

Inspection Report

Name of Service: Carnalea Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 5 & 6 February 2025

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

1.0 Service information

Organisation/Registered Provider:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Josette Fernandez
Service Profile – This home is a registered nursing home which provides dementia and general nursing care for up to 73 patients. The home consists of three units, Featherstone, Sunshine and the general nursing unit. There are a range of bedrooms and communal spaces throughout the home.	

2.0 Inspection summary

An unannounced inspection took place on 5 February 2025, between 10.15 am to 5.00 pm and 6 February 2025, between 9.30 am to 4.15 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 23 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to the managerial oversight and governance arrangements pertaining to the environment within the Featherstone unit. Please refer to section 3.3.4 for further detail.

As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A serious concerns meeting was held on 18 February 2025 to discuss the inspection findings and their plans to address the serious concerns identified. Details of RQIA's enforcement procedures can be found on the website, www.rqia.org.uk

Prior to the meeting the Responsible Person submitted an action plan detailing the actions they had taken since the inspection, and further actions they planned to take, to address the concerns raised. At the meeting the RI provided the necessary assurances to confirm they would address the remaining actions needed to bring the home back into compliance with the regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance.

The previous Quality Improvement Plan (QIP) was also reviewed. Two areas for improvement were assessed as having been addressed by the provider, one area for improvement in relation to the environment was not met and has been stated for a second time and one area for improvement pertaining to medicines management has been carried forward for review at a future inspection. 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 who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Relatives spoken with, told us they were very happy with the care provided in Carnalea and described the staff as "first class".

Staff told us that they enjoyed working there and that the patient's care was very important to them.

Four responses were received from the patient/relative questionnaires and all indicated that they were happy with the care and services provided to their loved ones in Carnalea. Some of the comments made included, "best of attention" and "excellent care is given".

Six responses were received from the staff questionnaires, all reported varying degrees of satisfaction. Some of the comments included, "I am very happy working here in Carnalea", "the residents are very well cared for" and "I love working here". All of the comments provided in the questionnaires were shared with the manager for review and action as appropriate.

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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Staff told us that the patients needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

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 skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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

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.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly.

The risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a choice of meals offered, the food was attractively presented and smelled appetising. There was a variety of drinks available and staff were observed assisting patients with their meal. Patients commented positively about the quality of the meal provided.

The home employs two dedicated activity care staff. Each unit had a display of monthly or weekly activities available, however it was noted the information in the Featherstone unit had not been updated to the correct month. Discussion with staff evidenced that record keeping required further development to evidence patient engagement. This was discussed with the manager for review and action as appropriate; this will be reviewed at a future inspection. It was positive to note however, that patients in the general nursing unit were observed availing of an armchair exercise session and one patient commented how much they enjoyed this activity. In addition hairdressing services were regularly available to patients.

3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff 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.

A number of patients required bespoke care arrangements and had care plans in place to direct care, a discussion took place with staff to further develop the bespoke care plans and this was addressed by staff on the day of inspection.

Care records were generally well maintained and regularly reviewed to ensure they continued to meet the patients' needs, where minimal gaps were identified these were discussed with the manager for review and action as appropriate.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

Examination of the homes environment included reviewing a sample of bedrooms, bathrooms and communal areas such as lounges. Patients bedrooms had varying degrees of personalisation, to include family photos and sentimental items from home.

Observation of the environment noted a variance in the standard of décor throughout the home, whilst the standard of décor and cleanliness in the Sunshine unit and the general unit were well presented, a number of environmental issues were evident within the Featherston unit. Furniture in a significant number of rooms required fixing or replacing; this included damaged drawers, wardrobes and bedside tables that required repair or replacement, a number of vanity units had peeling coverings, drawers had missing handles and were not able to be closed properly. There were multiple areas of the environment which required repair or decoration for example, damaged paintwork on the walls, damaged woodwork on doors, doorframes and skirting and damaged and ill fitting radiator covers. In addition, the access door to the patio and

garden was not adequately secured. There was no plan in place to address the issues and ensure that the necessary improvements were made. This was discussed during the meeting on 18 February 2025; The RI confirmed that work had been commenced and an action plan was in place with timescales to address the identified issues. The area for improvement identified at the previous inspection pertaining to the environment was stated for a second time.

Bathrooms and toilets were generally clean and hygienic, where an issue was identified with one bathroom this was brought to the attention of the manager for immediate review and action; and was further discussed at the meeting held with the Responsible Person and management.

Fire safety measures were in place, corridors were clear of clutter and obstruction and fire exits were also maintained clear.

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 regularly monitored by the manager and records kept.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Josette Fernandez has been the Manager in this home since 8 February 2016.

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

The statement of purpose for the home was reviewed and lacked sufficient detail to describe the philosophy of care of the three separate units within the home; an area for improvement was identified.

A selection of audits was reviewed and evidenced that systems were generally in place to monitor and evaluate the quality of nursing care, however audits were not effective in identifying the extent of furniture and equipment that was damaged and required repair or the poor state of the environment and the need for repair and redecoration; please refer to section 3.3.4 for further detail.

The home was visited each month by a representative of the Registered Person to consult with patients, their relatives and staff to examine all areas of the running of the home. Review of a sample of reports noted that they were not sufficiently robust in identifying environmental deficits; an area for improvement was identified.

There was a system in place to manage complaints.

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	4*	0

* the total number of areas for improvement includes one regulation that has been stated for a second time and one regulation which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Josette Fernandez, Registered Manager and Mrs Ruth Burrows, Responsible Person, 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: Second time To be completed by: From the date of the inspection (25 January 2024)	The registered person shall ensure that records for the administration of thickening agents are accurately maintained. Ref: 5.1 & 5.2.6 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 27 (2) Stated: Second time To be completed by: 5 March 2025	The registered person shall ensure that the premises are kept in a good state of repair and reasonably decorated. A refurbishment plan with timeframes for completion to be submitted to RQIA with this QIP. Ref: 3.3.4 Response by registered person detailing the actions taken: A full environmental audit of the Home has been completed by the Property Manager and Home Manager. This audit is to be completed 6 monthly thereafter. A copy of the audit and required actions was submitted to RQIA prior to the Serious Concerns Meeting held on 18 February 2025. Works commenced on 11th February 2025 and the majority of the identified issues have now been addressed, with remaining actions outside of the Maintenance Person's

	<p>remit. Quotations have been provided and are now waiting for approval.</p> <p>Supervision has taken place with the Home Manager, Maintenance Person and Senior staff within the Home to remind them of the importance of ensuring that the environment in which the residents are living in is to an acceptable standard, and to ensure that all maintenance issues are reported immediately. The Walkabout audit is to be completed at least 3 times per week and an action plan implemented for any areas of deficit highlighted.</p> <p>The Home Manager will maintain oversight over any works completed and sign off when satisfied these have been completed to an acceptable standard and within the expected timeframes.</p> <p>These audits will be reviewed by the Operations Manager during the monthly Regulation 29 visit and areas identified recorded on the report action plan. On 31st March 2025, the MD conducted a follow up visit and reviewed all actions on the environmental audit.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 3 (1)</p> <p>Stated: First time</p> <p>To be completed by: 5 March 2025</p>	<p>The registered person shall ensure the statement of purpose accurately reflects the philosophy of care of the three separate units within the home.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken:</p> <p>The Statement of Purpose has been reviewed for all three units in Carnalea Care Home.</p> <p>The Statement of Purpose specific to Featherston Wing has been reviewed to reflect how the service has evolved and developed. The Statement of Purpose includes:</p> <ol style="list-style-type: none"> 1 The philosophy of care and ethos of the Featherston Wing Service which provides complex Dementia Care. 2.Details of the partnership arrangements with SEHSCT and how the input from the SEHSCT Staff supports the care prescription and care delivery to Residents. 3 How the ethos of the Featherston Unit is delivered practicably into care to deliver a service that promotes individuals' strengths and providing opportunities for individuals to retain and practice life skills for as long as possible. 4.How the Home's governance plays a vital role in the promoting Residents' outcomes, the management of risk, and supporting the cycle of service improvement

<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 5 March 2025</p>	<p>The registered person shall ensure the monthly monitoring report is effective in identifying improvements required to the premises of the home and in ensuring that any required improvements are made.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following the Inspection supervision and reflection has been completed with the Operations Manager.</p> <p>Subsequent Regulation 29 audits have been completed in the Home on 24th February and 20th March 2025. These reports have been discussed with the Home Manager and forwarded for review and action.</p> <p>The Environmental Action Plan and The RQIA Serious Concerns Action plans have been updated.</p> <p>For a period of time the Regulation 29 reports will be peer reviewed by a Director on a Monthly basis and any ongoing repeated actions discussed. The Regulation 29 reports for February 2025 and March 2025 have been reviewed by the Operations Director.</p>

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