

Inspection Report

23 March 2022



Tennant Street

Type of service: Residential Care Home
Address: Hampton Suite, 1 Tennant Street,
Belfast, BT13 3GD
Telephone number: 028 9031 2318

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Mrs Natasha Southall</p>	<p>Registered Manager: Aleyamma George – not registered</p>
<p>Person in charge at the time of inspection: Aleyamma George - Manager</p>	<p>Number of registered places: 16</p> <p>Category RC-MP for 8 persons only.</p>
<p>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.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 16</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 16 residents. Residents' bedrooms, a communal lounge, dining room and a resident's kitchen are located on the ground floor Hampton Suite.</p> <p>There is a Nursing Home on the same site which occupies part of the ground floor and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 March 2022 from 9.30 am to 5.30 pm by care inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was warm, clean and tidy. Staffing arrangements were found to be safe and adjusted if required. Staff were observed to be polite and skilled as they completed their duties.

Attention had been paid to residents personal care and clothing. Residents spoke positively when describing living in the home. Residents unable to voice their opinion were relaxed and observed to be comfortable in their surroundings and interactions with staff. Comments received from residents and staff are included in this report.

Areas for improvement identified are included in the Quality Improvement Plan (QIP) in section 7.0 of this report.

RQIA were assured that the delivery of care and service provided in Tennent Street, Hampton Suite was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views on the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Aleyamma George, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Twelve residents told us they were happy with the care provided in Tennent Street and said there are always staff around and the food is good but they would like more variety on the menu. This was discussed with the manager following the inspection who agreed to discuss menu choices with residents.

Staff members said they work well as a team and were satisfied residents were receiving good care. Staff advised that training was provided regularly to support them in their roles.

One completed questionnaire was received and a resident confirmed that they were very satisfied that care was safe, effective, compassionate and well led.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 31 August 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(7) Stated: First time	The registered person shall ensure the infection prevention control deficits identified during this inspection are addressed. This is in relation to an unclean fridge, chipped bedroom radiator covers, gloves and aprons stored on radiators in bathrooms and the use of face masks.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14(2)(a) Stated: First time	The registered person shall ensure that all parts of the home to which residents have access to, are free from hazards. This is stated in relation to cleaning chemicals in an unlocked cupboard in the residents' kitchen.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Regulation 27(4)(b) Stated: First time	The registered person shall take adequate precautions against the risk of fire. This is stated in relation to an overfilled storage room containing a large amount of paper and cardboard boxes.	Not met
	Action taken as confirmed during the inspection: A review of the identified store room evidenced it still contained large amounts of paper and cardboard boxes. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 4 Ref: Regulation 29 Stated: First time	The registered person shall, during the monthly monitoring visits, interview residents' representatives to provide an opportunity for them to provide feedback on the running of the home.	Not met
	Action taken as confirmed during the inspection: A review of the monthly monitoring visit reports did not evidence consultation with residents' representatives. This area for improvement has not been met and has been stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that any gaps in the employment records are explored and explanations recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 23.6 Stated: First time	The registered person shall ensure a separate record is kept in the residential home of all training undertaken by staff.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Standard 12.2 Stated: First time	The registered person shall ensure that residents are fully involved in the planning of the menus in the home, a record of the residents involvement in the menu planning should be maintained.	Not met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that residents had not been involved in the planning of menus for the home. Residents also told us they would like to see more variety on the menu. This are for improvement has not been met and has been stated for a second time.	
Area for improvement 4 Ref: Standard 12.12 Stated: First time	The registered person shall ensure that where required an accurate and detailed record is kept of all food and drinks consumed by residents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

Staff completed a comprehensive induction programme to prepare them for working with residents. Checks were made and recorded to ensure staff members were registered with the Northern Ireland Social Care Council (NISCC).

Review of the systems in place to ensure staff were trained and supported to do their job provided evidence that most staff were fully trained, however, three staff training records were not available to review to confirm training had been completed. An area for improvement was identified.

Staff said there was good team work and that they were satisfied with the staffing levels. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Games were provided in the dining room and residents were supported to join the activity if they wished to take part.

Residents were complimentary about the staff and spoke highly of the care they received. Residents did not raise any concerns about the staffing levels in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff members were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff members were observed to be prompt in recognising residents' needs and any early signs of distress or illness. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Residents were provided with mobility aids where this was required and encouraged with changing their position.

Examination of records and discussion with the manager confirmed that the risk of falling and falls was recorded in residents care records however, specific details regarding the fall was not recorded. In addition the post falls protocol did not provide sufficient detail to guide staff in post fall care of the resident or the required documentation to be completed. This was discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. There was a system in place to ensure that all staff members were aware of individual resident's nutritional needs.

Residents told us they would like to see more variety of foods on the menu and would like to see different types of deserts included. Resident involvement in the menu choice was discussed with the manager and this area for improvement has been stated for a second time.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight and these records were documented in detail.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

It was established that following a risk assessment residents who required restrictive intervention did have this in place, however, one resident's care records were contradictory on the level of supervision they required. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Re-decoration was taking place throughout the home with a number of rooms having been freshly painted and new furniture provided.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. It was noted that one resident had not been provided with an armchair to sit on in their bedroom and had been provided with a dining room chair and two other chairs were described by residents as very uncomfortable. This was discussed with the manager and an area for improvement was identified.

It was observed a sluice room and one communal bathroom were being used as storage rooms; a number of boxes and paper were seen. The manager told us the rooms were not in use. There was no evidence provided as to the flushing of the water supply to these rooms nor was the fire risk assessment reviewed to reflect these changes. Two areas for improvement were identified.

An electrical store room was unlocked and contained a large number of chemical cleaning fluids. This was immediately locked and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by senior staff and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance. Visitors had their temperature checked on entry and a health questionnaire was completed prior to admission to the home.

5.2.4 Quality of Life for Residents

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV, go out to local shops or take part in activities in the home.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example; planning activities and the new décor of the home, however menu choices were not included. This was discussed with the manager who confirmed this will be included in future meetings.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff in the home. Residents were seen enjoying a game of cards in the afternoon with staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting was in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There had been a change in the management of the home since the last inspection. Aleyamma George has been the manager in this home since 1 November 2021 and has applied to register with RQIA.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Residents spoken with said that they knew how to report any concerns and said they were confident that the person in charge of the home would address these. No complaints had been received in the home since the last inspection.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits showed that resident's representatives/relative had not been consulted with during the visits. This area for improvement has been stated for a second time.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
Total number of Areas for Improvement	6*	4*

* The total number of areas for improvement includes three that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Aleyamma George, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4)(b) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall take adequate precautions against the risk of fire. This is stated in relation to an overfilled storage room containing a large amount of paper and cardboard boxes.</p> <p>Ref 5.1</p> <p>Response by registered person detailing the actions taken: The storage facility has been reviewed, old documents are archived as per guidelines and documents that are no longer needed have been shredded. The other articles are stored in the outside container and old/not reusable items are removed and discarded.</p>
Area for improvement 2 Ref: Regulation 29 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall, during the monthly monitoring visits, interview residents' representatives to provide an opportunity for them to provide feedback on the running of the home.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The Regional Manager/ Regional Support Manager will speak to relatives who are present during the monitoring visits and document the comments in the report. The Registered Manager meets and speaks with relatives on an ongoing and regular basis, any compliments/concerns are logged and dealt with, and also communicated with the RM/RSM</p>
Area for improvement 3 Ref: Regulation 14 (6) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure the identified resident has a detailed, accurate care plan which is kept up to date regarding the nature and circumstances of the assessed restraint required.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Resident referred to in the report was referred to the concerned authority for appropriate assessment and we await this advice. Once received the advice will be adhered to and care plan will reflect the appropriate advise. Registered Manager will continue to review.</p>

--	--

<p>Area for improvement 4</p> <p>Ref: Regulation 2 (t)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure a risk assessment and management plan is in place to evidence maintenance and flushing of the water supply to any rooms which are not in use.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The appropriate water safety management system is in place. Maintenance Person carries out the flushing of the water supply to the rooms and taps that are not in use. The register is maintained, and checked by Registered Manager and reviewed during Reg visits.</p> <p>The registered person shall ensure the fire risk assessment is revised and up dated when the fire risk has changed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Fire risk assessment is done by the designated officer and the action plans are addressed after the assessment. Registered Manager will continue to monitor this.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure all areas of the home to which residents have access are free from hazards to their health.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All areas where residents have access have been checked and any hazardous substance are now locked away. Registered Manager has addressed this in staff meetings and will continue to monitor.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.2</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that residents are fully involved in the planning of the menus for the home; a record of the residents' involvement in the menu planning should be maintained.</p> <p>Ref: 5.1</p>

<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The menu choices were reviewed by the Catering team with the residents and the menus now reflect this.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2022</p>	<p>The registered person shall ensure that all staff receive and complete training appropriate to their job role.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The staff have attended the training as scheduled and is monitored by the Registered Manager, those staff that work across departments will attend the relevant training.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure a protocol is in place in adequate detail as to direct the quality care required for the management of falls.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The post falls protocol is in place and supervisions have been conducted with team members.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2022</p>	<p>The registered person shall ensure that residents are provided with appropriate seating in their bedrooms.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A review of the provision of chairs has taken place and any deficits will be followed up on</p>



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

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