

Inspection Report

23 October 2023



Tennent Street Care Home

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Beaumont Care Homes Limited</p> <p>Responsible Individual Mrs Ruth Burrows</p>	<p>Registered Manager: Mr Mauro J Magbitang Jr – not registered</p>
<p>Person in charge at the time of inspection: Mr Mauro J Magbitang Jr - manager</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. PH(E) - Physical disability other than sensory impairment – over 65 years. MP (E) – Mental disorder excluding learning disability or dementia – 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 23 October 2023, from 9.20 am to 4.00 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. 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.

Seven areas for improvement were identified during this inspection in relation to maintenance of the home's environment, control of substances hazardous to health (COSHH), dining experience, activities within the home, managerial oversight of action plans and audits, supervision and appraisal of staff and review of care records.

Addressing the areas for improvement will further enhance the quality of care and services in the home.

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

We spoke to residents and staff about living and working in the home. There were mixed comments received.

Residents said that staff were good to them, they helped them and assisted with keeping their rooms clean. Residents told us that there had been a lot of staff changes in the home and this was difficult. They also said that there was a lot of agency staff used in the home and they found it hard to develop relationships with them. Residents gave mixed views on the meal provision with a number stating the food was not nice. They also said that they often felt bored in the home because there were no activities to engage in. This was discussed with the management team for their action.

Staff told us that they felt well supported by the manager and any concerns they raise are dealt with quickly. Staff reported that they were getting training regularly for their roles. Staff also told us that recent changes in staffing have been difficult and there has been more agency staff being used in the home.

Following the inspection, there were no responses received to the resident and relative questionnaires, nor the online staff survey.

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 21 August 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 Stated: First time	The registered person shall ensure that all notifiable events which occur in the residential care home are reported appropriately to RQIA.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time. Please refer to section 5.2.5 for further detail.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 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.

The staff duty rota accurately reflected the staff working in the home and the rota identified the person in charge when the manager was not on duty. There were enough staff in the home to respond to the needs of residents in a timely way during the inspection.

Staff told us that they felt well supported in their role, management are approachable and there was good communication throughout the team. Staff did tell us that there had been an increase in the use of agency staff in the home and that had been difficult for residents to understand.

A review of the supervision matrix highlighted that staff had not received the required individual, formal supervision in order to meet standards. Staff had not received an annual appraisal and there was no plan in place to evidence that appraisal dates were scheduled. An area for improvement was identified.

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 registrations with the Northern Ireland Social Care Council (NISCC).

Staff were knowledgeable and had a good understanding of residents needs and wishes. Staff were observed responding to residents in a caring and compassionate way and it was evident that residents enjoyed the company of staff.

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, preferred daily routines and likes/dislikes.

Staff were observed to respect residents' privacy and dignity; they knocked on doors before entering bedrooms and were responsive to requests for assistance.

Review of care records confirmed that residents' needs were assessed at the time of admission to the home. Following initial assessment, care plans were developed to direct staff on how to meet residents' needs. This included any advice or recommendations made by other healthcare professionals; for example, the Dietician Team.

Some care records had not been regularly reviewed or updated to ensure they continued to meet the residents' needs. For example, a resident's risk assessment and care plan had not been reviewed following a choking incident. There was no evidence of a statutory notification to RQIA or onward referral to the Speech and Language Team (SALT) following this incident. An area for improvement was identified.

Daily progress records were completed by staff and detailed outcomes of visits from relevant professionals. Residents' care records were held confidentially.

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

Good nutrition is 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.

A daily menu was available for residents in written format; however, what was recorded on the menu board was not what was provided for lunch. Discussion was held with the management team to consider the benefit of a pictorial version of the menu board to assist any resident who may require that level of communication.

The lunch provided did not look appetising; some residents told us that they did not like it. Staff did provide residents with alternatives, however residents told us that the alternatives were always the same. A review of residents' meetings highlighted that the quality and choice of food in the home has previously been raised by residents. However, there was no evidence of action taken by management to review and action this. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and tidy. It was evident that upgrading and redecoration throughout the home was required. For example, re-painting in communal areas and bedrooms and there was damage to skirting boards and doors throughout the home. The majority of residents' bedrooms were clean, tidy and personalised. There were three wardrobes not attached to the wall of resident's bedrooms, as per health and safety requirements. An area for improvement was identified.

A linen store had been left unlocked and left accessible to residents. The store was cluttered with boxes and tins of paint. An area for improvement was identified.

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.

Systems and processes were in place for the management of infection prevention and control. For example, there were ample supply of personal and protective equipment (PPE) and domestic staff confirmed good availability of cleaning products.

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 in their bedrooms, in the communal lounge, attend a day centre or take a walk around the local area.

Residents told us that they would like to do more activities and they often felt bored in the home. The range of activities provided in the home was limited and no activities took place on the day of inspection. The activity planner was available but it lacked structure and variety and recorded basic activities such as listening to music and watching TV. The activity planner was in written format and not operating on the correct week. Advice was provided on the use of pictorials to aid residents understanding, particularly those with communication needs.

The provision of activities is a fundamental element of residential care and consideration must be given to ensure residents social, emotional, psychological and spiritual needs are met at all times. Activity provision should meet the needs of all those who wish to engage and should provide meaningful structure and variety to residents. This was discussed with the management team for action and an area for improvement has been identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Mauro J Magbitang Jr is the Manager of the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise concerns about residents, care practices or the environment. Staff told us that the manager is approachable and communication is good throughout the team.

The manager had a system in place to monitor accidents and incidents that happened in the home. However, one incident that occurred in the home where a resident had a choking episode was not reported as required to RQIA. Reporting of notifiable events to RQIA had been highlighted on the previous inspection's quality improvement plan. Therefore, this area for improvement has not been met and will be stated for a second time.

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

Staff meetings were held accordingly and included a comprehensive list of agenda items discussed.

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 own safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The home was visited each month by a representative of the registered provider to consult with residents', their representatives and staff and to examine all areas of the running of the home. The reports of these visits were comprehensive. These were available for review by residents, their representatives, Trust staff and RQIA.

There was evidence of auditing and governance practices across various aspects of care and services provided in the home. However, completed audits and related records, such as staff meetings, residents' meetings and monthly monitoring visits highlighted that action plans were not being developed and followed through in a robust and timely fashion. For example, some monthly monitoring actions had been carried over for more than three months and there were no action plans developed following residents' meetings. This is an important method of ensuring effective managerial monitoring and oversight of the day to day service provided by the home, to both maintain and improve the quality of care. An area for improvement has been identified.

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 (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2*	7*

* the total number of areas for improvement includes one regulation that has been stated for a second time and one standard which has been 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

Area for improvement 1

Ref: Regulation 30

Stated: Second time

To be completed by: 30 May 2024

The responsible person shall ensure that all notifiable events which occur in the residential care home are reported appropriately to RQIA.

Ref: 5.2.5 and 5.1

Response by registered person detailing the actions taken:

The incident identified at the time of the Inspection has now been reported retrospectively.

The Registered Manager and Deputy Manager report the notifiable events to the RQIA as per the guidelines and time frames.

The Home Manager reviews incidents that are documented by SCA / In Charge Staff on the 24 hours shift report and notifiable incidents are reported accordingly.

Supervision will be conducted with all SCA / In charge persons to ensure that staff are correctly identifying notifiable events and document on the 24 hours shift report for the Home Manager and Deputy Manager's attention.

All notifiable incidents are copied for the attention of Operations Manager also for oversight and governance.

Area for improvement 2

Ref: Regulation 14 (2) (a)

Stated: First time

To be completed by:
With immediate effect

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.

Ref: 5.2.3

Response by registered person detailing the actions taken:

The identified item/ paint tub was immediately removed and kept/ locked in the maintenance store.

Items that are potentially hazardous to health are kept in a locked and secured area.

The Home Manager completes walkabout audits x 3 times per week and will check and document to ensure that that the stores are locked as part of this audit.

Compliance of the safe storage of hazards and the governance oversight will be monitored during the Regulation 29 monthly visit by the Operations Manager.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 24.2 & 24.5</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2024</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>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Supervision planner is now in place and Staff Supervision commenced in January 2024. During January all 8 Staff members in the unit have had supervision completed. Compliance with the supervision planner and the governance oversight will be monitored during the Regulation 29 monthly visit by the Operations Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2024</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>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A referral to SLT for the Resident identified at the time of the inspection has now been made and the Resident's profile is up to date. Supervision will be conducted by end of March 2024 with all SCA / In charge persons in relation to ensuring that care profiles are kept up to date on a monthly basis and / or changes to the Residents' condition of plan of care.</p> <p>The Home Manager / Deputy Manager will review the 24 hours shift report to ensure that any changes to the Residents' conditions, new recommendations, advice by the multi-disciplinary teams are reflected in the care plan. The Home Manager will ensure that monthly updates are recorded on a matrix and carried forward onto the Home Manager Monthly Report. Compliance of the Home Manager matrix and the governance oversight will be monitored during the Regulation 29 monthly visit by the Operations Manager.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.2 & 12.13</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2024</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> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>The Resident's likes and dislikes, choices etc are documented on admission and then are updated if necessary, following the completion of food questionnaires.</p> <p>At a Residents' Meeting conducted on 22.01.24, the Residents' feedback received in respect of the menu and the food provided was positive. Currently the Home is providing a three weekly winter menu.</p> <p>A food questionnaire based on the current 3 weekly menu was completed on 22.02.24. The findings of which will be collated and shared with the Residents and taken into consideration for future menu planning in Tennant Street Care Home. The Cook Manager will attend future Residents Meetings and meet with Residents on the Unit on a weekly basis.</p> <p>The Home Manager will review and document the quality and presentation of meals and snacks served and capture the Residents feedback of the meals provision on the completion of the Walkabout Audits.</p> <p>Compliance of the Cook Managers engagement, the capturing of the Resident feedback on the Walkabout Audit and the governance oversight will be monitored during the Regulation 29 monthly visit by the Operations Manager.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2024</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>Ref: 5.2.3</p>

	<p>Response by registered person detailing the actions taken:</p> <p>All wardrobes and chest of drawers in the rooms that are occupied are all secured to the wall. On the day of inspection, the unsecured wardrobe was the personal property of a resident which had been taken off the wall following the discharge of the resident and the home was waiting on family to pick up. Going forward no wardrobes will be left unsecured if being returned until time of pick up is confirmed.</p> <p>The bed rooms of residents will be painted and decorated as per an ongoing plan.</p> <p>The damage to skirting boards, door, door post etc identified at the time of Inspection have been now addressed and if any further damage observed this will be addressed within a timely manner.</p> <p>Compliance with the refurbishment plan and the governance oversight will be monitored during the Regulation 29 monthly visit by the Operations Manager.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.1 & 13.2</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</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>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>The Activities planner is in place to deliver appropriate activities which is based on the Residents' preferences. The PAL discusses the themes, asks the Resident's preferences and formulates the planner.</p> <p>Resident's likes and dislikes, choices are being recorded to identify areas of interest of individual person in care - plan. Resident's life stories and hobbies are taken into consideration when planning activities. A record of the Residents' participation and outcomes from the activity programme are documented.</p> <p>In December 2023, 5 Residents enjoyed a trip to the Grand Opera House Belfast and in January 24024, 8 Residents enjoyed a trip to Strand Cinema to watch the movies of a bygone era.</p> <p>The Home Manager will keep under review the Resident participation and outcomes through the capturing of Residents' feedback through Residents' Meetings and Walkabout Audit.</p>

	<p>Compliance of this area for improvement and the governance oversight will be monitored during the Regulation 29 monthly visit by the Operations Manager.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</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>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Home Manager will ensure that any feedback from the Residents' Meetings and any audits undertaken have an action plan to address the deficits identified and are followed up within an agreed timescales and the outcomes of the actions taken are recorded.</p> <p>Compliance of this area for improvement and the governance oversight will be monitored during the Regulation 29 monthly visit by the Operations Manager.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect – 21 August 2023</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>Ref: 5.2.2 & 5.1</p> <hr/> <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>

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