



## **Secondary Unannounced Care Inspection**

**Name of Service and ID: Tennent Street (1659)**

**Date of Inspection: 12 November 2014**

**Inspector's Name: Kylie Connor**

**Inspection ID: IN016657**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

<b>Name of Service:</b>	Tennent Street
<b>Address:</b>	Tennent Street Hampton Suite 1 Tennent Street Belfast BT13 3GD
<b>Telephone Number:</b>	0289031 2318
<b>E mail Address:</b>	<a href="mailto:tennent.street@fshc.co.uk">tennent.street@fshc.co.uk</a>
<b>Registered Organisation/ Registered Provider:</b>	Mr James McCall Four Seasons Health Care
<b>Registered Manager:</b>	Ms Jacquelyn Grace Cairns
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Jacquelyn Grace Cairns
<b>Categories of Care:</b>	RC-I ,RC-PH(E), RC-MP
<b>Number of Registered Places:</b>	16
<b>Number of Residents Accommodated on Day of Inspection:</b>	15
<b>Scale of Charges (per week):</b>	From £461
<b>Date and Type of Previous Inspection:</b>	30 June 2014 Secondary Unannounced Inspection
<b>Date and Time of Inspection:</b>	12 November 2014 12:35 pm to 4:30 pm
<b>Name of Inspector:</b>	Kylie Connor

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the Inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in small groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard: **Standard 9 Health and Social Care**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of Service

Tennent Street, Hampton Suite is one of three homes, separately registered and managed on the same site by Four Seasons Health Care. There is a management structure for the whole complex with a team of care staff dedicated to the residential home. Hampton Suite is a single storey home. The home is situated within the Belfast Health and Social Care Trust geographical area. Ms Jacquelyn Grace Cairns is the manager and applied to RQIA as the registered manager in 2005.

Main meals are prepared in a central kitchen and drinks and snacks can be prepared in the snack kitchen. Each resident has a bedroom with ensuite facilities and has access to a sitting room, dining room and a hairdressing room. There are adequate bathroom and toilet facilities throughout the home.

The home is centrally situated to the Shankill area of Belfast convenient to many local community facilities and public transport. There is adequate car parking to the front of the home.

The home is registered to provide care for a maximum of 16 persons under the following categories of care:

RC – I	Old age not falling into any other category
RC-PH(E)	Physical disability other than sensory impairment (over 65 Years)
RC - MP	Mental disorder excluding learning disability or dementia

## 7.0 Summary of Inspection

This secondary unannounced care inspection of Tennent Street, Hampton Suite was undertaken by Kylie Connor on 12 November 2014 from 12:35 pm to 4:30 pm. Ms Cairns, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The four recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed three and one is re-stated for the third time in the area pertaining to recruitment policy.

The focus of this unannounced inspection was on Standard 9, Health and Social Care. Tennent Street was found to be compliant with this standard. There were processes in place to ensure the effective management of the areas within the standard inspected. One recommendation has been made pertaining to staff training.

During the inspection the inspector met with residents, staff, the registered manager and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. One recommendation has been made in regard to the hairdressing room.

A number of additional areas were also examined including activities and accident and incident notifications. Further details of can be found in section 10.0 of the main body of the report.

Three recommendations were made as a result of the secondary unannounced inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager, person and staff for their assistance and co-operation throughout the inspection process.

### 8.0 Follow-up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 30 June 2014

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	24.5	<p>Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <ul style="list-style-type: none"> <li>Confirm that overdue annual appraisals have been scheduled and the date they will be completed.</li> </ul>	Review of records evidenced this is addressed.	Compliant
2	8.1 15.5 20.3 20.18 and 20.19	<p>The registered person should ensure that these policy/procedures are reviewed;</p> <p>Disciplinary procedure (2007) Whistle-blowing procedure(2007)</p> <p>Staff supervision and appraisal(June 2009) Safekeeping of residents valuables (2007)</p>	It was identified that three policies had been reviewed and issued. Confirmation and satisfactory assurances were received that the fourth policy is under review and will be issued to homes in three months' time. This is addressed.	Compliant
3	11.1 11.2	A care review procedure should be developed to include reviews of residents who are self-referred/self-funding. This should include involving care management and/or an advocate as detailed in the report.	The planned admission to the service policy was brought to the inspectors' attention. It was identified that it references the review of the persons placement. This is addressed.	Compliant

4	19.1 19.6	<p>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.</p> <ul style="list-style-type: none"> <li>• It should state how residents, or where appropriate their representatives, are involved in the recruitment process where possible.</li> </ul>	<p>Recruitment policy is in draft and appendices referred to where not completed. This is not addressed and is re-stated.</p>	<p>Moving towards compliance</p>
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**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	
<b>Inspection Findings:</b>	
<p>The home uses the epic system for care records although some records are maintained in hard copy. The inspector reviewed the care records of two residents. In all cases the name and contact details of each resident's General Practitioner was present. Discussions with staff confirmed that arrangements are in place for all residents to have oral screening and sight/hearing screening, Staff spoken to confirmed that they had received training in oral health and there was evidence that oral assessments are completed on admission and reviewed monthly. There was confirmation that residents had the choice to attend their own dentist prior to admission or join a community dentist who visits the home.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	
<b>Inspection Findings:</b>	
<p>Discussions with staff members in relation to specific residents' needs indicated that they were knowledgeable of the residents' care needs. Staff demonstrated knowledge of actions to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training. Staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect these. It is recommended that staff receive training in sensory needs.</p>	Substantially compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<p><b>Criterion Assessed:</b>  9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b>  The care records examined contained evidence that a needs care assessment had been undertaken which informed care plans, risk assessments the information is reviewed. There was evidence of liaison with a wide range of primary health and social care services and all contacts were clearly recorded in the medical notes section of each resident's records. Staff on duty were able to describe the referral systems should a resident require the services of health care professionals.</p>	Compliant
<p><b>Criterion Assessed:</b>  9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b>  Review of the care records and discussion with staff members confirmed that in the main family members accompany residents to health and social care appointments. It was confirmed that where they do not, residents' representatives are provided with information verbally and that this is recorded in the resident's care records.</p>	Compliant

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> 1 number of relevant policies were identified including eye care policy (1/4/13) and nutrition policy (1/4/13) and there was confirmation on a process of registering with a new GP. Discussion with staff and an examination of two care records confirmed there are arrangements in place to monitor the frequency of residents' health screening and appointments which is recorded on the epic system under therapy.	Compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Discussions with staff confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff. Care plans reviewed detailed the support needed.	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## 10.0 ADDITIONAL AREAS EXAMINED

### 10.1 Resident's Consultation

The inspector met with eight residents individually and with others in a group. Residents were observed watching tv and chatting in the living room or in their bedroom. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "It's a very good place to stop and staff are extremely good."
- The food is very good."
- "The activities are good, I like the bowls, skittles, keeps us exercising and we do exercises."
- The whole place is getting decorated after Christmas."

### 10.2 Relatives/Representative Consultation

There were no relatives spoken to during the inspection.

### 10.3 Staff Consultation

The inspector spoke with three staff members, in addition to the registered manager. Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and informed values were evident.

Comments received included:

- "Everything is alright here. 'Staff work very well together and are very helpful."
- "It's all good staff, I love this home."
- "We do baking, chair exercises, skittles, darts, board games. Have access to a pool table and table tennis table."

### 10.4 Visiting Professionals' Consultation

No professionals were spoken to during this inspection.

### 10.5 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of good standard. The inspector established, through discussion with staff members and through observation, that there was unrestricted access to fresh bed linen and to continence products. Discussions with staff revealed that new carpet is planned in early 2015 and new curtains will be hung before Christmas 2014. The hairdressing room was observed to be in need of improvement and a recommendation has been made.

## **10.6 Activities**

There was evidence of a pal activity programme in place and on display who was available in the home on a part-time basis. Staff spoken to confirmed that care staff do activities, often after tea-time. Taken together, and following discussions with residents, activity provision was found to be enjoyable, purposeful, age and culturally appropriate. It was identified that it takes into account residents' spiritual needs and promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.

It was confirmed that all residents are invited to attend activities and where they decline this is recorded. Records demonstrated that the duration of the activity and level of enjoyment is detailed. Discussions with staff confirmed that activities are provided by the pal worker and care staff and that separate records are maintained. It was confirmed that the pal worker reviews the activity programme by speaking to residents individually every month and seek suggestions.

## **10.7 Resident Dependency**

There was confirmation that staff can meet the needs of residents. Discussion took place with the registered manager in regard to categories of care. The registered manager confirmed that the residents needs related to a category of care the home is registered to accommodate.

## **10.8 Incidents and accidents**

Accident and incidents reviewed from 1 September 2014 to the date of the inspection demonstrated that they were being managed appropriately. One notification made to RQIA in August 2014 was discussed with the registered manager who confirmed that a form 2 would be submitted following further information received of progress made.

## **10.9 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

It was confirmed that lessons learnt from investigations were acted upon.

## **10.10 Registered Provider Visits**

Reports reviewed confirmed that they are being completed contemporaneously every month. It was identified that staff and residents are being spoken to on every occasion and the October 2014 report details planned environmental improvements for 2015.

## **11.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Cairns as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Kylie Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Tennent Street

12 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Jacquelyn Cairns, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

<b>Recommendations</b>					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1 19.6 (Section 8 of the report refers)	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"> <li>• It should state how residents, or where appropriate their representatives, are involved in the recruitment process where possible</li> </ul> <p><b>If this is not completed satisfactorily, enforcement action may be considered by the Authority.</b></p>	Three	The recruitment policy and procedure will be reviewed within time scale	31 March 2015
2	27 (Section 10.5 of the report refers)	The responsible person should improve the décor in the hairdressing room.	One	The Hairdressing room has been added to the refurbishment plan for 2015	1 March 2015
3	23 (Section 9.2 of the report refers)	The responsible person should provide training for staff in the areas of meeting sensory needs.	One	Training will be sourced from the Trust Sensory Team	1 March 2015



Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Jackie Cairns
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall <i>Carol Cousins</i>

*CAROL COUSINS  
DIRECTOR of OPERATIONS*

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	K. Corneal	6/3/15
Further information requested from provider			