

# Inspection Report

4 July 2024



## Clandeboye Care Home

Type of service: Nursing  
Address: 35 Cardy Close, Bangor, BT19 1AT  
Telephone number: 028 9127 1011

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Beaumont Care Homes Limited	<b>Registered Manager:</b> Ms Laura Patterson
<b>Responsible Individual:</b> Mrs Ruth Burrows	<b>Date registered:</b> 23 May 2023
<b>Person in charge at the time of inspection:</b> Jenalou Villaflor, Registered Nurse, until 9.30 am. Laura Patterson, Manager, from 9.30am	<b>Number of registered places:</b> 52  The home is approved to provide care on a day basis to 1 person
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 51
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 52 patients. The home is divided into two separate units. Patients' bedrooms, communal lounges and dining rooms are located within each unit and patients have access to enclosed garden spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 July 2024 from 9.10 am to 6.30 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were seen to go about their day with help and support from staff and patients spoke positively about living in Clandeboye Care Home. Some patients made some suggestions for improvements in the home and their views are included in this report and were shared with the management team.

Staff were seen to be polite during interactions with patients and were professional in manner towards each other and visitors to the home.

Areas of good practice were identified in relation to manager oversight and governance.

Areas for improvement were identified in relation to meals, menu displays, nail care, provision of soap for hand hygiene, storage areas, general maintenance of the environment, and inappropriate use of communal space. A previously identified area for improvement in relation to notifiable events and reporting to RQIA was not met and stated for a second time.

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

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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**

Due to the nature of dementia some patients were unable to share their views and opinions about living in the home. However, these patients looked relaxed and there was no evidence of distress.

Patients who were able to discuss their experiences of living in the home were happy to contribute to the inspection. Patients described staff as "friendly", and "great", and told us that staff were "very busy...they never stop."

Some patients said that they would like staff to introduce them to fellow patients, and some patients told us that they would like more choices of meals. Comments were shared with the management team for their consideration and action where required.

Relatives told us that they observed staff to be busy but that staff were friendly and welcoming. One relative commented that they did not always see their loved one being offered a choice at mealtimes and that they were unsure if snacks were always provided for those on modified texture diets.

Relatives said that they knew who the manager was and that they would raise any issues or concerns with the manager if they needed to, and had faith that issues would be taken seriously.

One relative/friend questionnaire was received by RQIA following the inspection. This person indicated that they were very satisfied with the care and services provided in the home and commented that they “cannot fail to be impressed with the care and kindness shown...plenty of activities organised...happy knowing that staff provide the care needed.”

Staff told us that they enjoyed working in the home and said that they were satisfied with the staffing levels and that there was good teamwork.

No staff survey responses were received within the allocated timeframe for this report.

**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 20 February 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> Second time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>• a system is developed and implemented to monitor pressure relieving mattress settings and ensure these are correctly maintained for each individual patient</li> <li>• records of repositioning are fully completed with all required details and signed by two staff where necessary.</li> </ul>	<b>Met</b>
	<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></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that they provide adequate means of escape in the event of a fire.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection are addressed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met as stated. However, a new area for improvement relating to hand hygiene was identified.</p> <p>Further detail can be found in sections 5.2.3 and 6.0 of this report.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that medications are stored securely at all times in the nursing home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all areas in the nursing home are free from hazards to patient safety.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Regulation 30</p>	<p>The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner</p>	

<p><b>Stated:</b> First time</p>	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met and was stated for a second time.</p> <p>Further detail can be found in section 5.2.5 of this report.</p>	<p><b>Not met</b></p>
<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the actions required following the monthly monitoring visits are followed up in a timely manner and recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p>	<p>The responsible person shall ensure care plans are in place for patients prescribed medicines for distressed reactions. The reason for and outcome of administration of these medicines should be consistently recorded.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the mealtime is a positive experience for patients:</p> <ul style="list-style-type: none"> <li>• staff should be appropriately seated to assist patients with their meal</li> <li>• condiments should be offered to patients at the time of serving the meal</li> <li>• plate covers should be used when serving meals on trays</li> <li>• there should be a selection of suitable crockery available for patients</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met as stated. However, new areas for improvement in relation to</p>	<p><b>Met</b></p>

	<p>meal choices and display of menus was identified.</p> <p>Further detail can be found in sections 5.2.2 and 6.0 of this report.</p>	
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 45</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that equipment, such as wheelchairs and shower chairs, are decontaminated according to the cleaning schedules in place and also as and when required.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• identified worn bed rail covers are replaced immediately and as required going forward</li> <li>• an action plan for the repair and/or replacement of vanity units in patients' bedrooms and identified furniture is developed and implemented</li> <li>• the action plan has a timeframe included and identifies who is responsible for ensuring the actions are completed.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the number and ratio of staff on duty at all times meets the care needs of the patients.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 39</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities. This is in relation to Deprivation of Liberty Safeguards and Legionella.</p>	<b>Met</b>



<p><b>Stated:</b> First time</p>	<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 7</b>  <b>Ref:</b> Standard 39.7  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the effect of training on practice and procedures is evaluated as part of quality improvement. This is in relation to dysphagia and modified diets.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 8</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that nutritional screening which includes the recording of patients' weight is recorded at least on a monthly basis.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 9</b>  <b>Ref:</b> Standard 44.3  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered. This is in relation to a hairdressing room.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met as stated. However, a new area for improvement was identified in relation to another communal area of the home that was not used for its stated purpose.</p> <p>Further detail can be found in sections 5.2.3 and 6.0 of this report.</p>	<b>Met</b>
<p><b>Area for improvement 10</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time</p>	<p>The registered person shall ensure there is an action plan in place to address the improvement required following hand hygiene audits.</p>	<b>Met</b>



	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	
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## 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. Staff were provided with a comprehensive induction to their role at the commencement of their employment.

Monthly monitoring was conducted to ensure that relevant staffs' registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) remained valid.

There were systems in place to ensure staff were trained and supported to do their jobs safely and effectively. The manager had oversight of staff compliance with mandatory training and took action when required. Training was provided on an eLearning platform with some courses including a practical or face to face element. This system was reviewed monthly.

The staff duty rota accurately reflected the staff working in the home on a daily basis and included the manager's hours. The duty rota indicated the nurse in charge of the home in the absence of the manager. Records evidenced that any nurses taking charge of the home had a competency and capability assessment completed to ensure that they held the required skills and knowledge. The manager had oversight of staff competency assessments and reviewed them annually.

There was evidence that staffing levels and skill mix were determined using a tool that collated patient dependency levels and that this was reviewed monthly. The manager confirmed that the outcome of this tool and the building layout was considered when planning staffing levels.

Staff said that they were satisfied with the staffing arrangements and that there was good teamwork. Patients and relatives told us that they saw staff to be busy and that staff did not seem to have much time to stop for chats, but confirmed that all needs were met in a timely manner.

Patients described staff as friendly but busy. Some patients commented that they would like staff to address them more often when working around them. For example, staff remembering to speak when bringing items to the table, or introducing everyone when bringing patients to sit at a table together. These comments were brought to the attention of the manager for consideration and action.

A relative said that there was "great care shown" by staff and that they felt comforted "in the knowledge that there is always someone close by to help if needed."

## 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly. Staff were seen to be responsive to requests for assistance.

The majority of patients were seen to have their personal care and dressing needs met. A number of patients were seen to have long and/or dirty nails. On discussion with patients it was evident that long nails would not be their preferred choice. An area for improvement was identified.

Patients' 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 patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Review of a sample of care records showed some inconsistencies in relation to timely reassessment of patients' needs and some care plans had not been updated. This was discussed with the manager who confirmed that work had begun to review all care records to ensure they were relevant and up to date. There was evidence that the manager had a planner in place for this review of records and the regional manager was aware. This will be reviewed at the next inspection.

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 and records were maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff provided support and/or assistance with mobility, patient areas were kept free from clutter, and specialist equipment such as bedrails or alarm mats were used where required.

The use of equipment such as bedrails and alarm mats is considered to be a restrictive practice used with the intention to maintain patient safety and reduce risks such as falls. It was established that the required documentation was in place for restrictive practices, and this was monitored by management.

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. It was observed that staff provided assistance where required.

The dining room tables were set with cutlery and staff were seen to offer condiments with the meal. There was a menu on display in the dining room which had not been updated for several weeks. There were no additional table menus available. An area for improvement was identified.

The lunchtime meal choices were limited to soup and sandwiches with added mash potato for those patients who required modified texture diets. There was evidence that the planned menu was not being followed. This was discussed with staff and management. It remained unclear why the planned menu was not followed or why there was limited choice. Further review of previous records evidenced that the meals provided were repetitive and that kitchen staff regularly veered from the planned menu without clear rationale. An area for improvement was identified.

Patients told us that the food “tastes good”, but also told us that they were unimpressed with the choices, “I don’t choose, it just arrives”, “the food tastes good which I am grateful for cause that’s all there is”, “soup and sandwiches? wow.”

Patients also commented on the atmosphere in the communal dining room, telling us that they often sat in silence and did not always know who they were dining with. Reorienting patients to their environment and the people around them helps to reduce anxiety and promotes social inclusion, especially for people with dementia. This was discussed with the management team who agreed to reiterate the importance of patient communication with staff. This will be reviewed at future inspections.

There was evidence that patients’ weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home’s environment included communal areas, a sample of patient bedrooms, storage areas and sluice rooms. The communal areas of the home were clean and free from malodour.

There was evidence throughout the home of homely touches and items and displays of interest. For example, sporting memorabilia, framed photos, and wall art.

There was evidence of poor general maintenance of the environment. For example, some patients’ chest of drawers had broken runners, a number of brackets that secure furniture to the walls were damaged, a toilet cistern lid was missing, some walls had damaged or missing tiles, a light fitting in a store room had been secured to the ceiling with tape and had since fallen, and some bedroom walls, doorframes, and radiator covers were damaged. An area for improvement was identified.

Patients’ bedrooms were found to be clean, tidy, and personalised with items of importance or interest to each patient. A small number of bedrooms required high dusting. This was brought to the attention of housekeeping staff and the manager for their action. Patients told us that they were happy with their bedrooms and the level of cleanliness.

A number of chairs and bedroom cabinets were found to have torn or worn and damaged surfaces. This was discussed with the management team who provided evidence to show that some furniture had already been replaced and the remaining damaged items would also be replaced. This was part of the ongoing refurbishment plan. This will be reviewed at the next inspection.

A sample of storage rooms and sluice rooms were viewed. Some storage areas were clean and tidy, while some were disorganised and had dirty floors. One sluice room was found to have inappropriate storage. An area for improvement was identified.

A communal lounge was being used as a storage room. An area for improvement was identified.

Observation of the environment and discussion with staff evidenced that there was an issue with the supply of liquid soap for hand washing. This was discussed with the management team, who were aware that there was a disruption to the regular supply of soap, but were unaware that the level of stock depletion required immediate action. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Fire exits and fire doors were free from obstruction. Staff were aware of their training in these areas and how to respond to any concerns or risks.

#### **5.2.4 Quality of Life for Patients**

Visiting arrangements were in place to the satisfaction of patients, relatives, and other visitors. Patients and visitors confirmed that they could visit the home without appointment and that they could avail of visits in communal areas or in the privacy of the patient's own bedroom.

Patients and relatives confirmed that patients could take trips out of the home and this was an important part of daily life.

An activities programme was available and included events such as arts and crafts, music, religious services, pet therapy, and one to one sessions.

Some patients said that they enjoyed the activities on offer while other patients told us that they preferred to occupy themselves with reading or watching television and spending time with family.

One relative said that they did not see many activities happening while they were in the home and another relative told us that there were "plenty of enjoyable activities organised."

Visitors said that they were made to feel welcomed in the home.

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

There have been no changes in the management of the home since the last inspection. Ms Laura Patterson had been managing the home since 30 September 2022 and was registered with RQIA on 23 May 2023. The manager confirmed that she was supported by a regional management team.

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. Staff said that the manager was approachable and available for guidance and support.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

There were systems in place to protect patients from harm through the regional adult safeguarding protocol and the home’s policy. Records evidenced that safeguarding allegations and investigations were well managed and that all relevant parties were included in the process.

Relatives told us that they knew how to raise concerns and that they felt any issues would be managed appropriately.

Records pertaining to accidents and incidents that occurred in the home evidenced that these were managed well, and that relevant parties such as Trust key workers and where appropriate, next of kin were informed. However, it was noted that the reporting of notifiable events to RQIA were not consistently completed in a timely manner. This was discussed with the manager who acknowledged that some reporting was delayed due to oversights when the manager was on leave. A previously identified area for improvement was stated for a second time.

There was a system in place to manage complaints and records were well maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, their representatives, the Trust and RQIA.

**6.0 Quality Improvement Plan/Areas for Improvement**

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	5*

\*The total number of areas for improvement includes one that has been stated for a second time and one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Laura Patterson, Manager, and Kerrie Wallace, Regional Operations Manager Beaumont Care Homes, 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 July 2024</p>	<p>The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner.</p> <p>Ref: 5.1 and 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Incidents have been reviewed and there had been two notifications missed in June 2024 while the Home Manager was on leave. These have now been submitted. The new Incident Management System provides improved oversight of notifications and governance. The newly appointed Deputy Manager is due to commence in post on 2nd September 2024 which will improve oversight during any periods of Home Manager leave. The Home Manager will continue to submit notifications to RQIA in accordance with guidance and these will be monitored by the Operations Manager during the monthly Regulation 29 visits.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2024</p>	<p>The registered person shall undertake a review of the menu with consultation, to ensure that patients are offered a choice of nutritionally balanced meals. This should include choices for those patients requiring a modified diet and make provisions for snacks.</p> <p>Records pertaining to the consultation stage should be retained for review at the next inspection.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Resident/Relative surveys have commenced to gather feedback in relation to dietary preferences of each individual. This information will also assist in the forthcoming review of the Winter Menus. Menu choice sheets are in use to provide evidence of choices made by residents on a daily basis where possible. A meeting was held on the 6th August 2024 with all Catering staff and the observations noted by the Inspector were discussed, in particular the provision of choice and nutritionally balanced meals.</p>



	<p>Varied meal provision choices will be monitored and recorded by the Home Manager during the Daily Walkabout. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visits.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 27 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 July 2024</p>	<p>The registered person shall make arrangements to ensure that all areas of the home are maintained in a good state of repair.</p> <p>Deficits should be identified and addressed in a timely manner.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All areas identified in the report have been addressed. Replacement bedroom furniture has also been obtained. There has been significant work put in place to identify and establish a timeframe for all works within the Home. A plan for redecoration and general maintenance is ongoing and a copy will be provided with this QIP.</p> <p>The Home Manager also meets with the Maintenance Person for the Home on a weekly basis to review and update the plan with any progress.</p> <p>The Home Manager will continue to monitor during the Daily Walkabout and further monitoring will continue by the Operations Manager during the monthly Regulation 29 visit.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 July 2024</p>	<p>The registered person shall ensure that all hand wash basins have a supply of liquid soap and that the home's stock of soap is well maintained.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Dispenser hand soap remains in stock and we have moved dispenser soap out of all non-resident areas and replaced with pump bottles.</p> <p>Due to the supplier of hand soap going out of business, Beaumont are working with current suppliers to install new dispensers for soap product.</p> <p>The Housekeeper and Home Manager will continue to monitor stock levels during the Daily Walkabout and further monitoring will continue by the Operations Manager during the monthly Regulation 29 visit.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	



<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 August 2023</p>	<p>The responsible person shall ensure care plans are in place for patients prescribed medicines for distressed reactions. The reason for and outcome of administration of these medicines should be consistently recorded.</p> <p>Ref: 5.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6 Criteria 14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 July 2024</p>	<p><b>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.</b></p> <p>The registered person shall ensure that patients' preferred personal care and grooming needs are met. This is with specific reference to hand and nail care.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervisions have commenced and are ongoing with care staff in relation to ensuring that all residents personal care and grooming needs are met. This was also discussed at the staff meeting on 3rd July 2024, and as per the meeting minutes it had been noted and actions commenced.</p> <p>Nail and hand care kits are available in each unit and the hairdressing room.</p> <p>The Activities Leader also provides hand and nail care as part of her Activity programme within the Home.</p> <p>Staff are aware that hand and nail care is to be documented on Daily Care Records for each resident.</p> <p>Oversight will be continued and recorded by the Home Manager during the Daily Walkabout, with nail spot checks as well as Daily Care Record reviews.</p> <p>Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visits.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 July 2024</p>	<p>The registered person shall ensure that up to date daily menus are displayed in a format that is user friendly and accessible to patients.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The display of the daily menu was discussed at the Catering staff meeting held on 6th August 2024 and staff reminded that a member of the catering team is responsible for updating Menu Boards in dining rooms on a daily basis.</p> <p>Menu boards are being monitored and recorded during the Home Manager Daily Walkabout.</p>

	<p>Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visits.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 July 2024</p>	<p>The registered person shall ensure that storage rooms and sluice rooms clean, tidy and organised, and that there is no inappropriate storage in the sluice rooms.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All sluice rooms have been tidied, cleaned and all inappropriate items have been removed. The mattress store has been tidied and the door has been labelled accordingly. Oversight will be continued and recorded by the Home Manager during the Daily Walkabout. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visits.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 44 Criteria 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 July 2024</p>	<p>The registered person shall ensure that all areas of the home are used for their registered purpose and that communal areas are accessible to patients. This is in relation to the communal lounge being used as a store room.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All areas of the Home have been re-organised and tidied to ensure that they are fit for use. The identified lounge in Dufferin unit has also been cleared out and is now fit for use. Oversight will be continued and recorded by the Home Manager during the Daily Walkabout. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visits.</p>

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



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