

Inspection Report

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| Name of Service: | Clandeboyne Care Home |
| Provider: | Beaumont Care Homes Limited |
| Date of Inspection: | 11 March 2025 |

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

1.0 Service information

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| Organisation/Registered Provider: | Beaumont Care Homes Limited |
| Responsible Individual: | Mrs Ruth Burrows |
| Registered Manager: | Ms Laura Patterson |
| Service Profile: This home is a registered nursing home which provides nursing care for up to 52 patients living with dementia. Patient accommodation is spread over two units on ground floor level. There is a range of communal areas throughout the home and patients have access to enclosed outdoor spaces. | |

2.0 Inspection summary

An unannounced inspection took place on 11 March 2025 from 10.10 am to 4.40 pm by two care inspectors.

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 4 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 patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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.

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

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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 patient's, relatives, staff or the commissioning Trust.

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

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

3.2 What people told us about the service

Patients spoken with said that they were happy with the care they received. Patients described staff as "lovely", and "angels, they treat us with respect."

Some patients told us that they like to occupy their time reading, listening to music, or looking through photographs. Some patients said that they couldn't recall if they participated in any organised activities and said that they sometimes felt "bored." Patient comments were shared with the management team for their consideration and action were required.

Relatives spoken with said that they were very satisfied with the care and services provided in the home. Relatives said that staff were welcoming and helpful, and two relatives gave particular mention to the deputy manager Angus for his professionalism and good communication skills. Relatives said that the deputy manager provided reassurance and they had confidence in him. Relatives said that the manager was very approachable.

Relatives said that care delivery was very good and that their loved ones always looked comfortable and clean. Relatives told us that there had been improvements in relation to the communication from the home and that they felt more informed about any changes in their loved one's needs and care.

Relatives told us that visiting arrangements were working well and that they found the home to be clean any time they visited.

Following the inspection RQIA received two questionnaires completed by relatives. Both respondents indicated that they were very satisfied with the care and services provided in Clandeboye Care Home. One relative said, “the care is superb...it’s the little things that the manager and all the staff do to make this place so special...cannot praise them all enough...nothing is too much trouble.” Another relative said, “the care my (loved one) receives is absolutely amazing...they are always looking clean and well kept... (loved one) said to me that the staff are always kind and they make sure (loved one’s) hair is looking nice and that makes my (loved one) happy.”

Other comments included, “the manager is lovely and approachable at all times”, “my (loved one) feels safe...and I agree”, “everything is done to the best of everyone’s ability...the place is a home from home and we can speak to the staff at any time”, “...staff reassure my (loved one) ...and when (providing care intervention) they talk through what they are doing step by step”, “as a family we are happy and content with the care...”

Staff said that they were happy working in the home and described good team work. The majority of staff spoke with said that they were happy with the staffing levels and that planned staffing worked well when all staff attended shift. One staff member said that they felt there was not enough staff on in the evenings. Staff views were shared with the management team for review.

No staff survey responses were 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 patients. There was evidence of robust systems in place to manage staffing.

As stated in section 3.2, most staff were satisfied with the staffing arrangements, while one staff was not satisfied with staffing levels in the evening. Staff were encouraged by the inspectors to ensure that they always communicate any changes in patients’ needs or their workloads to the management team to assist with staffing reviews.

Review of records indicated that staffing arrangements were subject to monthly review by the manager and assurances were provided by the management team that staff is adjusted as and when required in response to review outcomes.

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

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. For example, when a patient was seen to become restless during the serving of lunch, staff provided reassurance and explained what was happening and offered a cup of tea, with good effect.

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

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. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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 and their diet modified.

The serving of the lunch time meal was observed. It was noted that the menus on display had not been updated in several days. A previously identified area for improvement was stated for a second time.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patients who required a modified diet. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff were seen to offer patients choice in relation to drinks and condiments. A previously identified area for improvement in relation to the provision of choices at meal times was reviewed. It was positive to note that there was at least two meal options at each sitting, and this included those patients on modified meals.

However, some patients said that they were not always satisfied with the food provided. As part of the area for improvement, RQIA had asked the home to conduct a consultation exercise in relation to catering. The management team informed RQIA that a survey had been conducted but that they received no responses. There was no evidence to show that alternative attempts had been made to seek the views of patients and relatives on this matter. The area for improvement was assessed as not fully met and was stated for a second time.

Observation of the planned activity of arts and crafts for Mother's Day in the morning confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Patients' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, hairdressing, one to one reading or listening to plays on the radio.

Birthdays and annual holidays were celebrated.

3.3.3 Management of Care Records

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

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and free from malodour. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There was evidence of environmental repairs since the last inspection, and the management team provided a plan of works for ongoing repairs and refurbishments. A previously identified area for improvement was confirmed as addressed by the provider.

Staff training in infection prevention and control (IPC) was provided. However, some poor practice in relation to IPC was observed. For example, the storage of used razors in the same containers as patients' toothbrushes, one member of staff was seen to place a bin lid on a table top that was being used by a patient, and one staff member was wearing a wrist watch/bracelet which is not in line with hand hygiene standards. In addition, it was noted that some communal toilets had swing lid bins rather than foot pedal bins. An area for improvement was identified.

Regular IPC audits were conducted, and there was good provision of hand hygiene facilities and personal protective equipment (PPE).

3.3.5 Quality of Management Systems

There has been no change 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 was supported by a deputy manager and a regional support team.

Staff commented positively about the management team and said they could raise concerns with the deputy or manager. Relatives spoke highly about the management team and were particularly complimentary about the deputy manager and said they had “faith” in his work.

Review of a sample of records evidenced that systems for reviewing the quality of care, other services and staff practices were in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Review of records and discussion with staff evidenced that any accidents or incidents that occurred in the home were appropriately managed and the relevant parties, such as, next of kin, Trust key worker, and where required RQIA, were informed.

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 |
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| Total number of Areas for Improvement | 1* | 3* |

*The total number of areas for improvement includes two that have been stated for a second time and one which was carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Angus Parkinson, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 12 (4) Stated: Second time To be completed by: 30 April 2025 | 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. |
| | Records pertaining to the consultation stage should be retained for review at the next inspection. Ref: 2.0 and 3.3.2 |
| | Response by registered person detailing the actions taken: Beaumont Care Homes have completed a comprehensive review of the Home's menus starting with a review of Spring/Summer menus. This review has been completed in consultation with |

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| | <p>residents, catering staff, and relevant healthcare professionals, including dietitians and speech and language therapists, to ensure that individual preferences, nutritional needs, and dietary requirements are achieved.</p> <p>The menu will continue to be updated to reflect seasonal availability, resident preferences, and nutritional guidelines. Residents on modified diets will be provided with the same range of choices where possible, prepared in accordance with IDDSI standards, to promote dignity and enjoyment at mealtimes.</p> <p>Snack options are also under review and do already include a wide variety of healthy and fortified choices suitable for all dietary needs. These are available throughout the day to support residents' nutritional intake and preferences.</p> <p>Resident feedback will be sought as we trial new menus over a three-week rolling period, this will be processed through resident meetings and satisfaction surveys, and menu planning will continue to be an ongoing process with regular consultation to ensure continued compliance and person-centred meal times. We will be seeking feedback from both residents and their relatives, whilst also liaising with staff to monitor wastage and if meals are eaten well. The Cook Manager will be fully involved in these processes.</p> <p>A resident and relative meeting is planned for June 5th 2025 where feedback will be sought and these will continue quarterly. The aim is to use the surveys and feedback to review menus, options available, and our meal plans moving forward.</p> <p>The Home Manager will also continue to monitor the mealtime experience through the Walkabout Governance Audit and Dining Audits.</p> <p>The Operations Manager will also monitor progress and record on the monthly Regulation 29 Audit.</p> |
| Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022) | |
| Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: | <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> |

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| 7 August 2023 | 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 12 Stated: Second time To be completed by: 11 March 2025 | The registered person shall ensure that up to date daily menus are displayed in a format that is user friendly and accessible to patients. Ref: 2.0 and 3.3.2 |
| | <p>Response by registered person detailing the actions taken:</p> <p>As of 11th March 2025, daily menus are more user friendly and accessible, with particular consideration given to the needs of residents living with dementia. This has been achieved with a change to our menu display boards with brighter pens and large clear writing to make them more visible for everyone. Feedback from residents thus far has been positive. Menu boards display the date and the menu for the day, along with modified options and the name of the mealtime coordinator.</p> <p>To support this moving forward visual aids in the form of pictures of meals are currently for the new Spring/Summer menus and aim to be used to support understanding and decision-making from June 2025 going forward.</p> <p>Staff supervision has been completed with all care and nursing staff to develop ways to offer one-to-one verbal prompts and explanations of meal choices at mealtimes to support residents who may have difficulty processing written or visual information.</p> <p>Feedback from residents, families, and staff will be sought through surveys and resident and relatives' meetings to ensure the format remains effective and person-centred. A meeting is scheduled for June 5th 2025. Any necessary adjustments will be made when reviews take place to ensure all residents can engage meaningfully with daily menu choices.</p> <p>The Home Manager will also continue to monitor the completion and effectiveness of menu displays through the Walkabout Governance Audit and Dining Audits.</p> <p>The Operations Manager will also monitor progress and record on the monthly Regulation 29 Audit.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2025</p> | <p>The registered person shall ensure monitoring and governance arrangements in relation to infection prevention and control (IPC) practices are effective in identifying shortfalls in staff practice.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Five new foot pedal bins have replaced swing lid bins as identified on the day of inspection.</p> <p>Monthly IPC audits are conducted using a standardized tool within Beaumont Care Homes, focusing on key areas such as hand hygiene, use of personal protective equipment (PPE), environmental cleanliness, and waste disposal. Audit findings are reviewed and action plans developed where shortfalls are identified and action plans are developed and addressed within a specific timeframe.</p> <p>Observation of Practice: Routine spot checks and direct observations of staff practice are carried out by the IPC lead and senior staff to ensure compliance with current guidelines. Immediate feedback is given to staff, with further support or retraining provided if necessary. These will be recorded on walk about reports.</p> <p>Staff supervision is underway within the Home and as of 29/04/2025, 12 have been completed. This is in relation to personal hygiene standards and explains the infection control risk of storage of hygiene products. This also encompasses staff hygiene and bear below the elbow working.</p> <p>Supervisions have also been commenced with domestic staff to ensure understanding of the protocols and importance of IPC Lessons learned from audits, inspections, or incidents. These are also shared with staff through meetings and at shift handovers.</p> <p>The Home Manager will also continue to monitor all areas of IPC compliance during the Walkabout Governance Audit and scheduled IPC auditing process.</p> <p>The Operations Manager will monitor progress and compliance and record on the monthly Regulation 29 Audit.</p> |
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The Regulation and
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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



Twitter: @RQIANews