

# Unannounced Care Inspection Report 30 April 2018



## 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**

[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 sixteen places that provides care and accommodation within the categories of care outlined in Section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Claire Royston	<b>Registered Manager:</b> Violet Graham
<b>Person in charge at the time of inspection:</b> Shelia Mae Hechanova, person in charge	<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> 16 comprising: 16 – RC – I 08 – RC – MP 16 – RC – PH (E) 16 – RC – DE

### 4.0 Inspection summary

An unannounced care inspection took place on 30 April 2018 from 11.00 to 16.00.

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 was found in relation to supervision and appraisal, infection prevention and control, communication between residents, staff and other key stakeholders, quality improvement and maintaining good working relationships.

One area requiring improvement was identified in regard to care plans.

The person in charge was advised to promote activities by care staff during the day and to ensure that records are retained.

Residents and a representative said that staff were kind, caring and approachable and that they enjoyed the food and their lifestyle within the home.

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>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Shelia Mae Hechanova, person in charge and Sam 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 21 November 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, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, the team leader, the regional manager, the property manager, four residents, two care staff, one ancillary staff and one resident's representative.

A total of ten 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 electronic questionnaire. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of staff supervision and annual appraisals
- One competency and capability assessment
- Staff training schedule/records
- Two residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls, outbreaks)
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review Report 2017
- Minutes of recent residents' meetings

- Evaluation report from annual service user quality assurance surveys
- Monthly monitoring reports
- 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

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 21 November 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 21 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that the following issues are addressed to support effective IPC: <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>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of the environment.</p>	
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b> Ref: Standard 27.1 Stated: Second time</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><b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of the environment.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b> Ref: Standard 6.2 Stated: Second time</p>	<p>The registered provider should ensure that there is a care plan for the management of diabetes.</p> <p><b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of one care record.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b> Ref: Standard 27.1 Stated: First time</p>	<p>The registered person shall ensure that the smoke room is thoroughly cleaned and redecorated.</p> <p><b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of the environment.</p>	<p><b>Met</b></p>

### 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 person in charge advised of the staffing levels for the home and reported 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, a resident's representative and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of a completed induction record and discussion with the person in charge and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Inspection of one staff file confirmed that records of annual staff appraisals and staff supervision were maintained.

The team leader reported 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory. The team leader reported that these are updated annually.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the person in charge 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. Enhanced AccessNI disclosures were viewed for all staff prior to the commencement of employment and that confirmed that AccessNI information was managed in line with best practice.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the procedures 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 person in charge, review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse were/would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The person in charge 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.

The team leader reported that there were restrictive practices employed within the home, notably the management of smoking materials. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Discussion with the person in charge confirmed there were risk management policy and procedures in place. Discussion with the person in charge 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. COSHH, fire safety etc.

The person in charge reported that equipment and medical devices in use in the home were well maintained and regularly serviced. Checks of walking aids were completed monthly.

Review of the Infection Prevention and Control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in 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 person in charge 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.

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 person in charge confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a fire safety risk assessment in place dated 28 April 2017 and discussion with the property manager confirmed that recommendations had been either addressed or action had been taken to address these. Following the inspection, the property manager confirmed that the fire safety risk assessment had been reviewed and updated on 8 May 2018.



Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills had been completed in June and July 2017. The team leader reported that another was scheduled to take place imminently. Records were retained of staff who participated and any learning outcomes. 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 (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- “You learn as you go (when completing the e-learning training).”
- “I just paid (NISCC registration fee).”
- “We did them (annual appraisals) last week.”

Residents spoken with commented:

- “Oh definitely (care is safe). They are very, very good here. They look after you well.”
- “Staff are friendly.”

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**  
**The right care, at the right time in the right place with the best outcome**

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

A review of two 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. In discussion with the person in charge and inspection of care plans, improvements were identified in regard to comprehensiveness of detail recorded in the care plans and an area of improvement was identified to comply with the standards.

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.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The person in charge 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 care reviews, accidents and incidents (including falls, outbreaks), NISCC registrations and mandatory training 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 visits reports and the annual quality report.

The person in charge 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 team leader and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative 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 and/or their representative meetings were reviewed during the inspection.

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 a representative spoken with during the inspection made the following comments:

- "You're kept up to date (at team meetings)." (staff)
- "He (the team leader) does act on it (concerns or issues raised by staff)." (staff)
- "They (staff) have been brilliant." (representative)

Residents spoken with commented:

- "I have a buzzer if I need it and you always get somebody."
- "It's very, very tidy. They brush everything up."

### **Areas of good practice**

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

### **Areas for improvement**

One area for improvement was identified in regard to the comprehensiveness and detail in care plans.

	Regulations	Standards
<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 team leader advised 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, residents and a representative confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents, their representatives 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.

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

Discussion with the person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and a representative reported that their views and opinions were taken into account in all matters affecting them. For example, a representative described how well staff had planned and facilitated her relative to move to a nursing home located in the same building and that she felt supported by the staff during the process which was being carried out in the way that she had requested.

Discussion with staff, residents, a representative 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, there were residents' meetings, annual reviews and monthly monitoring visits.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan 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 a range of meaningful activities. These included, arts and craft, darts, bingo and sing songs. The inspector advised the person in charge and team leader that during the day, care staff should

be encouraged to carry out activities such as singing and armchair aerobics etc. that the residents enjoy; records should be retained. Arrangements were in place for residents to maintain links with their friends, families and wider community and a number of residents attended local day centres.

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

- “They enjoy a chat. They prefer one to one (activities).” (staff)
- “We know their routines and their ways.” (staff)
- “I like a bit of movement, it’s part of life.” (resident)
- “The food in here is excellent, it is good.” (resident)
- “We enjoy a chat and a laugh. There is a girl who plays bingo, crafts and colouring in.” (resident)

**Areas of good practice**

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.

**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 person in charge and regional manager outlined the management arrangements and governance systems in place within the home. Whilst RQIA had been notified of a temporary management arrangement in the home, a signed absence of the registered manager form had not been returned to RQIA; this was subsequently received. 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 information on display in the home. Discussion with staff confirmed that they knowledgeable about how to receive and deal with complaints.

Whilst there had been no complaints, discussion with the team leader confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints would include 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.

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 continuous 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 person in charge 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.

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. This was outlined in the home's Statement of Purpose and Residents Guide.

The person in charge advised 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/s responded to regulatory matters in a timely manner.

Review of records and discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. Discussion with the person in charge and team leader 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 person in charge reported that staff could also access line management to raise concerns and that they would 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 person in charge advised that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Residents spoken with during the inspection made the following comments:

- “I’m happy enough the way it is.”
- “There is a lovely atmosphere.”

### Areas of good practice

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.

### 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 Shelia Mae Hechanova, person in charge and Sam 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2018</p>	<p>The registered person shall ensure that the comprehensiveness and detail in care plans is improved to support person centre care and to guide and support staff in the delivery.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed. The care plans for each resident have been reviewed and have been updated to ensure they are comprehensive and they support person centred care. The Acting Manager continues to carry out care tracas which the Regional Manager reviews during her regulation 29 visits.</p>

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





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