

Unannounced Care Inspection Report

16 May 2017



Tennent Street

Type of service: Residential Care Home
Address: Hampton Suite, 1 Tennent Street, Belfast, BT13 3GD
Tel no: 028 9031 2318
Inspector: Kylie Connor

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Tennent Street (Hampton Suite) took place on 16 May 2017 from 11.15 to 16.00.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to training, supervision and appraisal, adult safeguarding, infection prevention and control and to risk management.

One recommendation was made in regard to the home's environment.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and to communication between residents, staff and other key stakeholders.

One recommendation was made in regard to care plans.

Is care compassionate?

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

One recommendation was made in regard to activities.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Violet Graham, manager and Samuel Swain, team leader, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare/ Dr Maureen Royston	Registered manager: See below
Person in charge of the home at the time of inspection: Violet Graham, manager	Date manager registered: Violet Graham – “registration pending”
Categories of care: I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia (for eight persons) PH (E) - Physical disability other than sensory impairment – over 65 years DE - Dementia	Number of registered places: 16

3.0 Methods/processes

Prior to inspection the following records were analysed: the previous care inspection report and notifications of accidents and incidents.

During the inspection the inspector met with six residents, two care staff, one ancillary staff and the manager.

The following records were examined during the inspection:

- Staff duty rota

- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three residents' care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Equipment maintenance/cleaning records
- The home's Statement of Purpose
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 February 2017

The most recent inspection of the home was an unannounced care inspection. No QIP was issued following this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 23 February 2017

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for

mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The team leader confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Discussion with the team leader confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Discussion with the team leader confirmed that no staff had been recruited since the previous care inspection.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with the team leader confirmed that the adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had recently been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the team leader, review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager and staff identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager and team leader confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts and arrangements to manage residents' smoking materials. Discussion with the manager and team leader regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The manager confirmed there were risk management policy and procedures in place relating to safety of the home. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were

appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The team leader confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment supported this assurance.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The team leader reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Staff reported that there were plans for some redecoration within the home in the near future. A number of issues were identified: one ceiling light was not working; a number of lampshades in en-suites were observed to have scorch marks; the smoking room did not have a fire blanket; one bedroom floor was in need of cleaning. These were addressed during the inspection. The floor in the staff toilets and staff room were in need of a deep clean and two toilet frames were observed to have patches of exposed metal where the protective covering had eroded. A recommendation was made.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment dated 28 April 2017. All recommendations were noted to have been addressed or detailed what action had been taken to address.

Review of staff training records confirmed that staff completed fire safety training twice annually. Records were retained of staff who participated and any learning outcomes. The team leader stated that he was scheduled to complete fire warden training and following this, he would be facilitating unannounced periodic fire drills within the home to support training. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a staff member was as follows:

- Staff are very friendly and respectful.

Areas for improvement

One area for improvement was identified in regard to cleaning identified areas and replacing toilet frames where the protective cover had eroded.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the team leader established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. However, care plans were in need of improvement. It was identified that one care record did not have a care plan for the management of diabetes; one care plan did not clearly detail the specific arrangements in place for the management of smoking materials although a generic smoking risk assessment had been completed. A recommendation was made.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. Staff, for example, spoke about how they facilitated residents who preferred a male or a female staff member to assist them with personal care and how they arranged for a barber to visit the home to provide a professional shave and hair cut for male residents.

Records were stored safely and securely in line with data protection.

The team leader confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks), complaints, environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visit reports.

The manager and the team leader confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. The inspector advised that individual issues should not be brought to residents meetings and that a fixed agenda, including any other business (AOB) should be developed with a person centred focus.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff and residents spoken with during the inspection made the following comments:

- “Residents really enjoyed it (the barber).” (Staff)
- “It’s (the standard of care) good, residents are well looked after, they seem happy.” (Staff)
- “I find it dead on. I get on with the staff.” (Resident)
- “The staff are very helpful.” (Resident)

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas for improvement

One area for improvement was identified in regard to care plans: to ensure that there is a care plan for the management of diabetes; to ensure that care plans detail the specific arrangements for the management of smoking materials for individual residents.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The team leader confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Staff and residents described that this was mainly in the form of individual discussion.

Staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were able to demonstrate how residents’ confidentiality was protected.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example, residents' meetings, annual reviews and monthly quality of life audits.

Discussion with staff and residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. There is a part-time staff member who facilitates activities with residents on an individual basis and in groups. These activities included baking, arts and craft, bingo, quizzes and skittles. Following observation during the inspection and review of activity records, the inspector recommended that care staff, especially at times during the day shifts should increase their provision of activities with residents; records should be retained. It was acknowledged that activities could be planned for short periods of time. Arrangements were in place for residents to maintain links with their friends, families and wider community. A number of residents, for example, attended local day centres and one resident spoke about going out shopping in the local area.

Staff and residents spoken with during the inspection made the following comments:

- “They (residents) enjoy a chat and a sing.” (Staff)
- “If they don’t want to get up, we respect that.” (Staff)
- “They (residents) seem happy and they say they are happy.” (Staff)
- “It’s just like living at home, only with company. They are very good indeed.” (Resident)
- “There is games, skittles and all.” (Resident)
- “It’s very good, there’s people to talk to.” (Resident)

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas for improvement

One area for improvement was identified during the inspection in regard to the provision of activities during the day by care staff.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and

procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide and posters and leaflets on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Discussion with the team leader and review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the team leader confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

The team leader confirmed that learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The team leader confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The team leader confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff and residents spoken with during the inspection made the following comments:

- “I’m still getting to know her (new manager) but she is approachable.” (Staff)
- “The new matron is approachable. I’ve told her one or two wee jokes.” (Resident)
- “I’ve no complaints at all.” (Resident)

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Violet Graham, manager and Samuel Swain, team leader, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2017</p>	<p>The registered provider should ensure that: the floors in the staff toilets and staff room are deep cleaned; toilet frames are reviewed and replaced where the protective coating has eroded and bare metal is exposed.</p> <p>Response by registered provider detailing the actions taken: The staff toilets and the staff room have been deep cleaned and the cleanliness is being maintained on an on-going basis .The toilet frames have all been checked,where a resident does not require the toilet frame this has been removed and some have been replaced where deemed necessary.</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2017</p>	<p>The registered provider should ensure that: there is a care plan for the management of diabetes; that care plans detail the specific individual arrangements in place for the management of smoking materials.</p> <p>Response by registered provider detailing the actions taken: This has been addressed.Care plans have been rewritten or updated to ensure that the plan of care is specific to the resident in relation to the management of smoking materials.</p>
<p>Recommendation 3</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2017</p>	<p>The registered provider should ensure that: in addition to the activity worker, care staff increase activity provision for residents during the morning and afternoon; records should be retained.</p> <p>Response by registered provider detailing the actions taken: This has been addressed.Care staff are now carrying out different activities during the morning and afternoon, and this is being recorded when the activity is completed.</p>

Please ensure this document is completed in full and returned via web portal



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