

Inspection Report

2 May 2024



Tennent Street Care Home

Type of service: Residential

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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: Beaumont Care Homes Ltd</p> <p>Responsible Individual: Mrs Ruth Burrows</p>	<p>Registered Manager: Mrs Aleyamma George</p> <p>Date registered: 20 May 2022</p>
<p>Person in charge at the time of inspection: Aleyamma George</p>	<p>Number of registered places: 16</p> <p>The home is registered for a maximum of eight persons in category RC-MP and RC-MP (E), and for one named person in category RC-LD and three named persons in category RC-LD (E).</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. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD(E) – Learning disability – over 65 years. 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: 15</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. The home is situated over one floor and consists of individual bedrooms and a communal lounge, dining room, snack kitchen and bathrooms.</p>	

2.0 Inspection summary

An unannounced inspection took place on 2 May 2024, from 9.30 am to 5.00 pm by a 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.

It was evident that staff had a good understanding of residents needs and treated them with kindness and respect. Residents looked well cared for and 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. Staff were respectful and promoted the dignity of the residents in all their interactions with them.

RQIA were assured that the delivery of care and service provided in Tennent Street Care Home was compassionate.

Specific comments received from residents and staff are included in the main body of this report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 7.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' lived 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 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included “staff are great”, “I love living here” and “staff are fantastic”.

Some residents told us that they feel bored when there are no activities to do in the home; this was discussed with the management team for review.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. One specific comment from staff was discussed with the management team for immediate review and action. RQIA have received written assurances post-inspection from the Responsible Individual, that this matter will be actioned accordingly.

Two relatives spoke highly of the care provided in the home, stating that they are happy with the care and support being provided to their loved one.

One questionnaire response was received from a resident following the inspection. This confirmed they were satisfied with the care and services provided in the home.

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 23 rd October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30	The responsible person shall ensure that all notifiable events which occur in the residential care home are reported appropriately to RQIA.	Not met

<p>Stated: Second time</p>	<p>Action taken as confirmed during the inspection: This area for improvement was not met and has been stated it for a third time.</p> <p>Please see section 5.2.5 for further detail.</p>	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that all items that are potentially hazardous to health are securely stored and managed. This is in relation to the tins of paint in an unsecured linen store.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Standard 24.2 & 24.5</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that staff have recorded, individual formal supervision no less than every six months and their performance appraised to promote the delivery of quality care and services.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that care plans are kept under review and amended as changes occur to accurately reflect the needs of residents. This specifically relates to;</p> <ul style="list-style-type: none"> - SALT referrals and recommendations <p>Action taken as confirmed during the inspection: This area for improvement was not met and has been subsumed into regulation.</p> <p>Please see section 5.2.2 for further detail.</p>	Not met
<p>Area for improvement 3</p> <p>Ref: Standard 12.2 & 12.13</p>	<p>The responsible person shall conduct a review of the mealtime experience. Actions taken in response should evidence residents' views and demonstrate how they were involved in planning the menus.</p>	Met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that the home is well maintained and decorated to a standard acceptable for residents. A time bound refurbishment plan should be completed and shared with RQIA, to include specific reference to:</p> <ul style="list-style-type: none"> - Painting of identified areas throughout the home - Ensuring all residents wardrobes are attached securely to walls - Damage to skirting boards and doors is repaired <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.1 & 13.2</p> <p>Stated: First time</p>	<p>The responsible person shall conduct a review of activities in the home to ensure that the home offers a structured programme of varied activities and events that provide positive outcomes for residents. Activities should be based on residents identified needs and interests/hobbies.</p> <p>Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a second time.</p> <p>Please see section 5.2.4 for further detail.</p>	<p>Partially met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that audits are robust in ensuring actions on deficits and plans to improve are time bound and signed off when completed.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not met and has been subsumed into regulation.</p> <p>Please see section 5.2.5 for further detail.</p>	<p>Not met</p>

Area for improvement 7 Ref: Standard 30 Stated: First time	The registered person shall ensure that medicines awaiting disposal are stored securely, disposed of in a timely manner and records of disposal and transfer are accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

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.

There were systems in place to ensure staff were trained and supported to do their job. Staff training compliance in the home was of a good standard. A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home and the person in charge of the home in absence of the manager was recorded on the rota. However, advice was provided to ensure all staff members full names are recorded on the rota. This will be reviewed at the next inspection.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

Staff told us there was good teamwork, communication is good and they enjoy working in the home. Staff also told us that they felt there is enough staff on duty to meet the needs of residents 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 residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team (SALT).

Some care records had not been regularly reviewed or updated to ensure they continued to meet the needs of residents. For example, a resident's risk assessment and care plan had not been reviewed to include details of District Nursing involvement regarding wound care. Another resident with weight loss, had been referred to the Dietician Team in January 2024. However, this was not followed up and the resident had not been reviewed by the date of inspection. This was discussed with the management team and assurances were provided post inspection that a new referral to the Dietician Team had been made for the resident. As stated in section 5.1 an area for improvement in relation to review of care records was not met and has been subsumed into regulation.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff, these records were well maintained and person centred.

Residents' care records were held confidentially.

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.

Staff ensured that residents were comfortable, had a pleasant experience and a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presented and looked appetising. There was a daily menu available for residents and their representatives to view.

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

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other belongings. Communal areas were well furnished and homely for residents. There were no malodours detected in the home.

It was evident that resident's bedrooms needed to be re-painted. This was discussed with the management team and an area for improvement has been identified.

Domestic staff were observed completing their duties across the home and confirmed that there was a good supply of cleaning products in the home. Residents told us that the domestic staff do a great job in the home of keeping their bedrooms clean and tidy.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 30 May 2023 and all actions have been completed as required.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supplies of personal and protective equipment (PPE).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they are able to choose how they spend their day. For example, residents could have a lie in, spend time with family, attend a day centre or take a walk around the local area.

The activity planner was available for residents and their representatives to view. Activities offered in the home included, bingo, movie nights, music and a trip to the cinema. On the day of inspection, care staff engaged some residents in a board game.

Residents told us that they enjoy the activities in the home but they would like to do them more frequently. Residents told us they often feel bored and would like to get out of the home more often.

Feedback from residents was discussed with management who explained that the activity co-ordinator works on a part time basis. Advice was given to the management team about engaging with local community initiatives to further enhance the resident's social experience. An area for improvement has been stated for a second time.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Aleyamma George has been the manager in this home since 20 May 2022.

There was evidence of auditing across various aspects of care and services provided by the home. However; there was limited assurance that the current oversight and management

arrangements were effective in identifying and driving improvements in the service. For example; actions identified in audits of care records in January 2024 had still not been addressed by the date of inspection. There were also a number of audits that did not have a completed action plan for review, despite identifying deficits. As stated in section 5.1 an area for improvement in relation to managerial audits was not met and has been subsumed into regulation.

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 regional 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.

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 incidents that happened in the home. However, there was one incident that occurred in the home that had not been escalated or reported to RQIA or the Belfast Health and Social Care Trust (BHSCT) as required. This was discussed with the management team and a retrospective notification was completed following the inspection. An area for improvement has been stated for a third time.

There was a system in place to manage complaints. Records of complaints were detailed and included actions taken and outcomes.

Staff and residents' meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. This was discussed with the manager and an area for improvement has been identified.

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, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

* the total number of areas for improvement includes one regulation that has been stated for a third time, one standard that has been stated for a second time and one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: Third time</p> <p>To be completed by: 02 May 2024</p>	<p>The registered person shall ensure that all notifiable events which occur in the residential care home are reported appropriately to RQIA.</p> <p>Ref: 5.1 & 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The importance of ensuring the guidelines of reportable incidents to RQIA and other statutory bodies is adhered to has been discussed with Registered Manager. The Operations Manager will be informed of all incidents that are reported to the RQIA and will ensure compliance during the monitoring visits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 01 July 2024</p>	<p>The registered person shall ensure that care plans and risk assessments are kept under review and amended as changes occur to accurately reflect the needs of residents.</p> <p>Ref: 5.1 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The care plans are developed as per the assessed needs of the residents. If changes in care needs occur or any recommendations of the multidisciplinary professional advice changes then the risk assessment and care plan will be updated. Care Plan audits are carried out and any deficits that are identified will be detailed in an action plan to for the Senior Carer to address. The Home Manager will check that these actions have been addressed as part of her quality assurance process.</p> <p>Compliance will be monitored as part of the Reg 29 visit.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2024</p>	<p>The registered person shall ensure that where deficits are identified, completed audits contain clear, time bound action plans. Actions plans should be reviewed and signed off when completed.</p> <p>Ref: 5.1 & 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Supervision/training will be carried out with all staff who complete audits to ensure that they fully understand the audit process and the follow up required to ensure any actions highlighted as a result of the audit process are addressed within the time scale specified.</p> <p>The care plan audits are completed monthly, and the Home Manager subsequently checks that these actions have been addressed as part of her governance process. Compliance will be monitored by the Operations Manager as part of her Reg 29 visit.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 13.1 & 13.2</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2024</p>	<p>The registered person shall conduct a review of activities in the home to ensure that the home offers a structured programme of varied activities and events that provide positive outcomes for residents. Activities should be based on residents identified needs and interests/hobbies.</p> <p>Ref: 5.1 & 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Home Manager will have a meeting/discussion with the individual residents and the PAL to ensure that the Resident's choices and preferences are documented. The Residents have activity care plans in place that reflect their choices, likes & dislikes based on their life stories. A weekly activity planner is in place that reflects the weekly activity programme in the unit. Activities are also displayed on the activity notice board in the unit. The PAL maintains record of individual Resident's activities conducted and participated. Home Manager will review these records and sign once reviewed</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p>	<p>The registered person shall ensure that medicines awaiting disposal are stored securely, disposed of in a timely manner and records of disposal and transfer are accurately maintained.</p>

<p>Stated: First time</p> <p>To be completed by: With immediate effect – 21 August 2023</p>	<p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall conduct a review of all resident's bedrooms, identify those that need to be re-painted and arrange for works to be carried out.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: There is a redecoration planner in place for the painting and decoration of the bedrooms. The bedrooms that were identified were prioritised and painted. Compliance will be monitored as part of the Reg 29 visit carried out by the Operations Manager</p>
<p>Area for improvement 4</p> <p>Ref: Standard 1.5 & 25.8</p> <p>Stated: First time</p> <p>To be completed by: 02 May 2024</p>	<p>The registered person shall ensure that action plans are created following staff and resident's meetings which include details of the actions agreed and plan to address any areas of concern, who is responsible for the action and date the action is achieved by.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Staff and Residents meetings that are held have minutes taken and these minutes are available to view. Resident's views and suggestions are documented and action plans will be developed where required. Any actions identified will be addressed in timely manner.</p>

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