

# Inspection Report

<b>Name of Service:</b>	<b>Croagh Patrick Care Home</b>
<b>Provider:</b>	<b>Beaumont Care Homes Ltd</b>
<b>Date of Inspection:</b>	<b>22 October 2024</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>	Ms Karen Blair
<b>Service Profile</b> – This home is a registered nursing home which provides general nursing care and care for persons with a physical disability for persons over and under 65 years old. The homes is registered for a maximum of 67 patients. The home is spread over two floors and each floor has its own dining room and various communal lounges.	

## 2.0 Inspection summary

An unannounced inspection took place on 22 October 2024 between 9:55 am and 7.10 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 20 July 2023.

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.

Patients said that living in the home was a great 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 two areas for improvement were assessed as having been addressed by the provider. Three 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 spoken with told us that "it's great here", "my room's always cleaned" and "the staff are very good". Others said "staff are good here and are good craic" and "they couldn't do enough for you".

Staff gave patients a choice of how they wanted to spend their time for example, if they wanted to engage in activities in their bedroom rather than joining in group activities which had been scheduled. Patients also told us that they found there to be enough staff and that they had "good relationships" with staff. Patient's told us "the food's lovely, the chef's great", but when asked, patients nor staff knew what the meals were for the day. Further detail is in Section 3.3.2.

Staff spoke very well of one another and said "I love my job here". Staff were also observed to be working well as team. Staff had very positive interactions with patients and one another, there was laughing heard and this was supported by patients saying that staff had helped them to settle in and feel at home in Croagh Patrick Home.

A healthcare professional who was visiting the home at the time of this inspection told us that they visited regularly and they found the care to be "good and the staff are responsive" to care needs.

### 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. 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 knew what they were doing and patients said they had confidence in staffs' ability to provide good care. Some members of staff have worked in the home for many years and interactions observed demonstrated that staff knew patients well and knew how best to help them.

#### 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 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, staff made efforts to enable patients to sit with their friends. Additionally, staff were observed to engage patients in humour, bringing much laughter and a homely atmosphere.

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.

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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patient's mobility and falls risk assessments were completed.

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. There were robust systems in place to manage patients' nutrition and mealtime experience.

The dining experience was an opportunity for patients to socialise. Many patients sat together in the communal dining room on the ground floor and were observed to be chatting to one another over lunch. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. There were enough staff present

to support patients with their meal and the food served smelt and looked appetising and nutritious. However; patients were not offered drinks or condiments with their lunch. An area for improvement was identified.

There was inconsistencies in the menus posted in each of the dining rooms; and the menu display boards did not advise of the day's meals. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Discussion with some patients confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities if they wished. Patients spoke of how they enjoyed some of the entertainment which was brought in such as a variety of music and singing entertainment. Patients enjoyed the morning activity of a quiz, "Name that Tune".

A programme of activities was not on display on the first floor. Activity records contained gaps and lacked detail in regards to patient participation. An area for improvement was identified.

### 3.3.3 Management of Care Records

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs. Examination of records for an identified patient confirmed care plans and associated risk assessments were not in place in a timely manner following admission of patients. An area for improvement was identified.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patient care records relating to pressure area care lacked detail in relation to their position change, repositioning regime and care plans lacked detailed in regards to the recommended regime. This was identified as an area for improvement.

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. There was evidence that staff were responsive to changes in patients' presentation and liaising with other services where required.

There were gaps in care records regarding bowel movements and fluid intake. This area for improvement will be stated for a second time.

Patients care records which should be held confidentially were found stored in unlocked rooms. This area for improvement will be stated for a second time.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy and patients and families commented that they feel the home is cleaned well. Patients' bedrooms were personalised with items important to the them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Some furniture was showing signs of wear and tear; the manager was already aware and there was a plan in place for redecorating the home.

When it was assessed as safe, patients were observed to have access to their own snacks and drinks throughout the day. With regards to their personal items, patients spoke well of staff being careful with precious items.

Thickening agents, which pose a potential risk of choking to patients, were left unsecured in unlocked rooms. 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. Ms Karen Blair has been the registered manager in this home since 22 September 2023.

Patients and staff commented very positively about the manager and the management team, describing them as supportive, approachable and able to provide guidance.

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, and took measures to improve practice. However, where deficits were identified, actions taken were not recorded. For example, Monthly Monitoring Visits, Hand Hygiene audits or Infection Prevention and Control audits did not always have clear action plans. An area for improvement was identified.

There was a system in place for staff supervision to be completed regularly however not all staff had received an annual appraisal. This area for improvement will be stated for a second time.

## 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>	3*	7*

The total number of areas for improvement includes two regulations and one standard which have been stated for a second time.

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	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> Second time  <b>To be completed by:</b> 22 February 2025	<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: 2.0 &amp; 3.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1. The Registered Manager in the process of carrying out appraisals for the Head of Departments.</li> <li>2. Staff have been allocated to appropriate Head of Dept and RNs, and appraisals to be carried out by end January 2025.</li> <li>3. An Annual appraisal schedule to be drawn up for the incoming year once all completed.</li> </ol> <p>The Registered Manager will maintain oversight of all appraisals completed and the Operations Manager will review compliance during monthly Regulation 29 visits.</p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 19 (1) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 22 October 2024	<p>The registered person shall ensure that records are securely stored at all times.</p> <p>Ref: 2.0 &amp; 3.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The areas identified during inspection were immediately locked.</p> <ol style="list-style-type: none"> <li>1. The safe storage of records was discussed with staff during an inspection feedback meeting held on 23.10.2024</li> <li>2. Supervisions will be completed for all staff by appropriate Head of Dept and RN's by end December 2024.</li> <li>3. All areas of storage will be monitored by the Registered Manager during the daily walkabout and reviewed by the Operations Manager during the monthly Regulation 29 visit.</li> </ol>



<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 October 2024</p>	<p>The registered person shall ensure that all thickening agents are appropriately and safely stored at all times.</p> <p>Ref 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The safe storage thickening agents was discussed with staff during an inspection feedback meeting held on the 23.10.23. Supervisions will take place with appropriate staff by Head of Departments by the end of Dec 24. Compliance will be monitored by the Registered Manager during the completion of the daily walkabout audit and reviewed by the Operations Manager during the monthly Regulation 29 Visit.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (2022)</b></p>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 2024</p>	<p>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 fluid intake.</p> <p>Ref: 2.0 &amp; 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1.This area of improvement was discussed with staff at the inspection feedback meeting held on 23.10.2024</li> <li>2.Supervisions have been issued and to be held with appropriate staff by Head of Dept and RN's by end December 2024.</li> <li>3.RN's will check and sign 5 resident charts at end of each shift to ensure completed and all charts will be checked weekly. A review form has been developed to be completed and signed weekly and returned to Home Manager each Monday. Home Manager / Deputy Manager will spot check 10% weekly.</li> <li>4.Night duty RN's will calculate and record the 24hr fluid intake and if any are found to be falling short of the daily target, this will be discussed at handover and added to the 24hr report which will be reviewed by the Home Manager.</li> <li>5.Records will be monitored by the Home Manager during the Daily walkabout and reviewed by the Operations Manager during the monthly Regulation 29 visit.</li> </ol>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 October 2024</p>	<p>The registered person will ensure also that patients are offered regular drinks as part of the dining experience</p> <p>Ref 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1.This area of improvement was discussed with staff at the inspection feedback meeting held on 23.10.2024</li> <li>2.Supervisions have been issued and to be held with appropriate staff by Head of Dept and RN's by end December 2024.</li> <li>3.Staff to be reminded during the mealtime safety pause.</li> <li>4.RN's to check at each meal time to ensure that residents are being offered regular drinks.</li> <li>5. Compliance will be monitored through Daily walkabout, completion of the Dining experience audit, review of records and during the monthly Regulation 29 visit.</li> </ol>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 February 2025</p>	<p>The registered person will ensure that the menu display for mealtimes is in a format accessible to patients in and reflective of the day's meal options.</p> <p>Ref 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1. This area of improvement was discussed with staff at inspection feedback meeting held on 23.10.2024</li> <li>2.Supervisions to be held with all staff by end December 2024 and menu boards to be completed at commencement of duty by kitchen staff.</li> <li>3. The Registered Manager will monitor through Daily walkabout and further review by the Operations Manager during the Regulation 29 visit.</li> </ol>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 February 2025</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent approach and records evidence patient participation</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1. This area of improvement was discussed with the PAL on 23.11.2024</li> <li>2. A weekly timetable of events will be placed on First Floor noticeboard as well as reception area Activities Notice Board.</li> <li>3. Activities to be provided when PAL on annual leave.</li> </ol>

	<p>4. Supervision with regards to meaningful documentation with PAL to be carried out by the Registered Manager by end December 2024.</p> <p>5. The Registered Manager will monitor through Daily walkabout and further review by the Operations Manager during the Regulation 29 visit.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 October 2024</p>	<p>The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1. This area of improvement was discussed with staff at the inspection feedback meeting 23.10.2024</li> <li>2. Care records to be commenced on admission and completed within 5 days as per Care Standards for Nursing Homes 2015.</li> <li>3. An Admission Governance Audit will be completed on 5th day by Home Manager / Deputy Manager.</li> <li>4. Compliance will be further reviewed by the Operations Manager during the monthly Regulation 29 visit</li> </ol>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 October 2024</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning the care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning and the position change is recorded</p> <p>Ref 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>This area of improvement was discussed with the Nursing staff during an inspection feedback meeting that was held on the 23.10.24. Supervision will also be completed with relevant staff by the end of December 24. This supervision will cover the importance of ensuring the relevant information prescribed in the care plan is translated onto the repositioning charts and there is evidence documented on the repositioning charts that the Plan of care has been followed.</p> <p>The RN's will check and sign 5 resident charts at end of each shift to ensure they are completed in full and match the prescribed care. All repositioning charts will then be checked weekly to ensure compliance. A review form has been developed and is to be completed and signed weekly. This review form will be returned to Registered Manager on Monday morning.</p>

	4. Home Manager will monitor through Daily walkabout and further review by the Operations Manager during the Regulation 29 visit.
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 35.7  <b>Stated:</b> First time  <b>To be completed by:</b> 22 February 2025	The registered person shall ensure that when deficits are identified by the audit system that the action plan clearly identifies the person responsible to make the improvement and expected timeframe. Specifically this is in relation to Hand Hygiene Audits, Infection Control Audits and Monthly Monitoring.  Ref: 3.3.5
	<b>Response by registered person detailing the actions taken:</b> 1.Action plans if required will be drawn up on completion of the audit and issued within 3 days to staff for action. 2.Action plans to include details of the person responsible and timeframe for completion. 3.The Home Manager will review all audits and action plans and sign off to evidence oversight and governance. 4. Further review will be completed by the Operations Manager during the Regulation 29 visit. 5. The Operations Manager will indicate timeframes for all actions recorded on the Regulation 29 report.

***\*Please ensure this document is completed in full and returned via the Web Portal\****



The Regulation and  
Quality Improvement  
Authority

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