

# Inspection Report

<b>Name of Service:</b>	<b>Comber Care Home</b>
<b>Provider:</b>	<b>Beaumont Care Homes Limited</b>
<b>Date of Inspection:</b>	<b>4 March 2025</b>

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Beaumont Care Homes Limited
<b>Responsible Individual:</b>	Mrs Ruth Burrows
<b>Registered Manager:</b>	Mrs Michelle MacMilan
<b>Service Profile:</b> This is a registered nursing home which provides care for up to 72 patients under and over 65 years of age with a physical disability, needs relating to old age, or terminal illness. Patient accommodation is divided over ground floor and first floor levels. There are a range of communal areas throughout the home and patients have access for a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 March 2025 from 9.40 am to 4.20 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 8 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

An Inspection Support Volunteer (ISV) was present during this inspection and their comments are included within the report. An ISV is a member of the public who will bring their own experience to our inspections and help us to assess what it is like to live in the home.

The inspection found 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.

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

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.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. 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 told the inspector and the ISV that they were satisfied with the care and services provided.

Patients described staff as, "so helpful and kind", "lovely, I enjoy their company", "they would do anything for you", "great", "very attentive", and "they treat you with respect."

Two patients commented about staff being busy, with one patient saying that they would like staff to be able to spend more time with them outside of care delivery times, and another patient said that they felt staff "get tired" but were always pleasant.

Patients said that the care was good, with comments such as, "I'm extremely happy here", "I have no complaints at all", "I'm quite content" and "I'd recommend this place to anyone."

Patients confirmed that they could choose how and where they spent their day. For example, one patient talked about keeping up with their own hobbies and interests, and another patient talked about enjoying time in the garden.

Patients commented positively about the organised activities in the home. One patient said that they were happier now that there were regular religious services available.

Two patients said that while they were generally happy living in the home, they would like staff to be able to take more care during interventions. Patients declined to give any further or specific details. Comments were shared with the manager for her consideration and action where required.

A relative spoken with said that they were very satisfied with the care and services provided in the home. They described the care as “very good”, and said that staff were skilled in managing events such as falls. The relative said that they would like the décor in the home to be brighter and homelier. Comments were shared with the manager.

The ISV observed that the majority of feedback from patients was positive and while there were a few negative comments which were shared with the manager, the overall impression of patient experience was positive.

No patient or relative questionnaires were received following the inspection.

Staff told us that they were happy working in the home and felt supported through regular training and good communication between staff and management.

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.

Patients said that there was enough staff on duty to help them. As stated in section 3.2, some patients said they would like staff to take more care, while one patient said they would like staff to be able to spend more time with them outside of care delivery times. 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. Staff were seen to respond promptly to call bells and to be respectful towards each other and patients.

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. Throughout the day staff observation confirmed that staff attended ‘safety pauses’ prior to mealtimes to ensure good communication across the team about changes in patients’ needs.

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.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

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

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.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager confirmed that there were systems in place to manage patients' nutrition and mealtime experience.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activities of armchair exercises in the morning and pancake day celebrations in the afternoon 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.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the patients' noticeboards. It was noted that the format of display was not user friendly, as it was hand written and small. The manager provided assurances that they would review how the activities programme was shared with patients, relatives, and staff. This will be reviewed at a future inspection.

### **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, generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. One identified patient's care record was found to be missing one care plan. This was brought to the attention of nursing staff and the care plan was in place before the conclusion of the inspection.

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 well maintained. 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 were homely touches, such as photographs of staff and patients enjoying special events and activities.

A fire risk assessment was undertaken on 16 January 2025. There was evidence that some of the deficits identified by the assessor had been addressed. The home was still awaiting a new fire panel to be installed. This will be reviewed at a future inspection.

A fire door to the manager's office was found to be wedged open with a file. 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 Michelle MacMilan has been manager in the home since 20 April 2020 and has been registered with RQIA since 23 June 2021.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager 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.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

#### 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
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michelle MacMilan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (d) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 4 March 2025	<p>The registered person shall ensure that the practice of wedging open fire doors ceases and that all staff are made aware. Any fire doors that are required to be held open should be fitted with the appropriate door mechanism and linked to the home's fire alarm system.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Supervision was carried out with staff to remind them that the wedging open of fire doors is not permitted.            A DRU has been requested to be attached to the Managers door. Compliance will be monitored as part of the walkabout audit and during the completion of the Reg 29 carried out by the Operations Manager.</p>

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The Regulation and  
Quality Improvement  
Authority

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