement that were made at the last medicines management inspection on 31 August 2017 were examined and evidence was available to demonstrate that they had been met.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

There was a relaxed atmosphere in the home throughout the inspection. Staff attended to residents in a calm, timely and patient centred manner. No concerns regarding staffing levels were raised by management, residents or staff during the inspection. Staff described a really close team who worked well together.

The residents were all wearing clean and well maintained clothing. Most residents were in the communal sitting room chatting and some remained in their bedrooms watching TV.

### Staffing

Inspection of the staff duty rota confirmed that it accurately reflected the staff on duty on the day of inspection. Staff who were working hours in excess of 60 hours per week were discussed with the registered manager who confirmed staff had signed a consent form to work extra hours over their contracted hours. The duty rota did not show the hours worked by the registered manager and did not clearly identify the person in charge.

This has been stated as an area for improvement under the standards.

Inspection of one staff recruitment record showed that staff were appropriately recruited and a robust induction was completed.

## Environment

The home was clean, tidy, and warm and there were no malodours. Communal rooms including the dining and sitting room area were tastefully decorated. New sofas and chairs made the sitting room comfortable for residents. Residents' bedrooms were well decorated and personalised with their own personal belongings and furniture. One resident was excited to show the inspector her bedroom which was well maintained to her personal taste and which she was very happy with. Residents stated:

- “Everything in my room is mine.”
- “This is a real home.”
- “I have my own bits and pieces in my room.”

Fire exits inspected were clear from obstruction. Fire records showed that fire training, fire drills and fire risk inspections were completed. Appropriate environmental fire precautions and fire safety checks were confirmed on discussion with staff during the inspection. Each bedroom had a noticeboard which contained a poster on how to make a complaint. Corridors were free from clutter and easy to navigate. Residents were able to access the outside area of the home.

## Health and welfare of residents

Hand hygiene posters were visible throughout the home along with hand sanitising gel. Inspection of the shared bathrooms found them to be mainly clean however, two bathrooms did not have bins for waste and one bath chair was found to be dirty.

Staff were noted as not bare below the elbow particularly at meal time. Electrical equipment was noted not to be locked away in a communal room used for hairdressing. We highlighted some areas where the home needed to maintain more robust practices with Control of Substances Hazardous to Health (COSHH) in regard to cleaning chemicals in an unlocked cupboard in the nurses' office and white spirit in the residents snack kitchen. This was discussed with the manager and the hazard removed.

Infection prevention and control and COSHH have been stated as an area for improvement under the regulations.

Discussion with staff confirmed they were aware of adult safeguarding procedures and that they understood how to manage whistleblowing. Records inspected confirmed that 100% of staff had completed training in adult safeguarding. No concerns were raised by staff or residents regarding their treatment or the care provided comments regarding the care provided in the home included:

- “Staff are very caring.”
- “Staff are very friendly.”
- “I've settled in really well.”
- “The cleaners are very good.”



## **Programme of activities and events**

Most residents were observed throughout the day of inspection to be either watching TV or in their rooms. There were no planned activities organised and no stimulation for residents other than the TV. The Activities Coordinator was not available in the home on the day of inspection as they were needed to work in another unit. On discussion with staff they said that they would usually carry out activities with residents in the absence of the Activities Coordinator however this was not observed on the day of inspection.

The lack of activities available for residents has been stated as an area for improvement under the standards.

## **Records**

Inspection of two sets of residents' care records identified that the management of wound infection and use of antibiotics was documented and managed well. Regular evaluation of care was completed and documented in individual care records. The inspector identified deficits regarding consistent and accurate recording and updating of care plans and risk assessments in relation to medications, smoking and daily fluid intake target recording and associated reporting.

This has been stated as an area of improvement under the standards.

## **Management of medicines**

The pharmacist inspector reviewed the arrangements in the home for managing and storing residents' medicines. Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment, medicine records, the management of the medicines on admission and the management of controlled drugs.

The inspector noted that a supply of a resident's pain relief medication had ran out during this medicine cycle and the resident had not received two doses of his medication. This was noted on the care plan for pain relief for this resident and has been stated as an area for improvement. The management of pain relief and medication stock control was examined by the pharmacist inspector and it was found that overall residents' medicines were generally well managed and the inspector noted no further concerns regarding the stock supply of medicines. All of the residents' medicine administration records sheets were checked for the current medicine cycle and no issues were noted. This was confirmed with the manager. Staff were reminded that medicines must be ordered in a timely manner.

Some medicines that had been received outside of the monthly order had not been receipted. Staff were reminded that a record of receipt should be completed for all medicines.

The temperature of the medicine refrigerator that was noted was outside of the recommended range of 2°C to 8°C; the maximum temperature was noted to be 10°C during the inspection. Staff have been monitoring and recording the temperature daily and it had been within the required range. The manager provided assurance to the inspector that she would review the monitoring of the refrigerator and enhance auditing to ensure any temperature fluctuation was appropriately addressed.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, meals, the home's environment, the standard of maintenance of the personal medication records and the management of medicines on admission.

## Areas for improvement

The following areas were identified for improvement in relation to the staff rota, infection prevention and control, risk management, activities and management of residents' records.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	1	3

### 6.4 Is care effective?

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

## Effective care

Residents looked well cared for and it was clear that time had been taken to support residents with maintaining their personal care and appearance. For instance, clothing was clean and residents were well presented.

Staff were positive about working in the home. Staff who spoke with inspectors demonstrated appropriate understanding and knowledge of the individual needs and likes/dislikes of residents.

Care record reviewed by inspectors evidenced that residents were involved in decisions regarding their care. Residents who spoke with the inspector confirmed that staff involved them in decisions about their care and daily routine.

## Dining

The lunchtime meal was observed and presented as appetising and nutritious. Residents greeted each other as they entered the dining area and chatted at the tables. Choices of meal were available and it was noted that for those residents who preferred something else to eat this was also catered for. Residents who preferred to eat in their rooms had their meals served to them on a tray. The dining area was well presented and the choices of lunch meals were displayed in easy to read format on the dining room white board. Residents told us:

- “The food is really good.”
- “If you want something different to eat they will get it for you.”

Hot and cold drinks were available to residents throughout the lunch meal and also throughout the day.

**Records**

The care records for residents were stored securely. Care records reviewed by inspectors contained an assessment, risk assessment and care plan detailing each resident’s individual needs. Inspectors were concerned to note risk assessments were not sufficiently robust. Inspectors evidenced that the management of fire risk in relation to one resident who chose not to use a fire retardant apron was not clear. Inspectors noted that appropriate care planning to support the resident when smoking was not in place.

This is stated as an area for improvement under the regulations.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to audits, communication between residents and staff, residents’ choice and staff knowledge of residents care needs.

**Areas for improvement**

An area for improvement was identified in relation to fire risk management.

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

**6.5 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.**

**Compassionate Care**

Inspectors noted throughout the inspection that residents were treated with dignity and respect by staff. Discussion with staff and residents confirmed that care was provided with the wishes and choice of residents’ taken into account. Person centred care was evident in interactions between staff and residents throughout the day of inspection.

Residents confirmed that they were listened to by staff and management. Inspection of the complaints records identified that there were no complaints made in August or September 2019.

Residents told us:

- “Staff know I like to colour in and I have my own pens and book.”
- “I can go for a walk and I tell them (staff).”
- “I have no complaints.”

The ethos of the home was reflected in the positive comments from residents and in the quality care provided throughout the inspection.

## Areas of good practice

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

## Areas for improvement

No areas for improvement in relation to compassionate care were identified during the inspection.

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

### 6.6 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.**

## Management and Governance

The registered manager was available throughout the day of the inspection. The manager confirmed that the needs of residents were met in accordance with the home's Statement of Purpose and categories of Care for which the home was registered with RQIA. Inspectors noted no concerns regarding the inappropriate placement of any resident.

Care audits were completed for the use of personal protective equipment, hand hygiene, infection control decontamination and equipment cleaning. Records were recorded for Northern Ireland Social Care Council registration checks for staff. These were up to date and a staff employment record confirmed that staff had been recruited appropriately. Regulation 29 visits were completed on a monthly basis. Records reviewed by inspectors noted that the regulation 29 visits reviewed the care provision in the home, the dining experience, infection prevention and control, audits, the environment, the residents' experience, staffing levels and any areas for improvement from the last visit.

## Leadership

Notifiable events were reported to RQIA and all other stake holders and this was evident in the records. Interaction between the registered manager and staff on duty was noted to be positive and supportive. Staff were observed to be at ease and able to approach the registered manager at all times throughout the inspection. There was also evidence of good working relationships between the team leader and care staff with both appearing at ease while providing care to residents.

It was noted during the inspection that the areas which have been identified for improvement including management of smoking, fluid intake and medication management were not identified by the registered manager as part of the oversight for staff competencies and skill.

This has been identified as an area for improvement under the regulations.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to, management of complaints and incidents, maintaining good working relationships, records management and audits.

### Areas for improvement

The following areas were identified for improvement. The manager should ensure that care practices and the implementation of resident care plans are sufficiently robust. This should include appropriate auditing of care practice and records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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, Registered 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 13.-1 (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>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.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The identified chemicals were removed immediately from the nurse's office and resident's snack kitchen at the time of the inspection, and locked away in the domestic store. All chemicals are now kept in a locked cupboard and being monitored during the daily walk around of the Home by the Registered Manager or designated staff. Supervision was given to all staff in regards to infection prevention and control. Staff are following correct bare below the elbow. This is also being monitored during daily walk about audit and during completion of the Reg 29 audit.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27.- (4) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Risk assessments have been reviewed for all residents. The management of PEEPS plan in relation to one resident's fire risk assessment and planning has been updated and is being reviewed monthly.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 10.- (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</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>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> A supervision session was completed with all senior staff in the unit in relation to smoking, pain management assessment and fluid intake. Staff identified residents who should be on fluid management. Records and a written care plan was made to reflect this. Compliance will be monitored as part of the Home audit process and during completion of the Reg 29 audit.</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> immediately from the date of inspection</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>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Resident's care plans have been reviewed and currently reflect resident's needs.  A monthly review and evaluation of care plan is in place and ongoing. The Registered Manager carries out a care traca weekly and if any issues are identified they are addressed. Care plans are also beng checked monthly during Regulation 29 visits by the Regional Manager or member of FSHC Resident Experience Team.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</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>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Off duty rota for the unit now includes the Registered Manager's hours. Senior Care Assistant in charge is highlighted on the rota.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</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>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>  A meeting was held on 30/10/19 with the residents and discussed their interests and activities. A weekly activity programme is displayed on the activity board and there is a monthly planner which is displayed on the resident's information board in each bedroom.</p>

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



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