

# Unannounced Care Inspection Report 21 November 2017



## Tennent Street

**Type of Service: Residential Care Home**  
**Address: Hampton Suite, 1 Tennent Street, Belfast, BT13 3GD**  
**Tel No: 028 9031 2319**  
**Inspector: Kylie Connor**

[www.rqia.org.uk](http://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.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with 16 places that provides care and support for residents living with dementia, physical disability or mental health.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager:</b> Violet Graham
<b>Person in charge at the time of inspection:</b> Violet Graham	<b>Date manager registered:</b> 15 September 2017
<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>Number of registered places:</b> Total number of places:16 comprising: 16 – I 16 - DE 08 - MP 16 - PH(E)

### 4.0 Inspection summary

An unannounced care inspection took place on 21 November 2017 from 12.00 to 17.35.

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

The inspection assessed progress with any areas for improvement identified during and 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 were found in regard to staff training, activity provision and maintaining good working relationships.

Areas requiring improvement were identified in regard to the care plans for the management of diabetes, the condition of toilet frames, the cleanliness and maintenance of the male staff toilets and the décor of the smoke room. The inspector also advised that consideration should be given to providing training in care planning for staff who complete care plans and that activity records should record the names of residents rather than the number of residents taking part.

Residents said that they were enjoyed the activity provision in the home, that staff were compassionate and that they enjoyed the food. Comments included:

- “I do a bit of gardening...lifting leaves.”
- “They (the staff) are great. I can talk anytime.”
- “It’s (the food) good, there’s plenty.”

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

#### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Violet Graham, registered 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.

#### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 May 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and the home's registration details and notifications of accidents and incidents.

During the inspection the inspector met with eight residents, the registered manager, the team leader, the activity worker, one care staff and one ancillary staff.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. A poster was provided, detailing how staff could complete an online questionnaire. Three questionnaires were completed and returned by staff within the requested timescale.

The following records were examined during the inspection:

- Five competency and capability assessments
- Staff training schedule/records
- Four residents' care files
- Six smoking risk assessments
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report, dated 22 April 2017
- Minutes of recent residents' meetings dated 21 July 2017; 4 April 2017; 27 January 2017
- Minutes of representatives' meeting dated 25/7/17
- Evaluation report from annual quality assurance survey
- Monthly monitoring reports

- Activity Records
- Adult Safeguarding policy and procedure

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 the most recent inspection dated 31 August 2017**

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector. Whilst this QIP will be validated by the pharmacist inspector at the next medicines management inspection, progress in regard to one area for improvement was followed up during this inspection.

Minutes of a staff meeting that took place on 4 September 2017 evidenced discussion had taken place in regard to the medication procedure. The team leader reported that two staff had also attended medicine management training during September 2017.

## 6.2 Review of areas for improvement from the last care inspection dated 16 May 2017

Areas for improvement from the last care 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 27.1  <b>Stated:</b> First time	<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>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspection and discussion with staff confirmed that a new floor cleaning machine had been purchased and had been used in residents' bedrooms and communal areas. Whilst the floors in the staff toilets and staff room were observed to be cleaner, they had been cleaned with the new cleaner. Following the inspection, the team leader stated that the new cleaner had been used successfully to clean these floors; this is met.</p> <p>The toilet frames that were eroded were observed to have been painted; the toilet frames were therefore not compliant with effective infection prevention and control (IPC); this is re-stated.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	<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>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspection of three care plans for the management of diabetes and discussion with the team leader evidenced that further detail was needed in the care plans to support and guide staff in the management of this condition. This is restated.</p>	

	Inspection of six residents' smoking risk assessments evidenced that these had been completed; the inspector advised the team leader and registered manager that information is included regarding what the resident smokes and the frequency. The team leader gave an assurance that this information would be included immediately. This was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Observation during the inspection, discussion with residents and staff and inspection of activity records confirmed that this had been addressed. The inspector advised that care staff activity records should record the names of residents taking part rather than the number of residents participating.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The team leader 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 and staff.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were 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 and that these were currently being reviewed; records of competency and capability assessments were retained. Five competency and capability assessments were reviewed; four, had been completed during 2016 had not been signed by the team leader or by the registered manager; one, completed recently had been signed by the team leader but not by



the registered manager. Following the inspection, the team leader reported that these had all been fully completed and the registered manager reported that she had also signed them.

Discussion with the registered manager and team leader confirmed that no staff had been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

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

Whilst the safeguarding adults policy dated 04 April 2017 in place did not reference the NIASP Adult Safeguarding Operational Procedures, September 2016, the registered manager stated that the home had a copy of the procedures and that staff had received training in line with these. 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(monthly) notifications, care records and complaints records confirmed that whilst there had been no suspected, alleged or actual incidents of abuse, staff were aware to promptly refer to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the team leader 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.

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. However, the following areas were in need of improvement and action is required to comply with the regulations and standards:

- The male staff changing area and toilets were in need of a thorough clean and did not have toilet paper, hand gel and paper towels provided; one toilet seat appeared to be cracked and one toilet cistern did not have a lid. A broken tile was observed on the edge of the shower floor. The registered manager stated that the shower was not in use and that a system was in place to prevent legionella.
- The sluice was in need of a thorough clean; the sink had not been cleaned and the sluice bowl was stained.
- The smoke room was in need of redecoration.
- The protective coating on toilet frames had eroded and bare metal was exposed; this had not been adequately addressed following the previous inspection and has been stated for a second time.



Following the inspection, the registered manager stated that these areas have been added to cleaning schedules and will be audited on a monthly basis.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with 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 in areas used by residents and appropriately heated.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

Staff spoken with during the inspection made the following comments:

- “Supervision is every two to three months.”
- “It’s a good handover.”
- “It’s (mandatory training) all up to date. We have training on Thursday.”

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 of good practice**

There were examples of good practice found throughout the inspection in relation to training and supervision.

**Areas for improvement**

One area for improvement was stated for the second time in regard to toilet frames. Two areas for improvement were identified during the inspection in regard to the cleanliness and maintenance of the sluice and staff toilets and the standard of decoration in the smoke room.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

**6.5 Is care effective?**

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

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

A review of four 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 assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The diabetic management care plan needed further improvement to support and guide staff. The inspector advised the registered manager that consideration should be given to provide training in care planning for staff who complete care plans.

The registered manager advised 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 hand-washing undertaken in July, August and September 2017 and audits of quality dining, undertaken in September 2017 were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, care reviews, residents’ meetings, staff meetings and staff shift handovers. The registered 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. 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.

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 of good practice**

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

**Areas for improvement**

One area for improvement was stated for the second time in regard to care plans for the management of diabetes.

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

**6.6 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.**

The registered manager reported 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.

Residents and staff reported 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. Discussion with staff confirmed their awareness of promoting residents' rights, independence and dignity.

The registered manager and staff reported that residents were listened to, valued and communicated with in an appropriate manner. Residents advised that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, 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 including residents' meetings annual reviews and regular audits.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents and staff, for example, spoke about the improvement in the frequency of activity provision in the home and how much residents were enjoying it. Observation of activities taking place during the inspection including singing in the morning and an exercise activity in the afternoon demonstrated residents' enjoyment.

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

- “They have bingo, darts, cream teas, dancing and singing, karaoke, reminiscence activities.” (staff)
- “We put the Christmas tree up last night, they (the residents) enjoyed that. We are putting another one up tonight.” (staff)

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

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and activity provision.

**Areas for improvement**

No areas for improvement were identified during the inspection

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

## 6.7 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**

The registered 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.

Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits in regard to the dining experience, satisfaction surveys and an annual quality review report.

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

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.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager had recently attended a four day developing management excellence course and had participated in an international research project in regard to infection. The registered manager stated that she was attending training in adult safeguarding on 11 December 2017.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home. The registered manager stated that she comes into work early to receive a handover from the night staff.

The registered manager reported 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 employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider largely responds to regulatory matters in a timely manner. Two areas for improvement from the previous inspection have been restated.

The home had a whistleblowing policy and procedure dated 7 May 2015 in place and discussion with staff established that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that 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 registered manager reported 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.

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

Staff commented:

- “Home is good to work in and all residents seems happy and content.”
- “I like it here and I feel that there is a good team spirit.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Violet Graham, registered 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 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>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 December 2017</p>	<p>The registered person shall ensure that the following issues are addressed to support effective IPC:</p> <ul style="list-style-type: none"> <li>The male staff change area and toilets were in need of a thorough clean and did not have toilet paper, hand gel or paper towels provided; one toilet seat appeared to be cracked and one toilet cistern did not have a lid. A broken tile was observed on the edge of the shower floor.</li> <li>The sluice was in need of a thorough clean.</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The male changing room has been deep cleaned ,toilet paper,hand gel and paper towels are in place. Cracked toilet seat has been replaced and lid of cistern in place. Broken tile in shower unit has been replaced. Sluice has been deep cleaned</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 27.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 January 2018</p>	<p>The registered provider should ensure that: toilet frames are reviewed and replaced where the protective coating has eroded and bare metal is exposed.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Toilet frames that were not required have been removed Residents who require toilet frames,new toilet frames are being purchased</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 6.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 December 2017</p>	<p>The registered provider should ensure that: there is a care plan for the management of diabetes.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> There is a care plan in place for residents who have diabetes,the care plan has been reviewed by the diabetic nurse. Diabetic nurse carried out training for staff on 12/12/2017 topic was how the staff manage residents with diabetes</p>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2018</p>	<p>The registered person shall ensure that the smoke room is thoroughly cleaned and redecorated.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The smoke room has been cleaned,painted and waiting for the flooring to be replaced</p>
--	---

*\*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 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews