

Inspection Report

Name of Service: Tennent Street Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 5th March 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Beaumont Care Homes Limited
Responsible Person:	Ruth Burrows
Registered Manager:	Clair O'Connor (acting manager)
<p>Service Profile – This home is a registered Nursing Home which provides nursing care for up to 44 patients. The home is divided into three units over one floor; the Sandhurst Unit which provides care for past or present alcohol dependency, the Sandringham Unit which provides general nursing care and the Balmoral Unit which provides care for patients living with dementia.</p> <p>There is a Residential Care Home which occupies the first floor of the home and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 5 March 2025, from 9.30 am to 5.30 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 were knowledgeable and well trained to deliver safe and effective care.

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

As a result of this inspection all previous areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said they were happy in the home. They said that there were enough staff around if they needed them, their rooms were warm and clean and the meals were very good.

Staff described the manager as supportive and said they received an appraisal and supervision for their roles. Staff enjoyed working with patients and said there was good team work. Staff raised no concerns about the staffing levels in the home.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Staff received training and an induction on commencement of their roles. Evidence showed that agency staff received an induction at the beginning of their shift in the home to prepare them for caring for patients.

Patients said that there was enough staff on duty to help them. Staff said there was good team work, that they felt well supported in their role and that they were satisfied with the staffing levels.

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

The staff duty rota showed the hours worked by staff over a 24-hour period and identified the person in charge of the home in the absence of the manager.

Review of the system to manage the supervision and appraisal of nurses and care staff evidenced that this was progressing as planned for the year.

3.3.2 Quality of Life and Care Delivery

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice on how and where they spent their day or how they wanted to engage socially with others.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, alarm mats and supervision from staff.

Observation of the lunch time meal and discussion with patients and staff confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

It was observed that patients were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients were comfortable.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity, balloon therapy and music, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned

activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

Activity provision and participations was documented in the resident care records and updated regularly by staff.

The weekly programme of social events was displayed on the noticeboard advising of future events.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

Review of the home's environment identified wear and tear, for example; a pipe in a shower room, the doors, door frames, furniture and the outside courtyard required attention. Details were discussed with the manager and an area for improvement was identified.

Cleanliness issues were noted in the home, such as; an unclean kitchenette, fire exit, furniture, a bathroom, brass door plates and hoist slings hanging on the floor. An area for improvement was identified.

Staff were observed to wash their hands correctly at appropriate times and to use PPE appropriately. Discussion with the manager confirmed that hand hygiene audits were carried out routinely.

3.3.5 Quality of Management Systems

There has been change in the management of the home since the last inspection. Mrs Clair O'Connor has been the Acting Manager in this home since 10 February 2025.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The record of the monthly monitoring visits was reviewed. The action plans required following the monitoring visits were followed up, dated and signed in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Clair O'Connor, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The Registered Person shall ensure the nursing home remains well maintained and suitable for its stated purpose. This includes; a pipe in a shower room, the doors, door frames, furniture and the outside courtyard.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The pipe in the shower room identified on the day of the inspection, has been covered. The door and doorframes identified on the day of inspection have been painted. The Garden furniture has also been painted and the outside courtyard has been cleaned and tidied and is appropriately kept for residents to enjoy sitting out. The Home Manager will monitor the environment through the completion of the walkabout audits. Compliance will be monitored by the Operations Manager as part of the monthly monitoring visit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2025</p>	<p>The Registered Person shall ensure the home is kept clean. This includes an unclean kitchenette, fire exit, furniture, a bathroom, brass door plates and hoist slings hanging on the floor.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The kitchenette identified on the day of the inspection was cleaned immediately. There is an allocation schedule for the cleaning of kitchenettes. These will be checked by the Home Manager during the walkabout audits. The fire exits and outside walk-ways have been cleaned and cleared and are safe for use. The furniture identified has been cleaned and is fit for purpose. The sealing of a bathroom has been repaired and painted. The brass door plates are cleaned by the domestic staff and Domestic documentation in place. The spare hoist and slings are stored in the laundry store shelves in the unit. The Home Manager spot-checks these during the walkabout audits. Compliance will be monitored by the Operations Manager as part of the monthly monitoring visit.</p>

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