

Inspection Report 20 & 21 July 2023



Croagh Patrick Care Home

Type of service: Nursing
Address: Miller Hill, 235 Millisle Road, Donaghadee, BT21 0LN
Telephone number: 028 9188 8383

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Ltd Responsible Individual: Mrs Ruth Burrows	Registered Manager: Mr Mauro J Magbitang – Not registered
Person in charge at the time of inspection: Mr Mauro J Magbitang	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: 46
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 20 July 2023 from 9.30 am to 4.35 pm and on 21 July 2023 from 9.30 am to 4.00 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 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.

Staff said that that morale and teamwork was good. 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. It was positive to note that the areas for improvement reviewed regarding wound care recording and the environment were met.

New areas requiring improvement identified are discussed in the main body of the report.

RQIA were assured that the delivery of care and service provided in Croagh Patrick 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.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients said there were enough staff to help them, they felt well looked after and the food was good. Patients also said that the staff were helpful and the home was kept clean and tidy. Comments made by patients included that "the staff are pleasant", "they are looking after me just fine", "the staff are very good", "there is always a choice of meals and the food is excellent" and "my room is cleaned every day, floor washed and everything".

The majority of staff said that they were satisfied with staffing levels. A few staff said that mornings could be very busy but they knew that staffing levels would be reviewed if occupancy increased and they found that reassuring. All the staff spoke in very positive terms about teamwork and morale and said that the management team were very approachable. Comments made by staff included that "teamwork is great, things have improved, nurses and care assistants work together", "it is always busy but okay and staffing is better", "we could

always have more staff but every home could too”, “teamwork is much better, everyone works well together upstairs and downstairs” and “I love my job and take great pride in it”.

Relatives said they were satisfied/mostly satisfied with the care provided; one relative said that very occasional care issues had been quickly sorted out. Relatives said that communication was good and that staff were kind and helpful. Comments made by relatives included that “they are all very good, nice staff” and “no big issues at all”.

‘Thank you’ cards were on display. A record of compliments received about the home was kept and shared with the staff team, this is good practice.

RQIA did not receive any responses to the staff survey. Six questionnaires were received from patients and relatives; all the respondents indicated they were very satisfied/satisfied with the care provided. Comments made included that “the staff are great”, “I think the care is wonderful”, “I am very happy” and “very much satisfied with the care”.

Comments made by patients, staff and relatives were brought to the attention of the management team 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 2 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records for the administration of thickening agents are accurately maintained and include the recommended consistency level.	Carried forward to the next inspection
	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>Area for Improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</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 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</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>		
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that records relating to wound care are completed consistently and contemporaneously.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>		
<p>Area for Improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</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>Carried forward to the next inspection</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>		

Area for Improvement 3 Ref: Standard 28 Stated: First time	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.	Carried forward to the next inspection
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 4 Ref: Standard 44 Stated: First time	The registered person shall ensure that: <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. 	Met
Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.		

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.

There were systems in place to ensure staff were trained and supported to do their job.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. 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 manager said that recruitment was ongoing to fill vacant posts and in the interim agency staff were block booked, as far as possible, to help ensure consistency of care for the patients.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

There was a system in place to ensure that registered nurses, who take charge in the home in the absence of the manager, had completed relevant competency and capability assessments.

Staff received supervision sessions as per the schedule in place. However, the staff appraisal planner was not completed and staff appraisals were not up to date; an area for improvement was identified.

It was noted that there were sufficient numbers of staff on duty to respond to the needs of the patients in a timely way. Staff were seen to be responsive to requests for assistance and to treat the patients with respect and kindness.

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.

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 these included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives in the care records. Patients' current care records were held confidentially.

Care records for patients with mobilising difficulties included recommendations regarding pressure relieving equipment in use and the frequency of repositioning. Records of repositioning were maintained.

Where a patient was at risk of falling, measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails and alarm mats.

Care records accurately reflected the patients' recommended care needs if they had a wound, relevant care plans had been developed and contemporaneous recording of wound care was maintained. If required, nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and/or the Podiatrist and followed the recommendations they made.

Review of care records evidenced that risk assessments and care plans were regularly reviewed by staff. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Supplemental records were well maintained with regards to personal care, repositioning and food and fluid intake. However, there were gaps in the recording of bowel movements and

discrepancies in daily fluid intake totals in supplemental records and daily care records. An area for improvement was identified. In addition, there was a lack of evidence to show that the registered nurses maintained a robust oversight of these areas and relevant care plans did not include details of the actions to take in the event of issues such as a change in bowel habits or reduced fluid intake. An area for improvement was identified.

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.

In the ground floor dining room tables were attractively set prior to the meal, the menu was up to date and patients were seated appropriately for their meal. However, the first floor dining rooms did not have up to date menus on display, the tables were not set until after patients were seated and there was a lack of thoughtfulness regarding the seating arrangements of some patients. An area for improvement was identified. Staff explained their rationale regarding the seating arrangements for the patients but agreed that these could be improved. Staff immediately offered and assisted the patients to move to a much more sociable seating arrangement.

Staff members were observed to provide patients with the appropriate level of support required during the mealtime. There was a choice of meals offered, the food was attractively presented, smelled appetising and portions were generous.

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. A 'safety pause' was undertaken prior to serving meals. Staff said that a permanent member of staff, either a registered nurse or senior care assistant, always supervised the mealtime. Agency staff said they were provided with information regarding patients' food and fluid recommendations and that they felt well supported by the permanent staff over mealtimes.

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

Staff were seen to be very responsive regarding a patient who was unusually drowsy and not eating much. Appropriate action was taken to meet the needs of the patient and the registered nurse ensured that the change in needs was communicated to other staff and was reflected in relevant care plans.

Patients were complimentary about the food provided in the home and said that there was always an alternative choice available. Patients said that "the food is lovely", "there is a good choice of food" and lunch was "excellent". Patients said that they were able to feed back any issues with the food to the chef and the manager and were satisfied that action was taken to try and improve things.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean, tidy and fresh smelling. Communal areas were bright and welcoming spaces for patients to relax and interact with other patients as they wished. Patients' bedrooms were attractively personalised with items that were important to

them, such as, family photos, ornaments, pictures, flowers and cushions. Fire exits and corridors were clear of clutter and obstruction.

The keypad lock to a storeroom, which contained records for archiving, was not in working order and as a result these records were potentially accessible. An area for improvement was identified.

Minor environmental issues brought to the attention of the management team for information and action included stained tea and coffee flasks and the need to appropriately store fold up tables.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and 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.

Patients and their relatives were satisfied that the home was kept clean and tidy.

Following the inspection, the manager confirmed that the tea and coffee flasks had been replaced and the fold up tables had been relocated to a more suitable area.

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. A hairdresser was in the home on a regular basis to help ensure patients were able to look their best.

Discussion with patients confirmed that they were able to choose how they spent their day, were aware of the activities on offer and able to choose whether to join in or not. One patient said that "I like listening to music in my room but know about the activities". Patients who preferred to spend time in their bedrooms had call bells in reach in case they needed to call for assistance.

The activity schedule was on display and discussion with the activity co-ordinator confirmed that a record was kept of all the activities and events provided. Informative records of activities were also maintained for individual patients.

The regular activity schedule included one to one room visits, quizzes, jigsaws, ball games, movies and reminiscence. The activity co-ordinator said that in addition to this she organised for entertainers, such as singers, guitarists, an accordion band and an Elvis impersonator, to visit the home. The gentlemen had been treated to a 'pie and a pint' for Father's Day, there had been strawberries and cream on the lawn and a recent BBQ.

Patients spiritual needs were provided for and birthdays and holidays were celebrated. Patients were helping to grow lettuce, tomatoes and strawberries and had helped to make up hanging baskets for the home.

The activity co-ordinator said she regularly consulted with the patients regarding their likes and dislikes, the type of activities they enjoyed and what new activities they would like to do. A record of these informal meetings was not maintained but the activity co-ordinator agreed it would be positive to record this going forward to demonstrate that regular consultation with patients was undertaken. This was also discussed with the management team.

Patients said they felt listened to and were confident that staff would make efforts to help sort out any concerns or worries they might have. Patients were complimentary about the staff and the care provided, comments included that "it's nice to be looked after", "I am very comfortable" and "the staff are superb".

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection as Ms Karen Blair was on a period of leave, regarding which, RQIA had been appropriately notified. Mr Mauro J Magbitang has been the Acting Manager in this home since 16 June 2023. 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.

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 said they knew who to report any concerns or complaints to and were satisfied with the actions taken to resolve these. There was a system in place to manage complaints. The management team confirmed that the outcome of complaints was disseminated to staff and used for learning.

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 and where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Staff meetings had been undertaken but the minutes were not yet available for review. Relatives meetings had not been planned and although the activity co-ordinator regularly consulted with patients a formal record of this was not maintained. This was brought to the attention of the management team for information and appropriate action. Progress with

planning and recording meetings and consultations with staff, patients and relatives will be reviewed at the next inspection.

Staff spoke positively about the management team and the support they provided. Comments made by staff included that “Jen (the Deputy Manager) goes over and above to try and get things sorted” and “Karen (the Manager) is great, door always open, very approachable and good at explaining things”.

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	5*	5*

* The total number of areas for improvement includes three under the regulations and two under the standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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

<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that hand-written medication administration records are clearly maintained and include the month and year</p> <p>Ref: 5.1</p> <hr/> <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 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2023</p>	<p>The registered person shall ensure that the staff appraisal planner is completed and that all staff receive a recorded annual appraisal within a reasonable timeframe.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: The Appraisal planner has been put in place and will be commencing mid – September following all staffs summer annual leave and all staff have an appraisal completed by 30th December 2023 for Year 2023. New starts will receive probationary reviews by Home Manager and annual appraisals will be conducted by Heads of Departments going forward. The completion of the Appraisals will be kept under review as part of the monthly Regulation 29 visits.</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that records are securely stored at all times.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The First-floor archiving store identified on the day of the inspection now has a lock in place and the key is held by the Registered Nurse in Charge.</p> <p>The safe storage of records will be reviewed as part of the monthly Regulation 29 visits.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by:</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>

With immediate effect	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 28 Stated: First time To be completed by: With immediate effect	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. Ref: 5.1 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 3 Ref: Standard 4.9 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that supplemental records and daily records are accurately and contemporaneously maintained for all areas of care including, where necessary, bowel movements and total daily fluid intake. Ref: 5.2.2 Response by registered person detailing the actions taken: The outcome of the inspection was discussed with staff during a staff meeting held on 15.8.23. A weekly check is being completed by RN staff as per audit list and spot checks are being completed by Home and Deputy Managers on the walkabout audit. Bowel charts are currently being reviewed every 3 days by RN on night duty and this will be reviewed by Home and Deputy Managers to ensure this has been embedded into practice. The compliance of the completion of the supplementary records and the governance oversight will be reviewed as part of the monthly Regulation 29 visits.
Area for improvement 4 Ref: Standard 4.9 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that relevant care plans include details of actions to take in the event of variances to the planned care or in patients usual presentation regarding bowel habits and fluid intake. Care records should demonstrate registered nurses oversight of all aspects of patients' daily care and, where necessary, actions taken as a result of variances. Ref: 5.2.2 Response by registered person detailing the actions taken: IThe outcome of the inspection was discussed with staff during a staff meeting held on 15.8.23.

	<p>All care records are audited and updated at least once a month as per Resident of the Day system.</p> <p>Bowel records and fluid intakes will be specifically monitored - bowel records every 3 days and the 24-hour fluid intake will be tallied nightly and reported into the progress record for individual Residents.</p> <p>If fluid intake targets are not achieved- this will be referred to Home Manager via 24hr Report for oversight to ensure the appropriate action is taken. Spot checks will also be completed via the walkabout audit.</p> <p>Compliance of the completion of the records and the governance oversight will be reviewed as part of the monthly Regulation 29 visits.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the mealtime is a positive, well organised and enjoyable experience for all patients in the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>The Inspection outcomes were discussed with staff during a staff meeting held on 15.8.23.</p> <p>The first-floor dining rooms are scheduled to be refurbished in October to improve the environment as part of the overall refurbishment plan.</p> <p>All dining rooms will be set up for the meal service by the Catering staff prior to mealtimes commencing.</p> <p>Menus will be updated and displayed daily by the Catering staff.</p> <p>Residents will be brought to the dining room and seated appropriately. Staff allocated to the dining room will observe the safety pause prior to serving meals.</p> <p>Oversight is being monitored through monthly dining audit and Daily Walkabout.</p> <p>Compliance will be reviewed as part of the monthly Regulation 29 visits.</p>

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