



Secondary Unannounced Care Inspection

Name of Establishment: Tennent Street
Establishment ID No: 1659
Date of Inspection: 30 June 2014
Inspector's Name: Kylie Connor
Inspection No: 16623

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

1.0 General information

Name of Home:	Tennent Street
Address:	Tennent Street Hampton Suite 1 Tennent Street Belfast BT13 3GD
Telephone Number:	(028) 9031 2318
E mail Address:	tennent.street@fshc.co.uk
Registered Organisation/ Registered Provider:	Mr James McCall Four Seasons Health Care
Registered Manager:	Ms Jacquelyn Grace Cairns
Person in Charge of the home at the time of Inspection:	Ms Jacquelyn Grace Cairns
Categories of Care:	RC-I ,RC-PH(E), RC-MP RC-DE
Number of Registered Places:	16
Number of Residents Accommodated on Day of Inspection:	16
Scale of Charges (per week):	As per Trust arrangement
Date and type of previous inspection:	24 April 2013 Primary Announced Inspection
Date and time of inspection:	30 June 2014 1:10pm to 4:00pm
Name of Inspector:	Kylie Connor

2.0 Introduction

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

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods/Process

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

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

5.0 Inspection focus

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

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

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

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

6.0 Profile of service

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

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

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

7.0 Summary of inspection

This secondary unannounced care inspection of Tennent Street was undertaken by Kylie Connor, Inspector on 30 June 2014 between the hours of 1:10pm and 4:00pm. Jacquelyn Cairns, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Evidence demonstrated that one requirement and nine recommendations were assessed as compliant. Three recommendations were assessed as moving towards compliance, one recommendation has been stated for the third time and two have been stated for the second time. These pertain to reviewing policies and procedures. The detail of the actions taken by the registered person can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 24 - Staff supervision and appraisal. There was evidence that policies and procedures were in place which reflected good practice, staff were trained and supervision is carried out in a timely manner with staff confirming they benefited from the process. Evidence revealed that annual appraisals for the majority of staff were overdue and a recommendation has been made. There were processes in place to support the effective management of the standard inspected. The home was assessed as being substantially compliant in regard to this standard.

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

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Comments received from residents and staff are included in section 10.0 of the main body of the report.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Additional details can be found in section 10.0 of the main body of the report.

There were no requirements and four recommendations have been made in the areas of development of policies and procedures. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection 24 April 2013

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	3 (1) (c) Schedule 1	The registered person shall compile in relation to the residential home a written statement which shall consist of – A statement as to the matters listed in Schedule 1.	Reviewed evidence that improvements have been made.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	8.1 15.5 20.3 20.18 and 20.19	The registered person should ensure that these policy/procedures are reviewed; Disciplinary procedure (2007) Whistle-blowing procedure (2007) Staff supervision and appraisal (June 2009) Safekeeping of residents valuables (2007).	The registered manager confirmed that these policies and procedures have not been reviewed to date but that a person has been recruited recently to undertake this work.	Moving towards compliance
2	11.1 11.2	A care review procedure should be developed to include reviews of residents who are self-referred/self-funding. This should include involving care management and/or an advocate as detailed in the report.	The registered manager confirmed that this has not been actioned to date but that a person has been recruited recently to undertake this work.	Moving towards compliance
3	11.3	The written review report prepared by staff should clearly state and evidence consultation and involvement with residents. It should also include the support the home provides regarding finances.	A reviewed of two residents pre-review reports evidenced this has been addressed.	Compliant

4	19.1 19.6	The recruitment policy and procedure (2008) should be reviewed to reflect the recruitment process as described within the Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS guidance. It should state how residents, or where appropriate their representatives, are involved in the recruitment process where possible.	The registered manager confirmed that this has not been actioned but that a person has been recruited recently to undertake this work.	Moving towards compliance
5	19.6	Residents, or where appropriate their representatives, are involved in the recruitment process where possible. Action should be taken as stated by the registered manager in the report.	The registered manager confirmed that there has been no recruitment since the previous inspection. Assurances were given that residents' will be involved/ consulted when the next recruitment drive takes place. This is addressed.	Compliant
6	20.15	The incidents which occurred on 13 August 2012 and 2 November 2012 should be retrospectively referred to the Authority. All incidents where medical attention is sought should be referred.	This was addressed.	Compliant
7	27	The registered manager should ensure that radiator covers are repainted.	Evidence revealed that a number of radiator covers have been replaced. This has been addressed.	Compliant

9.0 Inspection Findings

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

Staff are supervised and their performance appraised to promote the delivery of quality care and services.

Criterion Assessed:	COMPLIANCE LEVEL
24.1 Managers and supervisory staff are trained in supervision and performance appraisal.	
Inspection Findings:	
<p>A policy and procedure for staff supervision and appraisals policy (2009) was available in the home. A recommendation has been re-stated. Evidence demonstrated that the registered manager supervises the team leader every other month and carries out his annual appraisal. Evidence demonstrated that the team leader supervises care staff every other month and carries out their annual appraisal. The registered manager confirmed that she supervises auxiliary staff and carries out their annual appraisal.</p> <p>The team leader stated that he has the qualification NVQ3 which included staff supervision and received training in supervising staff on a one to one from the registered manager and the regional manager two years ago. The registered manager confirmed that this was part of his induction. The registered manager confirmed that the team leader completed training in mentorship was completed e-learning training within the last year, in the areas of supervision and appraisal and supervision and legislation.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
24.2 Staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	
Inspection Findings:	
<p>During discussion, the team leader and two care staff confirmed that staff supervision is scheduled in advance and a review of the planning record evidenced supervision dates were planned up until July 2014. The record also evidenced the date supervision took place. There was evidence that all staff received supervision in May 2014 and the next supervision dates were scheduled for July 2014. A review of the supervision schedule for seven care assistants evidenced that all supervisions were up to date. The team leader confirmed if a new staff member started, or a staff member was not performing satisfactorily, more frequent supervision would be scheduled. The registered manager confirmed that she receives supervision once every three months.</p>	Compliant

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

Staff are supervised and their performance appraised to promote the delivery of quality care and services.

<p>Criterion Assessed: 24.3 Supervision sessions are planned in advance and dedicated time set aside.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Three staff spoken with confirmed supervision sessions are planned in advance and dedicated time is set aside. There was confirmation that staff found supervision helpful and believed that they benefitted from it.</p>	<p>Compliant</p>
<p>Criterion Assessed: 24.4 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: The team leader confirmed that any serious and/or recurring issues arising in supervision are brought to the registered managers' attention. There was confirmation from staff spoken to that any issue can be brought to the team leader or registered manager at any time.</p>	<p>Compliant</p>

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

Staff are supervised and their performance appraised to promote the delivery of quality care and services.

<p>Criterion Assessed: 24.5 Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the team leader and care staff confirmed that they benefited from appraisal meetings and that they were involved in agreeing a personal development plan which included their training needs. The team leader confirmed that he is supported by the registered manager and occasionally by the regional manager to fulfil the role and responsibilities of the job. The registered manager confirmed that the outcome of supervision and appraisal sessions informs annual training programme outside the mandatory training and completion of the latter is reviewed. Discussion with the team leader and a review of the appraisal planner confirmed that annual appraisals were last completed in 2013 and are now overdue for the majority of staff. A recommendation has been made.</p>	<p>Moving towards compliance</p>
<p>Criterion Assessed: 24.6 Staff who are contracted to undertake specific services receive guidance and support that corresponds to their role and responsibilities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Evidence demonstrated that there are currently no staff who are contracted to undertake specific services. Therefore this is not applicable at this time.</p>	<p>Not applicable</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with seven residents individually. Residents were observed relaxing in the communal lounge, whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I'm quite happy here."
- "There's not much left on the plate." (In response to a question about the food)
- "I think it's (the home) extremely good. The staff are patient and very good. The food is good. I'm quite content."
- "I'm well looked after, well fed. I'm looking for a millionaire, I know he'll come!!"
- "I love it here. I can do my own thing."
- "The staff are very caring."

10.2 Relatives/representative consultation

No relatives/representatives were spoken to during the inspection.

10.3 Staff consultation

In addition to the registered manager, the inspector spoke with three care staff of different grades. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

- "He (the team leader) goes through things with you, staff are helpful to each other. I've come on a long way."
- "We work together, we work as a team."
- "The registered manager is very supportive and helpful, that's what I like about it."
- "Yes, it's good to have it." (supervision/appraisal)

10.4 Visiting professionals' consultation

No professionals were spoken to during the inspection.

10.5 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised,

adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be fit for purpose.

Staff confirmed that the dining room and a number of resident's bedrooms have been repainted with new bedding, new curtains and new flooring purchased. The registered manager confirmed that she has requested new flooring for the snack kitchen and is awaiting delivers of the remaining radiator covers and garden furniture including a table, chairs and a parasol.

QUALITY IMPROVEMENT PLAN

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

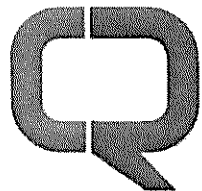
The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Tennent Street

30 June 2014

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

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

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	24.5	<p>Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <ul style="list-style-type: none"> Confirm that overdue annual appraisals have been scheduled and the date they will be completed. 	One	The annual appraisal has been completed.	1 September 2014
2	8.1 15.5 20.3 20.18 and 20.19	<p>The registered person should ensure that these policy/procedures are reviewed;</p> <p>Disciplinary procedure (2007) Whistle-blowing procedure(2007) Staff supervision and appraisal(June 2009) Safekeeping of residents valuables (2007) (Section 8 and 24.1 refers)</p> <p>Failure to meet this recommendation satisfactorily may result in the Authority initiating enforcement action.</p>	Three	These policies have been reviewed by FSHC.	1 October 2014
3	11.1 11.2	<p>A care review procedure should be developed to include reviews of residents who are self-referred/self-funding. This should include involving care management and/or an advocate as detailed in the report. (Section 8 refers)</p>	Two	A care review procedure has been developed to include review of residents who are self-referred/self-funding.	1 October 2014

4	19.1 19.6	<p>The recruitment policy and procedure (2008) should be reviewed to reflect the recruitment process as described within the Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS guidance.</p> <ul style="list-style-type: none"> It should state how residents, or where appropriate their representatives, are involved in the recruitment process where possible. (Section 8 refers) 	Two	Four Seasons have reviewed the recruitment policy and procedure.	1 October 2014
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	K. Connors	27/8/14
Further information requested from provider			