The Regulation and Quality Improvement Authority

Inspection Report

18 April 2024

Tennent Street Care Home

Type of service: Nursing Home
Address: 1 Tennent Street, Belfast, BT13 3GD
Telephone number: 028 9031 2318

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

1.0 Service information

Organisation: Beaumont Care Homes Limited **Responsible Individual:** Mrs Ruth Burrows	**Registered Manager:** Mrs Aleyamma George **Date registered:** 20 May 2022
Person in charge at the time of inspection: Mrs Aleyamma George - manager	**Number of registered places:** 44 There shall be a maximum of 14 persons in category NH-DE located in the Balmoral Suite and a maximum of 13 persons in category NH-A located in the Sandhurst Suite. The home is also approved to provide care on a day basis to 2 persons, one in the Balmoral Suite and one in Sandringham Suite.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. A – Past or present alcohol dependence. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 43
Brief description of the accommodation/how the service operates: 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 Balmoral Unit which provides care for patients living with dementia, the Sandringham Unit which provides general nursing care and the Sandhurst Unit which provides care for past or present alcohol dependency. There is a residential care home which occupies part of the home and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 18 April 2024, 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.

Concerns were identified regarding the governance and managerial oversight and governance arrangements in the home; and repeated areas for improvement relating to maintaining a safe and healthy environment, meaningful activities for patients, and the timely follow up of actions from the monthly monitoring visit reports.

Given these concerns, the Responsible Individual (RI) and the manager were invited to attend a serious concerns meeting with RQIA on 29 April 2024. At this meeting, the management team provided RQIA with an action plan, and advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection.

RQIA accepted this action plan and agreed that the areas for improvement were to be managed through the Quality Improvement Plan (QIP) included below, in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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

Patients and staff were spoken with individually and in small groups about living and working in Tennent Street Care Home. Comments received were generally complimentary.

Patients said they were well looked after by staff and there were enough staff available if they needed them. Patients commented that the food was good and their rooms were kept clean. No concerns were raised about the care provided.

Staff told us that they had received an induction and training for their roles, worked well as a team and were supported by the manager.

Questionnaires received from relatives confirmed that they were happy that staff provided support and kept patients safe. One relative commented that “maybe more staff” would be good. This was brought to the attention of the manager for her review.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

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 October 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 29 **Stated:** Second time	The registered person shall ensure that were actions are required following the monthly monitoring visit, these are followed in a timely manner.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement has not been met and is discussed further in section 5.2.5. This area for improvement has been stated for a third time.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 **Ref:** Standard 41 **Stated:** Second time	The registered person shall ensure the full and correct names of staff are recorded on the staff duty rota.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 30 **Stated:** Second time	The registered person shall ensure that all medicines are safely and securely stored in the home.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and is discussed further in section 5.2.3. This are for improvement has been stated for a third time.	
Area for Improvement 3 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that the meals proved are of a high quality and take into account patients' preferences.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 4 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that a menu is displayed in each dining unit showing the correct daily menu choices.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 **Ref:** Standard 11 **Stated:** First time	The registered person shall ensure a regular programme of meaningful activities is provided in all the units within the home and a record of all activities provided is retained.	

	Action taken as confirmed during the inspection: This area for improvement was partially met and is discussed further in section 5.2.4. This area for improvement has been stated for a second time.	**Partially 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 patients.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training compliance was good and included topics such as; infection prevention and control, fire safety and falls awareness.

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, however, did not identify the person in charge when the manager was not on duty. An area for improvement was identified.

Staff told us that there was enough staff on duty to meet the needs of the patients.
The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way.

Staff told us that the patients' 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.

Review of the supervision and appraisal matrix showed that staff had not received regular supervision and there was poor compliance with completion of staff appraisals. An area of improvement was identified.

Serious concerns were identified regarding the inadequate supervision of a patient who was assessed as requiring one to one supervision; the inspector had to intervene to ensure patient safety. Immediate action was taken by the manager on the day, and the incident was discussed with the home's management team during the serious concerns meeting. Assurances were provided by the management team that all staff including those staff who cover one to one shifts would receive an induction which included the expectations and responsibilities of this role.

The manager will complete checks that these actions are in place and additional management checks have been put in place during the monthly monitoring visits. An area for improvement was also identified.

5.2.2 Care Delivery and Record Keeping

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

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or 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 patients. In addition, patient care records were maintained which accurately reflected 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.

Patients who are less able to mobilise require special attention to their skin care.
These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs.

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 patients. Patients 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 patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

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.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Care records were generally well maintained. However; care plans and activities records were not detailed and the daily progress notes did not include any information on how patients spend their day. Two areas for improvement was identified. Please see section 5.2.4 for additional detail regarding activity provision in the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was generally tidy and well maintained. Patients' bedrooms were personalised with items important to the patient.

Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place and well managed to ensure patients, 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 infection was reported to the Public Health Agency (PHA).

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.

Serious concerns were identified regarding the health and safety of patients due to the storage of thickening powders and dietary supplements in an unlocked kitchenette, access to cleaning chemicals and access to electrical switch boards in unlocked storerooms. Immediate action was taken by the manager to address this during the inspection, and these concerns were also discussed with the home's management team during the serious concerns meeting. Assurances were provided, confirming that discussion with staff had taken place regarding the need to ensure all medications and cleaning chemicals are secured and electrical switch boards are locked. Further assurance was provided that there will be increased management oversight of this through daily checks and during the monthly monitoring visits. An area for improvement has been stated for a third time and a new area for improvement has also been identified.

5.2.4 Quality of Life for Patients

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

Concerns were identified regarding the lack of regular and meaningful activities for patients. Activity records contained significant gaps, with no evidence that regular activities were provided for patients. Activity boards on display were out of date. The only activities taking place during the inspection was a number of patients who were colouring in.

These concerns were discussed with the home's management team during the serious concerns meeting, who advised that a new activities staff member has been recruited to provide regular activities.

It was acknowledged that the provision of therapeutic activities is the responsibility of all staff working in the home, and additional assurances were provided that comprehensive individualised patient care plans regarding how patients would like to spend their time would be implemented to direct staff as to the care required. 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.

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

Patients spoken with said that they knew how to report any concerns. Review of the home's record of complaints confirmed that these were well managed

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 patients, care practices or the environment.

There was evidence of auditing across various aspects of care and services provided by the home. However; concerns were identified regarding the effectiveness of the current oversight and management arrangements in the home. For instance, completed audits of the home's environment had not identified any of the areas of concern found during this inspection. Concerns were also identified regarding the completion of the action plans from the monthly monitoring visits; where action plans for improvement were put in place, these were not followed up in a timely manner to ensure that the actions were correctly addressed. These concerns were discussed with the management team during the serious concerns meeting. Assurances were provided that the manager would receive additional support with the audit and monthly monitoring process. The management team will monitor this on a regular basis. This area for improvement has been stated for a third time, and two new areas for improvement were identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3*	8*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Aleyamma George, registered manager, and Stephanie Flack, operations 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 29 **Stated:** Third time **To be completed by:** (31 May 2024)	The registered person shall ensure that were actions are required following the monthly monitoring visit, these are followed in a timely manner. Ref: 5.1 and 5.2.5
	Response by registered person detailing the actions taken: The Operations Manager will discuss with the Registered Manager any area of improvement required following the completion of the monthly monitoring visit. Realistic timeframes for achieving compliance will be set. Once the areas of improvement are met the Registered Manager will update the action plan on the monitoring form and signs it to confirm completion. Any areas that are not able to be addressed within the stipulated time frame, will be discussed with the Operations Manager.
Area for improvement 2 **Ref:** Regulation (14) 2 (a)(c) **Stated:** First time **To be completed by:** With immediate effect (18 April 2024)	The registered person shall ensure that all parts of the home to which patients have access to are free from hazards to their safety and these risks are identified and eliminated. This is stated in relation to but not limited to: access to cleaning chemicals and electrical switch boards. Ref: 5.2.3
	Response by registered person detailing the actions taken: Daily checks are carried out throughout the Home during the walkround to ensure all areas containing hazardous substances are locked i.e.: sluice rooms, electrical rooms, store rooms, snack kitchens ad treatment rooms. A sample of resident's bedrooms and En-Suites will also be checked during this walk round. A gentle reminder / notice has been displayed in the Home's entrance requesting that families are not to bring any cleaning chemicals into the resident's bedrooms. The Home Manager has held a series of staff meetings and has emphasised the importance of COSHH guidelines, and

	reminding staff that Health and safety is everyone's responsibility. Compliance will be monitored as part of the Regulation 29 visit.
Area for improvement 3 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** With immediate effect (18 April 2024)	The registered person and the registered manager shall, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill. This includes but is not limited to oversight of activities provision, the homes environment and follow up of actions required from the Regulation 29 monitoring visits. Ref: 5.2.5
	Response by registered person detailing the actions taken: The Registered Manager will meet with the Activity Therapist on a regular basis and agree a planner for the incoming weeks taking into consideration the feedback and impact on recent activities undertaken. Activity Care Plans will be reviewed to ensure this is completed in detail and ensure they reflect the types of activities that the resident enjoys. This also will influence the type of activities that are arranged. The Registered Person will review with the Operations Manager/Director the content of the Regulation 29 report and discuss any improvements that have been identified. Appropriate and proportionate action will be taken if actions agreed are not addressed within acceptable time scales.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** Third time **To be completed by:** With immediate effect (18 April 2024)	The registered person shall ensure that all medicines are safely and securely stored in the home. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: All staff have been reminded regarding their responsibility to ensure that all medication including thickeners and fortified drinks are safely secured at all times. Daily checks are completed as part of the walk round and spot checks are being carried out to ensure compliance. Findings are recorded in daily walk round audit document. Medications trolleys are locked and secured in the clinical rooms when not used for medication rounds. The kitchenettes are to be locked when staff are not inside /using the kitchenette. If areas of compliance expected are not met, appropriate action will be

	taken with those that fail to ensure the Health and Safely of the residents are maintained at all times.
Area for improvement 2 **Ref:** Standard 11 **Stated:** Second time **To be completed by:** With immediate effect (31 May 2024)	The registered person shall ensure a regular programme of meaningful activities is provided in all the units within the home and a record of all activities provided is retained. Ref: 5.1 and 5.2.4
	Response by registered person detailing the actions taken: The weekly activity plans will be displayed on notice boards of all units. The New Activity Therapist for the ARBD unit commenced on the 20th May 24. A Meeting was held on the 22nd May 24 with all 3 members of the activity department. All documentation that is expected to be completed was discussed and supplied to staff. A stock take of all supplies has taken place and staff have begun to order more resources to improve the service and to provide activities that are meaningful. The Registered Manager will monitor the documentation completed to ensure it accurately reflects the Resident's participation in planned activities. Compliance will be monitored as part of the Regulation 29 audit.
Area for improvement 3 **Ref:** Standard 41 **Stated:** First time **To be completed by:** With immediate effect (31 May 2024)	The registered person shall ensure the nurse in charge of the home in the absence of the manager is clearly identified on the staff rota. Ref: 5.2.1
	Response by registered person detailing the actions taken: A senior nurse cover template is now in place and is displayed in each unit. The person in charge of each unit is clearly marked on the duty rota. The out of hours cover for the company is also displayed in each unit. This will be monitored as part of the monthly Regulation 29 visit.
Area for improvement 4 **Ref:** Standard 40 **Stated:** First time **To be completed by:** With immediate effect (31 May 2024)	The registered person shall ensure all staff receive supervision and an appraisal for their roles as required. Ref: 5.2.1
	Response by registered person detailing the actions taken: A supervision planner for 2024 is in place with topics listed for discussion during monthly supervision. Supervisions will be planned for all staff employed in the Home giving them an

	opportunity to recognise the need for continued personal development. An appraisal matrix will be implemented for 2024 to ensure all staff receive an annual appraisal.
Area for improvement 5 **Ref:** Standard 41.9 **Stated:** First time **To be completed by:** With immediate effect (18 April 2024)	The registered person shall ensure that all staff are clear about their roles and responsibilities. This is in relation to the provision of one to one supervision. Ref: 5.2.1
	Response by registered person detailing the actions taken: A supervision planner for 2024 is in place with topics listed for discussion during monthly supervision. Supervisions will be planned for all staff employed in the Home giving them an opportunity to request topics for their continued personal development. An appraisal matrix will be implemented for 2024 to ensure all staff receive an annual appraisal.
Area for improvement 6 **Ref:** Standard 4.4 **Stated:** First time **To be completed by:** With immediate effect (31 May 2024)	The registered person shall ensure care plans are in place for activity provision and that these care plans are meaningfully updated and reviewed. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care plans are in the process of being developed for those residents identified as not having an up-to-date activity plan in place. Staff have been reminded to ensure care plans are person centred and focus on the residents' preferences. Monthly evaluations will be meaningful and show what activities the resident took part in and how they responded. Activity care plans are now also present in the PAL documentation folders. These will be monitored as part of the Managers governance oversight and during the monthly monitoring visit carried out by the Operations Manager.
Area for improvement 7 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** With immediate effect (31 May 2024)	The registered person shall ensure daily progress notes are reflective of how patients spend their time, including any participation in activities. Ref 5.2.2
	Response by registered person detailing the actions taken: All staff have been reminded of ensuring that the daily progress notes are completed in full are reflective for how the resident has spent their day during their shift. A sample of daily progress notes will be checked by the Home Manager during

	the structured walkarounds to ensure that these are reflective of the assessed needs of the residents and that they include details of the resident's participation in activities. Compliance will be monitored as part of the Regulation 29 Audit.
Area for improvement 8 **Ref:** Standard 35 **Stated:** First time **To be completed by:** With immediate effect (31 May 2024)	The registered person shall ensure that management systems, including comprehensive audit of the care plans and activity care records are in place to assure the delivery of quality care within the nursing home. Ref:5.2.5
	Response by registered person detailing the actions taken: The monthly auditing of care plans including the activity care plan in all three nursing units remains in place. Any actions identified as a result of these audits are given to the nurses to address. The registered manager will then ensure that any actions required have been completed and will only sign these off once fully addressed. Compliance will be monitored as part of the Regulation 29 Audit.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care