The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Tennent Street Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **3 December 2025**

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

1.0 Service information

Registered Provider:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Aleyamma George
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. There is a Residential Care Home which occupies the first floor of the home and the Registered Manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 3 December 2025 from 9.30 am to 5.30 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified and those carried forward for review at the next inspection, 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 patients, 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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are lovely. They are very kind. The activity co-ordinator is brilliant. We do arts and crafts and they keep the place clean and tidy", "It's like a home from home", "The staff are looking after me very well. I quite like it here. The food to me is excellent. They have the right things for the right people" and "They are brilliant people here, very good to us."

Patients told us that staff offered choices to them 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.

Relatives commented positively about the overall provision of care within the home. Comments included: "The staff are great. They take great care of everyone and work very hard" and "The staff are lovely."

Staff spoken with said that Tennent Street Care Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "I am happy here. I have no concerns. The manager is nice. There is good teamwork and communication."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

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 patients. There was evidence of systems in place to manage staffing.

While there was evidence of systems in place to manage some aspects of staffing; discussion with the manager established that all pre-employment checks had not been completed, as part of the recruitment process, prior to each staff member commencing in post. Review of agency staff induction records confirmed that not all staff had a documented induction and inductions to the home for two identified staff members had been completed within one day. Two areas for improvement were identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

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 respectful, understanding and sensitive to patients' needs.

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 in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients 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. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were completed in line with the recommendations of the speech and language therapists and/or the dieticians.

Discussion with staff and observation of practice confirmed that a "safety pause" was completed at the start of each mealtime to ensure that every patient received their meals in accordance with the patients' assessed needs.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Concerns were identified in relation to the supervision of patients requiring assistance at mealtimes. It was observed that all patients were not appropriately supervised in keeping with their assessed needs. An area for improvement was identified.

Review of records on recommendations for eating, drinking and swallowing and level of supervision required confirmed these did not reflect the current occupancy of the home. This was discussed with the manager who arranged for the records to be reviewed immediately.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted seasonal events planned such as Christmas jumper day, Christmas movie day and Shankill Baptist Church carol service.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, person centred care plans were not in place for patients who required one to one care. Records reflecting the patient's likes and preferences were not consistently available to the care staff providing one to one care. An area for improvement was identified.

Activity records reviewed for a number of patients in receipt of one to one care contained entries which did not reflect the patient's likes and preferences, the entries were also repetitive and not person centred. An area for improvement was identified.

Information relating to patient care and treatment was observed to be accessible in the activity co-coordinator's office because the door was unlocked and the room was unsupervised. Further information was displayed on a notice board in an identified dining room. This was discussed with staff who took necessary action to secure access to the information. An area for improvement was identified.

It was noted that patient menu choice records were not managed or retained in keeping with legislative requirements and best practice guidance. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were very well decorated, furnished to a high standard, warm and comfortable. Patients' bedrooms were personalised with items important to them.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed two actions were outstanding from the most recent fire risk assessment; these are being progressed by the estates team.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not take opportunities to apply personal protective equipment (PPE) correctly or to wash their hands particularly after contact with patients and the patients' environment. In addition, one staff member was not bare below the elbow. An area for improvement was identified.

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 manager since 3 November 2023.

There was a system in place to manage any complaints received. However, review of complaint's records evidenced shortfalls in how some complaints were recorded, particularly in relation to any investigations and actions taken. This was discussed with the manager who agreed to complete any necessary documentation retrospectively. An area for improvement was identified.

A compliments log was maintained and any compliments received were shared with staff.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight of recruitment, inductions, IPC practices and oversight/management of care records and complaints.

RQIA were satisfied that management understood their role and responsibilities in terms of oversight of aforementioned areas and needed a period of time to address this area of work. Given these assurances additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	4	8*

*The total number of areas for improvement includes three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Aleyamma George, Registered Manager and Responsible Individual, 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 21 (1) (b) Schedule 2 **Stated:** First time	The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records. Ref: 3.3.1
To be completed by: 3 December 2025	**Response by registered person detailing the actions taken:** The Recruitment process is completed as per the company and statutory guidelines. Pre-Employment checks are completed by the Recruitment team and will be checked by the Home Manager prior to commencement of Employment, to ensure all relevant documents are place. As part of the monthly monitoring visit by the Operations Manager personnel files will also be spot checked to ensure compliance.
Area for improvement 2 **Ref:** Regulation 13 (1) (b) **Stated:** First time	The registered person shall ensure that patients are appropriately supervised in accordance with their assessed needs at mealtimes. Ref: 3.3.2
To be completed by 3 December 2025	**Response by registered person detailing the actions taken:** Residents' care plans are in place in accordance with their assessed needs for mealtime supervision, assistance, and related support. REDS folders are maintained within the units. Walk rounds and periodic dining audits are carried out by the Home Manager to ensure residents are supervised in line with their assessed requirements. Any changes in residents' needs are documented, and care plans and REDS folder are updated accordingly.
Area for improvement 3 **Ref**: Regulation 16 (1) **Stated:** First time	The registered person shall ensure detailed and person centred care plans are in place for those patients who require one to one care and should be available to care staff providing this care. Ref: 3.3.3
To be completed by: 3 December 2025	**Response by registered person detailing the actions taken:** Care plans are reviewed and documented to reflect the assessed needs of residents receiving one-to-one care. The Nurse in Charge provides a handover at the start of each shift to the staff who are booked or scheduled to deliver the one-to-one support. The Nurse reviews the relevant documentation completed by the

	one-to-one staff, and the Home Manager checks the 1:1 care documentation during walk- round.
Area for improvement 4 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4
	Response by registered person detailing the actions taken: The Home Manager has conducted a staff meeting and reminded staff of the need for strict adherence to IPC requirements. Staff supervision is carried out to enhance knowledge, skills, and compliance in the appropriate use of PPE, including correct donning and doffing procedures, as well as hand-hygiene practices. Weekly IPC audits are completed to promote safe practice and ensure ongoing compliance. This will also be monitored as part of the monthly monitoring visit carried out by the Operations Manager.
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 21 October 2025	The registered person shall review the management of pain medication, ensuring that care plans are in place for each patient. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 21 October 2025	The registered person shall review the management of thickening agents, to ensure that records of prescribing and administration are accurately maintained. The recommended consistency level should be recorded on all records. Ref: 2.0
	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.

Area for improvement 3 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 21 October 2025	The registered person shall review the process for reconciling controlled drugs at shift handover, to ensure that a physical count occurs on all occasions. Ref: 2.0
	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.
Area for improvement 4 **Ref:** Standard 39.1 **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that accurate records are retained for inspection. Records should evidence managerial oversight of all staff inductions. Ref: 3.3.1
	Response by registered person detailing the actions taken: All newly appointed staff are allocated a period of supernumerary time for training and induction in line with company guidelines. They are supported by the team and Registered Nurses, who guide them to carry out their allocated roles appropriately. Any areas of concern or required improvement are identified, and additional training or supervision is provided as needed. Agency staff profiles are obtained prior to booking, and all agency staff receive an induction to the Home and units. Records of these inductions are maintained for statutory purposes and the registered manager retains oversight of these.
Area for improvement 5 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that person centred activity records are retained. These should reflect the patient's individual likes and preferences. Ref: 3.3.3
	Response by registered person detailing the actions taken: Residents' activity care plans will be completed where possible following discussions with residents and their families or next of kin, and are to include details of each residents likes, preferences, and choices to enhance their quality of life. Staff refer to these care plans and encourage residents to participate in activities in line with their individual preferences. The Registered Nurses review and ensure that activity participation and relevant observations are reflected in the daily progress notes, with additional documentation recorded in the activity progress notes. The Home Manager reviews these records periodically and during walk rounds. As part of the monthly monitoring visit residents activity records will be reviewed.

Area for improvement 6 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that staff lock office doors to ensure patient information is only accessible to those with permission. Ref: 3.3.3
	Response by registered person detailing the actions taken: Patient information is stored on the electronic nursing record and can be accessed only by authorised staff. Hand-written supplementary notes and booklets are kept securely in a locked cabinet within the Nurses' Station. The activity room is locked when not in use. All older documents have since been archived in accordance with company guidelines.
Area for improvement 7 **Ref:** Regulation 19 (2) and (3) (b) **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that patient menu choice records are effectively maintained and are available for inspection at all times. Ref: 3.3.3
	Response by registered person detailing the actions taken: The daily menu sheets are maintained in the main kitchen, with copies also kept in the individual units to reflect any menu changes and the food served. The Home Manager has communicated with the Chef and kitchen team regarding adherence to the guidelines, and compliance has been confirmed however will be monitored as part of the internal governance oversight.
Area for improvement 8 **Ref:** Standard 16.11 **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that a record of all complaints are retained. All outstanding complaints records should be completed retrospectively. These records should include the results of any investigations and the actions taken; details of whether the complainant was satisfied with the outcome or not and how this level of satisfaction was determined. Ref: 3.3.5
	Response by registered person detailing the actions taken: Complaints are managed in accordance with the company's complaint-management policy and are documented on the incident management system (RADAR). Responses are issued to complainants within the required timeframes. The one outstanding complaint referred to at time of inspection, had already been responded to, and related to an incident recorded on RADAR. This matter has since been resolved, and the complainant/family have confirmed they are satisfied with the outcome. As part of the monthly monitoring visit, the management of complaints will be reviewed to ensure compliance.

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