

Inspection Report

31 August 2021



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

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1.0 Service information

<p>Organisation/Registered Provider: Four Season Health Care</p> <p>Registered Person Individual Mrs Natasha Southall</p>	<p>Registered Manager: Ms Methyl Dagooc</p> <p>Date registered: 17 December 2018</p>
<p>Person in charge at the time of inspection: Ms Methyl Dagooc – registered manager</p>	<p>Number of registered places: 16 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:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to 16 residents. There is a Nursing Home which occupies the ground floor and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 31 August 2021, from 10.00 am to 6.00 pm by the care inspector.

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 clean tidy and welcoming on the day of inspection. The residents were in their rooms and the communal rooms if preferred.

It was evident that staff promoted the dignity and well-being of residents through respecting their personal preferences and choices throughout the day.

Discussion with staff identified that they had a good knowledge of residents needs and were well trained to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to residents wishes.

Areas requiring improvement were identified including; recruitment practices, training records, menu choices, recording of food and fluid intake, infection prevention and control, storage of cleaning chemicals and feedback from residents representatives during the Regulation 29 visits.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and services provided in Tennent Street 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

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 of 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 the Manager at the conclusion of the inspection.

4.0 What people told us about the service

Eight residents told us they had “no complaints”, “I love it here in my room” and “there are always staff around if you need them”. Residents were positive about the cleanliness of the home and the care provided. The meal provision was described as “a bit monotonous”.

Two staff said they were well supported by the manager and were happy working in the home. Staff told us there were concerns about staffing levels and they worked well as a team.

No completed questionnaires were received following the inspection and there was no response from the on-line staff survey.

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 10 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all notifiable events which occur in the home are reported to RQIA. This is in relation to unwitnessed falls.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13(7) Stated: First time	The registered person shall make suitable arrangements to reduce the risk of infection. This is in regard to the storage of boxes of PPE on the floor in a conference room.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance

Area for improvement 1 Ref: Standard 13.6 Stated: First time	The registered person shall ensure a daily timetable of activities is provided taking into account the needs and abilities of the 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 in recruitment records that not all employment gaps had been checked prior to the appointment of staff. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. However; it was not possible to identify from the staff training matrix which training had been completed by residential home staff. This was discussed with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. 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. For example' staff supported resident who wished to spend time in the communal areas of the home and those who wished to remain in their own rooms.

Staff told us that the residents' needs and wishes were important. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said staff were available when they needed them. Staff were observed responding to residents requests promptly and it was evident that they knew the residents well and how best to assist them.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising those residents who had difficulty in making their wishes or feelings known. Staff were practised in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff responded to residents requests for assistance if they needed to attend appointments, and were knowledgeable about their daily routines.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral.

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.

During the lunch time meal the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents said they would like to see more choice of food on the menu as the meal choices were repeated too often. One resident said they would like to have a choice of different desert as they were mainly milk puddings. Resident involvement in menu choices was discussed with the manager and an area for improvement was identified.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered and residents who did not want the meal options were provided with alternatives. There was a variety of drinks available. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily however there was a lack of detail regarding the amount of food taken. This was discussed with the manager and an area for improvement was identified.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that in general the home was clean, tidy and well maintained.

The décor in residents' rooms was tasteful and residents said they were happy with their rooms. Most residents' rooms were personalised with items of memorabilia which was important to them.

A fridge in the residents' kitchen area was not clean, a number of bedroom radiator covers were chipped, gloves and aprons were noted to be on top of radiators in identified bathrooms and whilst some staff were compliant a number of staff touched their face masks on numerous occasions. An area for improvement was identified.

There was evidence throughout the home of homely touches such as snacks and drinks available and access to a kitchen for residents to make tea and coffee.

Residents said "they are always cleaning my room" and "they keep everything clean for me". Residents said their clothing was clean and laundered regularly.

The residents' kitchen area contained tea and coffee making materials and snacks and drinks were available for those who requested them. A bottle of cleaning chemicals was observed in a unlocked cupboard in the kitchen area. This was brought to the attention of staff and removed. An area for improvement was identified.

A fire risk assessment was in place and up to date, however, a store room was overfilled with boxed of records which were a fire risk. This was discussed with the manager 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 Authority (PHA).

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

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with 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. They could go out to the local shops and could take part in the activities provided in the home.

Residents 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, visiting, planning activities and life in the home.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as art, puzzles and movies.

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 calls. Visiting was in place with positive benefits to the physical and mental wellbeing of residents.

Residents artwork was evident on the walls of the home and they were proud to have their "own wee bits and pieces in their rooms".

5.2.5 Management and Governance Arrangements

The manager had returned from long term leave since the last inspection. Ms Methyl Dagooc has been the manager in this home since 17 December 2018.

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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents said that they knew how to report any concerns and said they were confident that the person in charge would investigate their concerns. Review of the home's record of complaints confirmed that these were well managed.

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 were completed in detail; where action plans for improvement were put in place.

It was noted that the relatives of residents had not been given an opportunity to provide feedback for these reports. This was discussed with the manager and an area for improvement was identified.

6.0 Conclusion

The home was clean, bright and welcoming. Staff and residents had a good rapport and chatted in a friendly manner about daily life in the home.

Staff were seen to be responsive to residents requests and had a good knowledge of their individual care needs and preferences.

Staff worked well as a team and were aware of their roles and responsibilities in regard to the care of residents.

Based on the inspection findings eight areas for improvement were identified. Six were in relation to safe and effective care and two was in relation to the service being well led, details can be found in the quality improvement plan included.

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).

	Regulations	Standards
Total number of Areas for Improvement	4	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Methyl Dagooc, Registered 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 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.

<p>To be completed by: With immediate effect</p>	<p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 2</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 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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any gaps in the employment records are explored and explanations recorded.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p>

<p>Area for improvement 2</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure a separate record is kept in the residential home of all training undertaken by staff.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref:5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where required an accurate and detailed record is kept of all food and drinks consumed by residents.</p> <p>Ref:5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p>

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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
Twitter @RQIANews

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