

Inspection Report

2 February 2023



Croagh Patrick Care Home

Type of Service: Nursing Home
**Address: Miller Hill, 235 Millisle Road,
Donaghadee, BT21 0LN**
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Beaumont Care Homes Limited Responsible Individual: Mrs Ruth Burrows	Registered Manager: Ms Karen Blair - Not registered
Person in charge at the time of inspection: Ms Karen Blair	Number of registered places: 67
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 42
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 67 patients. Patients' bedrooms, communal lounges and dining rooms are located over both floors of the home. Patients have access to a large garden with patios and seating areas.	

2.0 Inspection summary

An unannounced inspection took place on 2 February 2023 from 9.30 am to 5.00 pm. The inspection was carried out by a care inspector.

In response to concerns identified regarding safe and effective care provision, the South Eastern H&SC Trust (SEHSCT), ceased new admissions to this home with effect from 22 November 2022. The home's management team drew up a comprehensive action plan in order to address the deficits identified and regular meetings were held with relevant stakeholders, including RQIA, to assess progress with the required improvements. On 30 January 2023 the SEHSCT agreed that admissions could recommence to the home under a phased approach.

The inspection was carried out to assess progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was 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.

The majority of staff said that they were satisfied with staffing levels and that they enjoyed working in the home. It was noted that there were sufficient numbers of staff on duty to respond to the needs of patients in a timely manner.

Areas requiring improvement identified at the most recent medicines management inspection to the home on 8 December 2022 were not reviewed as part of this inspection.

A new area requiring improvement was identified regarding storage of items and equipment.

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

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.

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 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 and how staff went about their work was observed.

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 manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about life in the home and said they felt well looked after. Comments made by patients included that “I have no word of complaint about them at all”, “the girls (staff) are lovely”, “it’s fine in here, no problems”, “I can’t say a bad word about the place, it is just lovely” and “they couldn’t do enough for me”. Patients were complimentary about the food provided, they said that “the food is really good and there is a choice”, “the food is really very good” and “the food is excellent, I told the chef, it is delicious”.

The majority of staff said that staffing levels and morale had improved since the last RQIA care inspection on 3 & 4 October 2022. Most staff also spoke positively about teamwork between care and nursing staff, although, a minority of staff felt that further improvements were needed in this area. Staff commented that “staffing is more stable as the agency staff are block booked and know the patients well”, “staffing in the team has improved” and “teamwork is very good”.

Relatives said that they were satisfied with the care provided and found staff to be kind and helpful. One relative discussed a concern they had and it was established that this was being managed appropriately. Comments made by relatives included that “carers are very nice, genuinely fond of ...”, “we are happy; no complaints”, “staff are lovely, very kind” and “on the ball with communication”.

Comments made by patients, staff and relatives were brought to the attention of the manager for information and action if required.

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 8 December 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1)(a) (b) Stated: First time	The registered person shall ensure that satisfactory staffing levels are maintained in all departments of the home. Planned staffing levels should include suitably experienced staff and an adequate skill mix in order to ensure that patients' needs can be met effectively, consistently and in a timely manner.	Met
	Action taken as confirmed during the inspection: Review of the duty rota, discussion with staff and observations of the daily routine provided evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 12 (1) (a)(b)(c) Stated: First time	The registered person shall ensure that care plans developed to manage the prevention of pressure damage include details of the recommended use of pressure relieving mattresses/cushions and/or the recommended frequency of repositioning for individual patients.	Met
	Action taken as confirmed during the inspection: Review of relevant care plans provided evidence that this area for improvement was met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (d)(g)(l)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • sufficient numbers of suitable chairs are available in communal lounges • flooring is replaced in the ground floor visitor's toilet • stair carpets are maintained in good condition and/or replaced as necessary to reduce the risk of trips and slips • supplies and equipment are stored in appropriate areas of the home. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observations of the environment, review of the home's action plan and discussion with the manager provided evidence that this area for improvement was met.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>Area for Improvement</p> <p>The registered person shall ensure that records for the administration of thickening agents are accurately maintained and include the recommended consistency level.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>Area for Improvement</p> <p>The registered person shall ensure that the temperature of the medicine refrigerators is accurately monitored and recorded each day.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>Area for Improvement</p> <p>The registered person shall ensure that hand-written medication administration records are clearly maintained and include the month and year.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 37 Stated: Second time	The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.	Met
	Action taken as confirmed during the inspection: Observations of the environment provided evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that records relating to wound care are completed consistently and contemporaneously.	Partially met
	Action taken as confirmed during the inspection: Review of wound care records provided evidence that this area for improvement was partially met. See section 5.2.2 for more details. This area for improvement has been stated for the second time.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • there is a suitable system in place to ensure that patients are provided with the correct consistency of diet • any variations to the planned menu are consistently recorded and available for review • the menu on display for patients is updated if changes are made. 	Met
	Action taken as confirmed during the inspection: Review of relevant care records, discussion with staff and observations of the mealtime experience provided evidence that this area for improvement was met.	

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all required patient details are completed on the supplemental record booklets in use for individual patients.</p> <p>Action taken as confirmed during the inspection: Review of supplemental record booklets evidenced that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that equipment cleaning records are kept up to date and that equipment is cleaned according to the schedule and/or also when required.</p> <p>Action taken as confirmed during the inspection: Observations of equipment and related records provided evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>Area for Improvement The registered person shall review and revise the management of distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • the reason for and outcome of administration is recorded • regular use is referred to the prescriber for review. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 7</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>Area for Improvement The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

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.

The majority of staff said that staffing levels and morale had improved since the last care inspection. Observations during the inspection provided assurances that the skill mix and number of staff on duty was satisfactory to enable staff to carry out the daily routine effectively and respond to the needs of patients in a timely manner.

The manager said that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The manager confirmed that there had been successful recruitment of a number of care and nursing staff and recruitment was ongoing for vacant positions. While there was a continued need for bank or agency staff to ensure that shifts were covered 'block bookings' were arranged for consistency where possible.

The manager said that a small number of staff had brought their concerns regarding teamwork between care and nursing staff to her attention and she was working with staff to ensure that they all clearly understood their roles and responsibilities within the home.

There were systems in place to ensure staff were trained and supported to do their job with a range of mandatory and other relevant training provided.

Patients said that they were satisfied there were enough staff on duty to help them.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were provided with an up to date handover sheet detailing relevant patient details such as level of food and fluids recommended. It was positive to note that a 'flash meeting' had also been introduced each weekday, with a staff member from each department in attendance, in order that any issues or changes were communicated to all relevant staff. A record of these meetings was maintained.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Relevant care plans reviewed included details of individual patients' assessed needs regarding the use of pressure relieving mattresses and the recommended frequency of repositioning.

Patients' care records were stored securely. Supplemental care booklets were located within patients' individual bedrooms. Required patient details were recorded appropriately on the front pages of the supplemental care booklets reviewed. A new system of recording supplemental care, to ensure that contemporaneous recording was maintained by care staff and reviewed by registered nurses, had recently been introduced; progress in this area will be reviewed at the next care inspection.

Review of wound care records evidenced that the records for two wounds were well maintained and contemporaneous. However, it was unclear in the records for another wound if there was a gap in recording of the wound care or if the wound was healed. An area for improvement in this regard made at the previous care inspection was partially met and has been stated for the second time. RQIA requested information to confirm if the wound was healed or not but this had not been provided at the time writing this report.

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 from simple encouragement through to full assistance from staff. Staff members were observed to provide patients with the appropriate level of support required during the mealtime.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet and the required assistance. Information regarding the recommended level of food and fluids required for individual patients was readily available for staff.

The mealtime was a relaxed and unhurried experience. There was a choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. The menu was on display in an appropriate format and was up to date. The chef confirmed that a record was maintained of any changes to the menu.

Patients were very complimentary about the food provided in the home and said that there was always an alternative choice available.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and fresh smelling. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were attractively personalised.

A large number of new easy chairs were delivered to the home during the inspection. A lounge on the ground floor had been attractively redecorated and was now a welcoming space for the patients to enjoy as a cinema room. Action was underway to replace damaged flooring in the visitor's toilet. Stair carpets were observed to be in a clean condition; the manager had submitted a request for a new stair carpet for consideration by the senior management team. Various supplies and equipment which had been stored in inappropriate areas of the home during the last inspection had been removed.

While the home was generally tidy it was observed that items such as a urinal and continence products had been left on sinks, window ledges and radiators in bathrooms; items had been left on the floor in an identified lounge and a linen store; equipment had been left inappropriately in various alcoves on the ground floor. This was brought to the attention of the manager for information and action and an area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was being regularly monitored and records were kept.

Discussion with the manager and housekeeping staff provided assurances that efforts were made to provide cover for vacant shifts in this department and that recruitment was ongoing. Housekeeping staff said that staffing levels had improved since the last inspection.

Patients and their relatives did not raise any concerns about the home's environment.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was welcoming and friendly. Staff were seen to be attentive to patients' needs and to treat them with respect and kindness. Discussion with patients confirmed that they were able to choose how they spent their day.

The activity schedule was on display. During the inspection patients were offered the opportunity to attend a coffee morning and a movie was shown in the afternoon in the cinema room. Staff let the patients know what was happening in the home and offered them the choice to join in if they wished.

Patients who preferred to spend time in their bedrooms had call bells in reach in case they needed to call for assistance. Staff ensured that patients had TV's or radios on as they preferred. Interactions between staff and patients were seen to be positive and staff were observed regularly looking in on patients to ask if they needed anything.

Patients spoke highly of the staff and their experience of daily life in the home. Comments made by patients included, "I do what I want and the staff are very helpful and nice", "staff let me know what is going on, it's my choice to join in or not; I usually prefer to stay in my room" and "the girls (staff) are so kind, they are very accommodating".

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Karen Blair has been the manager in the home since 20 April 2022. Ms Blair is in the process of submitting an application to RQIA to be registered as the manager of the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Relatives spoken with said that they knew how to report any concerns or complaints and that they felt confident these would be sorted out. There was a system in place to manage complaints. The manager said that the outcome of complaints was shared with staff and was seen as an opportunity to for the team to learn and improve.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

*The total number of areas for improvement includes one standard that has been stated for a second time and three regulations and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Karen Blair, 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that records for the administration of thickening agents are accurately maintained and include the recommended consistency level. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the temperature of the medicine refrigerators is accurately monitored and recorded each day. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that hand-written medication administration records are clearly maintained and include the month and year. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that records relating to wound care are completed consistently and contemporaneously.</p> <p>Ref: 5.1 & 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>There are dry wipe ready reckoner boards for wound care now in place to ensure all RN staff are kept aware of the most update wounds on the Units.</p> <p>The Home Manager will check the compliance of wound care management, record the findings and the actions to be taken to address on the daily walkabout audit.</p> <p>The Home Manager will ensure that wound care delivery is recorded on the daily wound assessment and care-plan evaluation record, in keeping with the care-plan directions. All wounds are to be recorded monthly on the Home Monthly Report.</p> <p>The Home Manager will complete a monthly wound care TRaCa on each resident who has a wound. The Care Quality Manager as directed by Operation's Manager will also support in the completion of these Wound Care TRaCA audits.</p> <p>Random wound care audits will also be completed by the Operation's Manager during weekly visits. The findings and any actions identified to address will be recorded on the Regulation 29 Report.</p> <p>This area for improvement will be kept under review in the Beaumont Care and SEHSCT Escalation action plan overseen by the Operations Director.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review and revise the management of distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • the reason for and outcome of administration is recorded • regular use is referred to the prescriber for review. <p>Ref: 5.1</p> <hr/> <p>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.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • items such as urinals and continence products are stored in appropriate areas • lounges and linen stores are kept tidy and items are not stored on floors • alcoves are kept free of clutter; equipment should be stored neatly and in appropriate areas of the home. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All stores have been tidied and all items removed from the floor. These areas are checked during the daily walkabout audit completed by the Home Manager or designated other. Urinals are now individualised in each bedroom and stored in a holder. Continence products are being kept in individual’s wardrobes in bedrooms or healthcare stores. Clutter has been removed from alcoves and are being checked during the daily walkabout audit. Compliance will be monitored during weekly visits by the Beaumont Care Operation's Manager</p>

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