

# Inspection Report

2 November 2022



## Tennent Street Care Home

Type of service: Residential Care  
Address: Hampton Suite, 1 Tennent Street, Belfast, BT13 3GD  
Telephone number: 028 9031 2318

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation:</b> Beaumont Care Homes Ltd</p> <p><b>Responsible Individual:</b> Mrs Carol Cousins</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> Mrs Aleyamma George - manager</p>	<p><b>Number of registered places:</b> 16</p> <p>Category RC-MP for 8 persons only</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. 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> 16</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> <p>There is a nursing home which occupies part of the home and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 2 November 2022, from 9.10 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.

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.

Staff were observed providing care in a compassionate and respectful manner and spoke positively about their experiences working in the home.

An area requiring improvement was identified and is included in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided in Tennent Street Care Home was safe, effective, compassionate and that the home was well led. Addressing the area for improvement will further enhance the quality of care and services.

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 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**

We spoke with residents and staff individually and in small groups. Residents spoke positively about the care provided by staff and life in the home. Residents said "the staff here are great", "you get what you want here" and regarding activities "we are having an accordion player".

Staff comments about support and working in the home included, “there is good team work” and the senior care assistant is very supportive”.

There were no completed resident or relative questionnaires received and no responses to the online 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 23 March 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27(4)(b) <b>Stated:</b> Second time	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.	<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> <b>Ref:</b> Regulation 29 <b>Stated:</b> Second time	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.	<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 3</b> <b>Ref:</b> Regulation 14 (6) <b>Stated:</b> First time	The registered person shall ensure the identified resident has a detailed, accurate care plan which is kept up to date regarding the nature and circumstances of the assessed restraint required.	<b>Met</b>

	<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 4</b>  <b>Ref:</b> Regulation 27 (2)(t)  <b>Stated:</b> First time</p>	<p>The registered person shall ensure a risk assessment and management plan is in place to evidence maintenance and flushing of the water supply to any rooms which are not in use.</p>	<b>Met</b>
	<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 5</b>  <b>Ref:</b> Regulation 27 (4)(a)  <b>Stated:</b> First time</p>	<p>The registered person shall ensure the fire risk assessment is revised and up dated when the fire risk has changed.</p>	<b>Met</b>
	<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 6</b>  <b>Ref:</b> Regulation 14 (2)(a)  <b>Stated:</b> First time</p>	<p>The registered person shall ensure all areas of the home to which residents have access are free from hazards to their health.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.2  <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that residents are fully involved in the planning of the menus for the home; a record of the residents' involvement in the menu planning should be maintained.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure that all staff receive and complete training appropriate to their job role.	<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 3</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time	The registered person shall ensure a protocol is in place in adequate detail as to direct the quality care required for the management of falls.	<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 4</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	The registered person shall ensure that residents are provided with appropriate seating in their bedrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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 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. Good compliance with mandatory training was noted and additionally training was provided in Dignity in Care and Dementia Care.

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.

It was noted that there was enough staff in the home to respond to residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

There were no concerns raised about staffing levels by residents or staff.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, 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. Staff took time to explain the need for checks on oxygen equipment to residents who required this.

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

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.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs.

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

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.

The dining experience was an opportunity of residents to socialise, music was playing, and 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.

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, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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' 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 the home was clean, tidy and well maintained. For example; residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as snacks and drinks available and access to a kitchen.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infectious disease 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 and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health (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. Could have visits with family and friends in their room, could go out local shops or other activities in the community.



Residents also told us that they 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, planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. As said previously residents had been consulted/ helped plan their activity programme. Residents were enjoying watching a movie on the big screen in the afternoon and completing word puzzles.

Staff recognised the importance of maintaining good communication with families. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### **5.2.5 Management and Governance Arrangements**

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

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 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.

Residents spoken with said that they knew how to report any concerns and said they were confident that the person in charge would address this. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by 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 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 reviewed were not all notified appropriately to the correct service when informing RQIA. An area for improvement was identified.

The home was visited each month by a representative of the registered 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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Alleyamah George, Registered Manager, 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 Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all notifiable events which occur in the residential care home are reported appropriately to RQIA.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> All incidents will be reviewed by the Manager to ensure that all notifiable incidents are reported to the RQIA within the stipulated time frame. Compliance will be monitored during the monthly Reg 29 monitoring visit

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



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