

Inspection Report

Name of Service: Tennent Street Care Home
Provider: Beaumont Care Homes Ltd
Date of Inspection: 20 May 2025

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 Ltd
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Aleyamma George
<p>Service Profile – This home is a registered Residential Care Home which provides health and social care for up to 16 residents. The home provides care for residents living with dementia, physical disabilities, mental health, learning disability and for those needing general residential care.</p> <p>Residents bedrooms are located over one floor in the home. Residents have access to a communal lounge, dining room, snack kitchen and bathrooms.</p> <p>There is a separate registered nursing home which occupies the same site/building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 20 May 2025, from 9.45 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 31 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. 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.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection two areas for improvement from the previous care inspection were assessed as having been addressed by the provider. One area for improvement relating to medicines management was not assessed and this will be reviewed at a future inspection. 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 resident'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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

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 "staff are helpful", "I am very happy here" and "the staff are great".

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

There were no questionnaire responses received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents.

A review of staff recruitment records highlighted that the current system in place was not robust. For example, it was evident that only one reference had been received for a staff member who had commenced in post. This was discussed with the management team who provided assurances that a second reference was obtained following the inspection. An area for improvement has been identified.

The system in place to monitor staff supervisions needed reviewed. It was unclear from the current system and records provided if staff working in the home had received supervision as required. An area for improvement has been identified.

A review of the staff duty rota highlighted that the manager and deputy manager hours had not been recorded. An area for improvement has been identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and 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 residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

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

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 were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal. Residents told us that they enjoyed their meal. A discussion took place about the quality of food served to residents with the management team, for their review and action.

Activities for residents were provided which included both group and one to one activities. Residents told us that they enjoyed the activities on offer and spoke highly of the staff involved in delivering activities.

Observation of the planned activity, which was a coffee morning, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

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

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents.

It was apparent that work was required in parts of the home to ensure the home's environment was maintained and decorated to a good standard. For example, damage to paintwork in some bedrooms. This was discussed with the management team who confirmed that the refurbishment plan is ongoing and these areas have been identified. RQIA are satisfied that this plan is being continuously monitored by management in the home and kept under regular review.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, advice was provided to the manager to ensure that weight audits for residents were reviewed alongside care records, to ensure audits are clearly identifying if/when a resident has lost weight and what action is required from management.

Staff meetings were held accordingly, however a review of the records highlighted that minutes of these meetings and any actions identified were not consistently recorded. An area for improvement has been identified.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	4*

* the total number of areas for improvement includes 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 21 (1) (b) Stated: First time To be completed by: 20 May 2025	<p>The Registered Person shall ensure that prior to any staff commencing employment in the home, two satisfactory references have been received.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: A structured recruitment process remains in place to ensure two satisfactory references are in place before a new staff member begins employment. The Home Manager (HM) is responsible for obtaining and verifying both references prior to the employee's start date. If references are not in place before the planned induction, the HM must promptly notify the Recruitment Team and HR department. The HM must follow up to obtain any outstanding references, which are then securely stored in the employee's personnel file. The Operations Manager will check the most recent personnel file for compliance as part of the monthly monitoring visit</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: With immediate effect – 21 August 2023	<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: 2.0</p> <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>
Area for improvement 2 Ref: Standard 24 Stated: First time To be completed by: 1 July 2025	<p>The Registered Person shall ensure a review is conducted of the system used to monitor and record staff supervisions in the home; in order to ensure records are well maintained.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: A Supervision Matrix is maintained to ensure staff receive regular and timely supervisions.</p>

	<p>Each session is documented and securely recorded in line with organisational standards.</p> <p>The Operations Manager reviews and verifies these records during Regulation 29 visits to ensure compliance and accountability</p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2025</p>	<p>The Registered Person shall ensure that the manager and deputy manager hours worked in the home are recorded on the duty rota.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The duty schedules now in place clearly reflect the working hours of the Home Manager and the Deputy Manager The Operations Manager reviews both the schedule and rota during Regulation 29 visits to verify compliance.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2025</p>	<p>The Registered Person shall ensure that records are kept of all staff meetings, including the minutes and any actions identified.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Following any staff meetings held, the minutes are recorded and retained on file. A copy is circulated to the appropriate unit. Staff are given the opportunity to raise any concerns or bring any questions / AOB during the meeting. Any actions arising from the meetings are minuted and addressed accordingly.</p>

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