

# Inspection Report

30 July 2024



## Tennent Street Care Home

Type of service: Residential

Address: Hampton Suite – 1 Tennent Street, Belfast, BT13 3GD

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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Beaumont Care Homes Ltd</p> <p><b>Responsible Individual:</b> Mrs Ruth Burrows</p>	<p><b>Registered Manager:</b> Mrs Aleyamma George</p> <p><b>Date registered:</b> 20 May 2022</p>
<p><b>Person in charge at the time of inspection:</b> Aleyamma George</p>	<p><b>Number of registered places:</b> 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><b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. 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><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 14</p>
<p><b>Brief description of the accommodation/how the service operates:</b> 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 30 July 2024, from 9.00 am to 2.00 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.

Staff spoke positively of their experiences working in the home and of the support provided by the management team. Additional comments received from the residents and staff are included in the main body of the 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 6.0.

RQIA were assured that the delivery of care and service provided in Tennent Street was safe, effective, compassionate and 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 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 “this is my home”, “staff are great” and “staff are good company”.

Residents who were less well able to communicate looked well cared for, comfortable and content in their surroundings and in the company of staff.

Staff spoke positively in terms of the provision of care in the home and their roles and duties.

One relative 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.

Six questionnaire responses were received from residents and relatives following the inspection. They all 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 2nd May 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 30 Stated: Third time	The registered person shall ensure that all notifiable events which occur in the residential care home are reported appropriately to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> Ref: Regulation 16 (2) (b)	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.  Ref: 5.1 & 5.2.2	<b>Met</b>

<p><b>Stated:</b> First time</p>	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 3</b>  <b>Ref:</b> Regulation 17 (1)  <b>Stated:</b> First time</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.  Ref: 5.1 &amp; 5.2.5</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.1 &amp; 13.2  <b>Stated:</b> Second time</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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time</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><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.1</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><b>Met</b></p>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 1.5 & 25.8  <b>Stated:</b> First time	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.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training compliance in the home was of a good standard.

The staff duty rota accurately reflected the staff working in the home on a daily basis; this included agency staff. Advice was provided to the manager to ensure the person in charge of the home, in absence of the manager is highlighted on the rota.

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.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). This evidenced that all staff who were required to be registered with NISCC, had this in place.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff also managed any distressed reactions in a sensitive and caring way.

Staff told us there was good teamwork, communication is good and they enjoy working 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 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.

Care records were well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate.

At times some residents may be required to use equipment that can be considered to be restrictive. For example; bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

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 in relation to how each resident spent their day and the care and support provided by staff; these records were detailed but could have been more person centred. This was discussed with the management team for their consideration and will be reviewed at the next inspection. The outcome of visits from any healthcare professional was recorded. 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.

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. However, the menu available was not in keeping with what was provided for the meal. This was discussed with the manager and an area for improvement has been identified.

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 where necessary with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely. There were no malodours detected in the home.

It was apparent that work was ongoing in parts of the home to ensure the homes environment was maintained and decorated to a good standard. For example; some resident's bedrooms and communal bathrooms required re-painting. The homes maintenance plan was reviewed and this included details of a schedule of works planned for the home. RQIA are satisfied that the maintenance plan is robust and the manager has good oversight of this.

One communal bathroom had two large boxes being stored in it which presented as a hazard to any residents accessing the bathroom. An area for improvement has been identified.

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 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

The atmosphere in the home was welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choice to residents throughout the day which included food and drink options and where and how they wished to spend their time. Some residents choose to spend time in the communal lounge watching TV and chatting to staff. Other residents preferred to spend time alone relaxing in their bedrooms or having visits with their relatives. Some residents enjoyed using the communal kitchen to make a cup of tea or snack for themselves.

Residents spoke positively about the provision of activities in the home with the majority of residents telling us they really enjoyed the recent summer celebrations. An activity planner was in place for residents and their representatives to view. Activities offered in the home included, singing, skittles, movie nights, arts and crafts, hairdressing and religious services. Some residents told us they also enjoy attending local day centres.



### 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.

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 the residents, care practices or the environment. 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 the residents, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents.

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.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. There were no complaints recorded since the last care inspection.

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 operations manager for the organisation 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 adults at risk of harm.

Staff meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that action plans had being created following meetings to include; action identified, person responsible and date achieved by. This is good practice.

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.

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

Regulations	Standards
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<b>Total number of Areas for Improvement</b>	0	3*
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\* the total number of areas for improvement includes 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Medications that are awaiting disposal are kept in a separate, labelled, locked drawer and are disposed as per the medicine management policy. There is a medicine returns register which is maintained in the unit for disposal of medications. The Manager has oversight of this and reviews it. Compliance will be monitored during the completion of the Regulation 29 visit carried out by the Operations Manager.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 July 2024</p>	<p>The registered person shall ensure that the menu is correct for each meal time and any variations to the menu are recorded.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The menu board is updated as per the daily menu which will include details of the Chefs Special. If there are to be any changes in the menu this will be communicated to the staff in advance to allow the residents to choose. Menu sheets are in place and main meal is served at dinner time as per our Resident's choice. Compliance will be monitored during the completion of the Regulation 29 visit carried out by the Operations Manager.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 July 2024</p>	<p>The registered person shall ensure that the home is maintained in a safe manner and any potential hazards for residents, staff and visitors are identified and removed as soon as possible.</p> <p>This area for improvement is made with specific reference to the storage of boxes in the communal bathroom.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The boxes stored in the bathroom that was noted on the day of inspection have been removed and stored appropriately. The communal bathroom will be kept free of any hazards or inappropriate items. The Home Manager checks these areas during the focused walk rounds. A Staff check list is in place which is completed, checked and signed by the person in charge of shifts. Compliance will be monitored during the completion of the Regulation 29 visit carried out by the Operations Manager.</p>

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



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