



The Regulation and
Quality Improvement
Authority

Inspector: Kylie Connor
Lay Assessor: Margaret McCloy
Inspection ID: IN023004

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**Unannounced Care Inspection
of
Tennent Street**

09 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 9 September 2015 from 10.30 to 15.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The lay assessor's role was to obtain residents' views on the quality of care provided. The standard and theme inspected were assessed as being met. Whilst no areas for improvement were identified, the home agreed to follow-up an issue regarding variations to the menu. On 24 September 2015 the team leader reported to us that the issue had been addressed at a residents' meeting.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 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. A number of issues were identified for follow-up by the home. Jacquelyn Cairns, Registered Manager and Samuel Swain, Team Leader received feedback following the completion of the inspection.

2. Service details

Registered Organisation/ Registered Person: Maureen Claire Royston	Registered Manager: Jacquelyn Grace Cairns
Person in charge of the home at the time of inspection: Jacquelyn Grace Cairns	Date Manager registered: 1 April 2005
Categories of care: RC-MP, RC-I, RC-PH(E), RC-DE	Number of registered places: 16
Number of residents accommodated on day of inspection: 15	Weekly tariff at time of inspection £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ process

Prior to inspection we analysed the following records: the incidents register; the returned Quality Improvement Plan from the previous care inspection and notifications of accidents and incidents.

We met with six residents, three care staff, one visiting professional and the registered manager. Four residents completed a questionnaire with the lay assessor and two residents completed a questionnaire with the inspector.

We inspected the following records during the inspection: three care records; fire safety records; staff training records; accident and incident records and policies and procedures associated with the areas inspected. Staff and resident questionnaires were distributed during the inspection.

Following the inspection two staff questionnaires were returned and analysed by us.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 12 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19.1 19.6	The recruitment policy and procedure (2008) should be reviewed to reflect the recruitment process as described within the Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS guidance. <ul style="list-style-type: none"> It should state how residents, or where appropriate their representatives, are involved in the recruitment process. 	Met
	Action taken as confirmed during the inspection: We inspected the policy and procedure. We confirmed it had been reviewed as recommended.	
Recommendation 2 Ref: Standard 27	The responsible person should improve the décor in the hairdressing room.	Met
	Action taken as confirmed during the inspection: We inspected the hairdressing room and observed it had been improved. The registered manager informed us that new sinks and mirrors will be installed in the next few weeks.	
Recommendation 3 Ref: Standard 23	The responsible person should provide training for staff in the areas of meeting sensory needs.	Met
	Action taken as confirmed during the inspection: We reviewed staff training records. We confirmed training had been delivered.	

Areas for improvement

There were no areas for improvement identified. All recommendations were met.

Number of requirements:	0	Number of recommendations:	0
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5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The team leader confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected three residents' care records and could confirm that needs assessments, risk assessments and care plans were in place. Care records were kept under continual review. Documentation was amended as changes occurred to residents' care or welfare. Care records inspected were up to date to accurately reflect the residents' needs and preferences. The needs assessments and care plans were appropriately signed.

Care records detailed the residents' or families' wishes regarding any specific arrangements at the time of his or her death. The spiritual and cultural wishes of the residents were recorded. Where there had been discussion with the general practitioner relating to a care pathway the team leader confirmed to us that this would be recorded within the care records.

Is care effective? (Quality of management)

The home had a draft policy and procedure relating to dying and death of a resident. The home had a copy of the current best practice guidance. Inspection of staff training records confirmed that training in palliative care had been delivered.

In our discussions with staff, they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff were knowledgeable about obtaining multi-professional community supports (general practitioner, district nursing, occupational therapy, speech and language therapy and dietician). Staff were knowledgeable about making appropriate notification of a death.

Staff confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff confirmed to us that there had been no residents in need of palliative care or who had died in the home in recent years. Staff reported to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with issues relating to dying and death.

Is care compassionate? (Quality of care)

Staff reported to us that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were able to articulate those values which underpin compassionate care delivered to residents within the home. Staff were knowledgeable about how to create a suitable environment and deliver care to a resident at the end of life.

Staff confirmed to us that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Staff confirmed to us that resident's belongings would be handled with care and his or her representative consulted and assisted with their removal from the home.

Areas for Improvement

There were no areas for improvement identified within the standard inspected. The standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

In our discussions with staff they were able to demonstrate knowledge and understanding of continence care. We reviewed three residents' care records. A person centred assessment and care plan was in place relating to continence management. Staff were able to describe to us the system of referral for specialist continence assessment. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the environment and discussions with the registered manager and staff, we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. Staff confirmed to us that gloves, aprons and hand washing dispensers were available. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had policies and procedures relating to continence management. These were under review. The home had copies of current best practice guidance. Staff training records confirmed that staff had received appropriate information and training. Staff were knowledgeable regarding where further guidance and advice could be sought.

Discussions with staff and inspection of care records, confirmed that no residents had reduced skin integrity associated with poor continence management. During our inspection of the home, no mal-odours were present.

Is care compassionate? (Quality of care)

Through our observations of care practices we confirmed that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they confirmed that staff provide care and support in a sensitive, kind and caring manner.

In our discussions with staff they were able to recognise the potential loss of dignity associated with incontinence. Staff described how care is delivered in a compassionate manner. Staff articulated those values that underpin compassionate care within the home as they related to continence management and support.

Areas for improvement

There were no areas of improvement identified within this theme. The theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

The lay assessor's role was to consult with residents during the inspection. The lay assessor met individually with four residents and completed a resident questionnaire. The inspector met individually with two residents and completed a resident questionnaire. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

During the inspection issues identified in relation to variations to the menu, liquid spillages, hearing aids and dentures were discussed with the team leader. We were satisfied with the explanations given regarding hearing aids and dentures. The team leader immediately amended a resident's care plan in regard to liquid spillages and reported to us that staff would be made aware of this risk. On 24 September 2015 the team leader reported to us that during a residents meeting, it was confirmed that requests for variations to the menu can be made if placed before 16.00 daily. We are satisfied with actions taken to address these issues.

Some comments included:

- "They are brilliant. They are very good caring staff."
- "I can do what I feel I want to do."

5.5.2 Staff views/ returned questionnaires

We met with two care staff and one team leader. Staff spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. Two staff questionnaires were returned and read by us. Positive responses were indicated in all areas within the questionnaire.

5.5.3 Visiting professionals views

We met with one community nurse who expressed positive views regarding staff attitude, communication with the home, the standard of the environment and the care and support delivered.

Some comments include:

- "Generally speaking it is always very good here. Feedback (from staff) is always very good, always reliable and respectful."

5.5.4 Environment

Following an inspection of the environment, we confirmed that the home was clean, tidy and all areas were decorated to a good standard. The registered manager reported to us that since the previous care inspection a number of bedrooms had been redecorated and furniture replaced. A reception desk had been fitted and the hairdressing room had been painted. The registered manager reported to us that new curtains and blinds had been ordered for the entrance hall. The registered manager confirmed to us that residents had been involved in choosing these items.

5.5.5 Care practices

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.6 Accidents/ incidents

We undertook an inspection of accident and incident records of the previous three months. These had been reported and managed appropriately.

5.5.7 Complaints/ compliments

There had been no complaints received in the home from 1 January 2014 to 31 March 2015.

5.5.8 Fire safety

We inspected the current fire risk assessment which evidenced that actions had been taken to address recommendations made.

Inspection of staff training records and discussion with staff confirmed that staff had received fire safety training twice yearly. Fire safety check records were up to date. There were no obvious fire risks.

Areas for improvement

There were no areas of improvement identified.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Jackie Cairns	Date completed	06.10.15
Registered Person	Dr Claire Royston	Date approved	06.10.15
RQIA Inspector assessing response	Kylie Connor	Date approved	04/11/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.