



Announced Care Inspection Report 10 February 2021



Tennent Street

Type of Service: Residential Care Home (RCH)

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

Tel No: 0289031 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 registered to provide residential care for up to 16 residents.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Stephanie Flack- acting manager
Person in charge at the time of inspection: Stephanie Flack	Number of registered places: 16 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.	Number of residents accommodated in the residential home on the day of this inspection: 13

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- care records
- quality of life for residents
- quality improvement
- consultation with residents, residents, relatives and staff.

Residents consulted with spoke positively regarding their experience of living in Tennent Street. Residents were observed to be relaxed and settled in their environment.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Stephanie Flack, manager, and Louisa Rea, regional 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.

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas 2 to 30 January 2021
- staff training records 2020
- staff supervision matrix
- the management/organisational structure of the home
- the on-call arrangements out of hours
- NISCC registration matrix for 2020
- care partners policy/protocol
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring report for October and November 2020
- complaints overview for 2020
- a selection of compliments for 2020
- incident and accident records for November and December 2020
- a selection of minutes of residents' and staff meetings
- the activity planner for December 2020
- three residents' nutritional care records.

During the inspection RQIA were able to consult with residents and staff using technology.

In advance of the inspection 10 residents', residents' representatives and 10 staff questionnaires were sent to the manager to obtain feedback from residents, residents' representatives and staff. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also distributed to residents' representatives inviting them to provide feedback to RQIA on-line. A poster was displayed for residents and staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place using technology with Stephanie Flack, manager.

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)

The most recent inspection of the home was an unannounced care inspection undertaken on 6 January 2020.

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		
Area for improvement 1 Ref: Standard 12.4 Stated: First time	<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>Action taken as confirmed during the inspection: The inspector observed the daily menu was displayed in suitable format and position for residents to access and that the menu was up to date.</p>	Met

6.2 Inspection findings

6.2.1 Staffing

We spoke with the manager who confirmed that staffing levels were maintained to meet the dependency levels of residents in the home. The staff rota was reviewed for the period 2 to 30 January 2021 which confirmed there was safe and effective staffing levels in the home. Residents and staff spoken with on the day of inspection also confirmed that they had no concerns with staffing levels. Staff were observed responding in a timely manner to residents requests for assistance. Comments from staff and residents included:

“Staffing levels are really good.”

“Shifts are all covered.”

“There have been no difficulties with staffing.”

Staff spoken with confirmed that they had received training to support them in their roles. Review of the staff training matrix confirmed that regular training was completed. Staff had a good knowledge of their roles and responsibilities for the care of residents and were familiar with what action to take if they had concerns about residents' care or working practices in the home.

As part of the inspection process we asked residents, their families and staff to provide comments on staffing levels via questionnaires. There were not responses received.

6.2.2 Management arrangements

We reviewed a thorough and explanatory summary of the management arrangements within the home.

The information included the on call out-of-hours arrangements to support staff over the 24 hour period and gave details of the name and contact details of the manager and regional manager.

6.2.3 Governance systems

There has been a changes to the manager of the home on a temporary basis since the last inspection. The manager confirmed that the home continues to operate safely within its current registered categories of care.

We reviewed a selection of quality assurance audits and found evidence that quality audits had been completed regularly for falls, nutrition, wounds, IPC, care plans and restrictive practice, however, restrictive practice audits required updating to ensure all restrictive practices were included in the audit. This was discussed with the manager and will be amended and reviewed at the next inspection.

The record of notifiable events for the home was inspected and this confirmed that not all notifiable events were reported to RQIA. This is in relation to unwitnessed falls in the home. This was discussed with the manager and an area for improvement was made.

We reviewed the record of the monthly monitoring visits for October and November 2020. The record was comprehensive and reviewed all aspects of care in the home. The report also provided detail of the actions and follow-up which had been taken.

The home provided documents for review prior to the inspection in relation to visiting and care partners for the residents of the home. The documents showed evidence that current Department of Health (DOH) guidelines on visiting and provision of care partners was not followed. This was discussed with the manager and is to be updated to take into account current DOH regional guidelines and legislation. This will be reviewed at the next inspection.

During the inspection we spoke with two staff and eight residents who expressed positive comments about the care in the home and support from the manager. Comments included:

“I’m happy where I am.”

“They are looking after me.”

“The manager is approachable and supportive.”

“I feel well supported by the manager.”

6.2.4 Infection prevention and control (IPC)

The manager confirmed that residents and staff had their temperature checked twice daily in line with current guidelines and legislation during the COVID-19 pandemic. We observed that personal protective equipment (PPE) and hand sanitising gel were available in sufficient quantities throughout the home. Staff were observed wearing the correct PPE when caring for residents and cleaning the home throughout the day and also using hand sanitising gel at appropriate times. Residents and staff both adhered to social distancing in corridors and communal rooms such as the dining room and lounge. Residents were offered the opportunity to sanitise their hands prior to meals and snacks.

We inspected the environment of the home with the use of video technology. Both communal rooms and residents own bedrooms were clean and tidy throughout the home.

Analysis of the quality audits for IPC, environmental cleaning and hand hygiene provided evidence that IPC practices in the home were of a good standard. Discussion with staff also confirmed that they had received training in IPC and the use of PPE and were knowledgeable on donning and doffing their PPE.

The conference room in the home was currently being used to store a large quantity of PPE. The items were stored on the floor which posed an IPC risk. This was discussed with the manager and the items are to be moved to an appropriate storage area. An area for improvement was made.

6.2.5 Care records

Prior to the inspection the home provided us with nutritional care records for three residents. There was evidence that following assessment of each residents’ care needs a suite of care plans were developed to direct nutritional care provision.

Records included a malnutrition universal screening tool (MUST), oral assessment, dental review plan, nutritional care plan, weight records and contact with other professionals such as the dietician. Records were found to be well documented and up to date with the exception of weight records for one resident. This was discussed with the manager and weight records are to be reviewed to ensure they are recorded on a monthly basis where stated. This will be examined during next inspection. Visiting risk assessments were also appraised and evidence was seen that this had been completed.

6.2.6 Quality of life for residents

During the walk around the home with the aid of technology we observed that residents' bedrooms were newly decorated with attractive bedding and curtains and many had personal items and memorabilia from their own homes proudly displayed. Communal rooms and corridors were clean, tidy and well decorated.

Resident's appeared relaxed and content in their own rooms or in the lounge area watching television. The activities schedule was displayed for residents to see in the hallway. It was noted that the variety of activities was limited and were not available daily. This was discussed with the manager and is to be reassessed. An area for improvement was made.

We observed the serving of the lunchtime meal. The dining room had been arranged to maintain social distancing while lunch was served by staff. Tables were neatly set with table cloths and condiments for residents use. There was friendly chat between staff and residents about everyday life in the home. The cook attended the dining room to ensure residents were happy with their lunch meal.

Lunch was served in residents' own rooms for those who preferred this. Residents were provided with a choice of meal and drinks and asked about their preference of portion size. Staff had a good knowledge of resident's preferences and level of assistance required.

The minutes of the residents meetings was inspected and provided detail of the agenda and discussion during the meeting. Areas discussed included COVID testing, hand washing, the menu, activities, visiting and hospital appointments. Actions and outcomes from the meeting were not evident and it was agreed with the manager that this would be added to further minutes of residents meetings.

6.2.7 Quality improvement

During the inspection we saw evidence of new curtains and bedding along with some decoration of residents bedrooms. Residents told us they were happy with the new improvements to their rooms.

Communication with relatives throughout the COVID-19 pandemic has been enhanced with the provision of a range of communication tools including Skype, face time and zoom.

6.2.8 Consultation with residents, residents, relatives and staff

The home had been notified of the inspection 28 days prior to the date of inspection and an inspection pack was emailed to the home at this time. The pack included an inspection poster which was displayed in the home and informed residents and their representatives of contact numbers and an email address by which they could contact RQIA or provide feedback on the care provision in the home. We did not receive any feedback via telephone or email.

We also provide the home with a poster via email which provided residents, their representatives and staff with the opportunity to complete an online survey. On the day of inspection we spoke with two staff and eight residents.

No completed on-line questionnaires were received following the inspection. One resident reported being dissatisfied with some aspects of care and this was reported to the manager for further exploration and follow-up.

A record of compliments received by the home were retained and shared with staff. Some of the comments included:

- “Thank you for taking great care of mum during her stay with you.”
- “A very special thank you to everyone concerned with my care. My stay will be memorable and I am truly grateful.”
- “Many thanks for the care and help given to our dear friend during her stay with you. We fully appreciate all you have done.”

Areas for improvement

Areas for improvement identified included: reporting of notifiable events to RQIA, IPC practices and the provision of activities.

	Regulations	Standards
Total number of areas for improvement	2	1

6.3 Conclusion

Residents were relaxed in the home on the day of inspection. Staff were attentive and responded to residents needs in a timely manner. The home was clean, tidy and well decorated and domestic cleaning was taking place during the inspection.

The three areas for improvement were discussed with the manager and regional manager at the conclusion of the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephanie Flack, manager, and Louisa Rea, regional 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 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	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: immediately from the date of inspection	The registered person shall ensure that all notifiable events which occur in the home are reported to RQIA. This is in relation to unwitnessed falls. Ref: 6.2.3 Response by registered person detailing the actions taken: Staff supervision has been completed in relation to the management of unwitnessed falls. The completion of Regulation 30 reports will be monitored as part of the Regulation 29 visits.
Area for improvement 2 Ref: Regulation 13(7) Stated: First time To be completed by: 28 February 2021	The registered person shall make suitable arrangements to reduce the risk of infection. This is in regard to the storage of boxes of PPE on the floor in a conference room. Ref: 6.2.4 Response by registered person detailing the actions taken: The storage of PPE was addressed immediately following the inspection and the ordering is being monitored to prevent overstock
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 13.6 Stated: First time To be completed by: immediately from the date of inspection	The registered person shall ensure a daily timetable of activities is provided taking into account the needs and abilities of the residents. Ref: 6.2.6 Response by registered person detailing the actions taken: Supervision has been completed with the personal activities leaders and the planners are now in place . This will be monitored by the Manager and reviewed as part of the Regulation 29 visit.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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