

Inspection Report

Name of Service:	Lansdowne Care Home
Provider:	Beaumont Care Homes Limited
Date of Inspection:	14 January 2025

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

1.0 Service information

Organisation:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Claire Podmore
Service Profile – This home is a registered nursing home which provides nursing care for up to 86 patients. The home is divided into three units over three floors. The Annabella unit on the ground floor provides care for people living with dementia. The Innisfayle and Cavehill units on the first floor and second floor provide general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 14 January 2025, from 9.30 am to 3.45 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 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced 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 evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Due to an ongoing outbreak within the home the inspector limited footfall around the home on the basis of risk. However; patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again. 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 were observed to be at ease in the company of staff and to be content in their surroundings.

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times and to communicate effectively with patients, including with those who had a cognitive impairment.

Staff were also observed to be working well as team. The staff were observed to have positive interactions with patients and one another.

No questionnaires were returned or no feedback was received from the staff online survey within the allocated timeframe.

3.3 Inspection findings

3.3.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. The manager retained oversight of staff compliance with their training requirements.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. It was observed that the full name of agency staff was not always recorded on the duty rota; this was discussed with the manager who provided assurance this will be addressed going forward.

Review of records and discussion with the manager confirmed that patient dependency levels were reviewed regularly. The previous inspection identified an area for improvement regarding staffing arrangements in the Cavehill unit. Staffing levels have not changed in this unit; discussion with staff raised continued concerns regarding the number of staff on duty; this in turn is affecting staff morale. Staff feel although they do their best the current staffing levels limits the care they can deliver in a timely manner. An area for improvement was stated for a second time.

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. 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.

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 lunchtime meal served in the Annabella unit confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. 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.

Review of patient menu choice records confirmed they have been reviewed since the last inspection. The patients correct consistency of food was recorded however; a number of records still only evidenced the patients' first name. An area for improvement was stated for the second time.

The importance of engaging with patients was well understood by the manager and staff. The home employed dedicated activity staff. The programme of activities was displayed in several areas of the home advising patients of forthcoming events.

Patients were observed in their bedrooms with their chosen activity such as reading, listening to music, watching television or waiting for their visitors to come.

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.

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.

3.3.4 Quality and Management of Patients' Environment

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.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

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

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Claire Podmore has been the registered manager in this home since 5 June 2024.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust 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.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1*	1*

* the total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Claire Podmore, Registered Manager and Stephanie Flack, Regional Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

This inspection resulted in no new areas for improvement being identified.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: Second time To be completed by: 15 January 2025	The registered person shall ensure staffing levels are fully and comprehensively reviewed to ensure there are adequate staffing levels on at all times. The review should take account of but not be limited to dependencies of patients, the layout of the building, fire safety and evacuation procedures. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: Staffing levels will continue to be reviewed taking into consideration the dependencies of patients, the layout of the building, fire safety and evacuation procedures.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 12 Stated: Second time To be completed by: 15 January 2024	The registered person shall ensure a comprehensive review of the menu choice documentation is conducted to ensure the full name of patients is recorded and accurate menu options are recorded for those patients on a modified diet. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: Menu choice records have been updated detailing menu choice for all residents with special reference to those prescribed a modified diet. This is indicated on the menu choice record as choice A or choice B for all meals. The Daily Flash meetings are carried out involving the senior staff from all units, including catering staff. During this meeting the daily menu is discussed to ensure that two options are in place for all residents within the Home, including those residents unable to voice their preference verbally or are prescribed a modified diet.

	<p>The menu choice record reflects all resident's dietary preferences and this is made available to kitchen staff. In addition, staff who know residents well are able to make an informed choice for those persons unable.</p> <p>The menu choice records will be updated whenever the clinical handover summary is updated with new resident details. Once completed this will be shared with the kitchen. The Home Manager will check these monthly as part of quality assurance processes to ensure that accurate information is disseminated throughout the Home. Compliance will also be monitored as part of the regulation 29 audit carried out by the Operations Manager.</p>
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The Regulation and
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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