

Inspection Report

Name of Service: Mount Lens Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 7 May 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 Paulene Rogers – not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 31 patients living with dementia. Patients bedrooms, communal lounges and dining rooms are located over two floors in the home. Patients have access to an enclosed courtyard area and a number of seating areas at the front and the rear of the home.	

2.0 Inspection summary

An unannounced inspection took place on 7 May 2025 from 9.25 am to 5.40 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; recruitment and induction of staff, environmental cleaning, cleaning of patient equipment, infection prevention and control practices, meaningful engagement and record keeping.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been stated again and will be reviewed at the next 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are very good and pleasant. The food is good too", "Anything I want they get it for me. The staff clean my room and change my bed" and "They are all taking good care of me."

Patients told us that staff offered choices to patients 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.

Staff spoken with said that Mount Lens Care Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

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 systems in place to manage most aspects of staffing, although review of agency staff induction records confirmed that not all staff had a fully completed induction. In addition, review of staff recruitment records established that pre-employment checks had not been completed prior to each staff member commencing in post. Areas for improvement identified at the previous care inspection were stated for a second time.

It was not clear from review of the duty rota which staff were providing care to patients who required one to one care and not all staff who worked in the home were recorded on the duty rota. An area for improvement was made.

Staff said there was good team work but confirmed that they were not satisfied with the staffing levels for housekeeping staff. Review of the staff duty rotas evidenced that the staffing levels for housekeeping staff consistently dropped to one housekeeper for three days of the week. This was discussed with the manager who confirmed the sufficiency of housekeeping hours has been escalated to senior management. This is discussed further in section 3.3.4.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly and supportive and the atmosphere was relaxed. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be 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.

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

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. Review of records, observation of care delivery and discussion with patients and staff confirmed that skin care was delivered effectively.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good. However, a number of concerns were identified in relation to the mealtime experience. Plastic glasses provided to patients were visibly stained and worn while glassware was not readily available; table cloths were frayed and threadbare and condiments were not readily available. It was disappointing to note that this had been discussed at the previous care inspection and despite some improvements noted in the ground floor dining room, sufficient progress regarding the overall dining experience has not been made. An area for improvement was identified.

The importance of engaging with patients was well understood by management and staff. However, discussion with staff and patients confirmed there is no activity co-ordinator working in the home at present. One patient said, "we used to do singing and quizzes." No activity planner was displayed and review of the rota evidenced no-one was identified to lead on activities in the absence of the activity co-ordinator. To ensure meaningful activities are delivered to provide structure to the patient's day, an area for improvement was stated for a second time.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records, for the most part, were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

Review of activity records for patients who required one to one care identified that further work was required around record keeping to evidence that all patients are provided with meaningful activities. The records reviewed contained entries that were not person centred. An area for improvement was identified.

A selection of supplementary care records were reviewed such as, personal care records, bed rail checks, repositioning and behaviour charts. While some improvements were noted in the timely completion of some of these records, all staff were not consistently completing records after care was delivered. An area for improvement was stated for a second time.

Prescribed nutritional supplements consumed by patients were not accurately and consistently recorded as part of their food and fluid intake records. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was generally tidy and patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished, warm and comfortable.

Shortfalls in environmental cleaning were noted. Stains were observed on door frames, radiators, walls, soft coverings and on some patient furniture; and some storage areas were cluttered and in need of cleaning. Staff said there was insufficient housekeeping hours to keep on top of the volume of work. An area for improvement relating to the cleaning of the environment was stated for a second time. A new area for improvement was identified in relation to reviewing housing keeping hours and implementation of a system to ensure all parts of the home are clean.

Concerns regarding the cleaning of patient equipment were identified. Cleaning records completed by staff stated that equipment had been cleaned. However, a number of wheelchairs, rollators, armchairs and hoists were dusty or dirty. An area for improvement was identified.

Whilst there was evidence of improvements to the home in relation to purchasing of some furniture and painting in some areas; improvement works to the home environment were identified in multiple areas throughout the home. It was disappointing to note that some of these deficits were identified at the previous care inspection in June 2024 and had not been addressed. This was discussed with the manager who committed to reviewing the works required in the home without delay. An area for improvement was stated for a second time.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Whilst improvements were noted since the previous care inspection, some staff were observed not washing their hands correctly or at appropriate times and to use personal protective equipment (PPE) inappropriately; other staff were not bare below the elbow. Discussion with the manager confirmed that hand hygiene audits were carried out routinely, however, given the findings of the inspection how these audits are completed will be reviewed. An area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Paulene Rogers has been the manager in this home since 27 January 2025.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	5*	8*

*The total number of areas for improvement includes seven that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Paulene Rogers, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: Second time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records.</p> <p>This includes arrangements for temporary/agency staff employed to work in the home.</p> <p>Ref: 2.0 and 3.3.1</p>
	<p>Response by registered person detailing the actions taken: Pre-employment checks are completed for all staff prior to in post, including temporary / agency staff. A checklist is being utilised and signed off to support this. The Manager is reviewing / signing off this check list. Pre employment checks are contained on personnel files for contracted staff and for temporary / agency staff in an agency file retained in the Manager's office. Compliance will be monitored on the completion of pre-employment checks during the monthly reg 29 visits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 7 July 2025</p>	<p>The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound program for this work should be submitted, along with the returned QIP, for information and comment.</p> <p>Ref: 2.0 and 3.3.4</p>
	<p>Response by registered person detailing the actions taken: An environmental plan outlining the action taken, the progress made and a timeframe for any outstanding work to be completed has been provided. A full review of the Environment Action Plan will be completed during Regulation 29 visits and comment made on progress / follow up required.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</p> <p>Ref: 2.0 and 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision has been completed with all staff in relation to best practice for use of PPE and handwashing. Weekly hand hygiene audits are being carried out and any deficits identified to be actioned / followed up with the relevant staff member. Impromptu checks with staff using the Glo lotion so staff can see any deficits in regards to their handwashing techniques is also being completed. Monthly audits are being completed for PPE and Handwashing. Areas for improvement are being actioned in a time bound action plan which is reviewed and verified by the Manager to evidence follow up / compliance met. Staff are supervised by the nurse in charge during their working shift and any issues identified addressed at the time. Use of PPE and Hand Hygiene will be reviewed during Provider visits and any deficits highlighted for improvement will be included in a time bound action plan.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall implement a system to ensure all parts of the home are clean. This should include a review of the staffing levels for housekeeping staff.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: On the 29 & 30 May 2025 an additional team of housekeeping staff supported the housekeeping team at Mount Lens Care Home to complete an overall deep clean of the Home environment. The Health & Safety Manager and a Housekeeping Supervisor from a sister Care Home supported the housekeeping staff to refresh with the cleaning schedules and how the tasks should be applied to meet acceptable standards. The Manager is reviewing the cleanliness of the environment as part of the Manager Walkabout Audit. Any deficits identified are being followed up in a time bound action plan. The domestic staffing levels are being kept under review to ensure adequate staff are on duty each day</p>

	The Provider will monitor the staffing levels and the cleanliness of the environment as part of the regulation 29 visits.
Area for improvement 5 Ref: Regulation 12 (2) and (3) Stated: First time To be completed by: 7 May 2025	<p>The registered person shall ensure a system is put in place to ensure that all patient equipment is clean.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff have received supervision on how to clean patient equipment. Sanitising wipes are available for staff to use to enhance cleaning of equipment in between patient use. The Manager is reviewing the cleanliness of equipment as part of the Manager's Walkabout Audit and any deficits will be actioned through a time bound action plan. Infection Control Audit is being completed monthly. The Provider will review the cleanliness of the equipment as part of the monthly regulatory visits</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 39.1 Stated: Second time To be completed by: 7 May 2025	<p>The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that records are retained for inspection.</p> <p>Ref: 2.0 and 3.3.1</p> <p>Response by registered person detailing the actions taken: All new contracted staff are completing a structured induction programme prior to commencing work which is reviewed and signed off by the Manager. The information is retained in the individual personnel files. Agency staff are also required to complete an induction and orientation programme prior to working on shift. The completed documents are being retained in a file retained in the Manager's office. The Provider is reviewing orientation and induction documentation for newly appointed staff to ensure this is completed in a timely manner and any actions identified are being followed up through a time bound action plan.</p>
Area for improvement 2 Ref: Standard 11 Stated: Second time To be completed by:	<p>The registered person shall ensure activities are planned and delivered to provide structure to the patient's day. A contemporaneous record of activities delivered must be retained.</p> <p>Ref: 2.0 and 3.3.2</p>

7 May 2025	<p>Response by registered person detailing the actions taken: A new full time Activities Co-ordinator has been recruited. Currently pre-employment checks are being processed. In the interim, whilst the Home awaits a confirmed start date, care staff are providing afternoon activities in keeping with residents' preferences / wishes. External entertainment is also being utilised to enhance resident social activity and engagement. Resident participation and outcomes are being recorded to support resident interactions and engagement. The Manager is reviewing the activities and resident documentation as part of the Manager Walkabout Audit. The availability of suitable activities, resident participation and the recording of same is being reviewed as part of the Provider monthly visits</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure contemporaneous records are maintained.</p> <p>This area for improvement is made with specific reference to completion of all supplementary care records.</p> <p>Ref: 2.0 and 3.3.3</p> <p>Response by registered person detailing the actions taken: Supplementary Chart Files have been reviewed and updated. All care staff have received supervision regarding completion of supplementary records. The nurse in charge of each floor are reviewing the charts and evidencing same by sign off. All actions identified to be followed up by nurse in charge until resolved. The Manager is spot checking supplementary charts as part of the Manager Walkabout Audit. Any deficits identified are to be followed up in a time bound action plan. The Provider is reviewing supplementary charts as part of the monthly regulation 29 visits. Areas for improvement are being recorded on a timebound action plan for follow up</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: Second time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically related to the cleaning of the environment and management of storage space within the home.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: A full deep clean of the Home environment was completed on 29 & 30 May 2025. Additional housekeeping staff from sister Homes assisted the Mount Lens housekeeping team to enhance the cleanliness throughout the Home. All storage rooms have</p>

	<p>been cleaned out and unused items discarded. The overall cleanliness of the environment is being monitored daily. An Infection Control Audit is being completed monthly which covers a different area of the environment each month. Any deficits identified are being followed up through a time bound action plan.</p> <p>The Provider is reviewing the cleanliness of the environment including storage areas as part of the regulatory visits. Areas for improvement will form part of the action plan.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure accurate records are kept of <u>all</u> staff working in the home over a 24-hour period. This includes staff providing 1-1 care.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The rota records all contracted staff / agency staff including 1-1 staff working in the Home over a 24-hour period. This is being reviewed as part of the Manager walkabout audit and as part of the Provider visits.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure the dining experience is reviewed to ensure the quality of the experience for the patients. This review should also consider the standards around tableware, cutlery, crockery and glassware.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The dining experience has been fully reviewed and improvements made. New glassware, condiment sets and table cloths have been purchased. The dining room tables are being appropriately set on a daily basis. The Dining Room on the first floor has been redecorated including new artwork displayed on the walls. The Manager is spot checking the dining rooms as part of the Manager Walkabout Audit and through the monthly Dining Experience Audit. Areas for improvement are being followed up through an action plan.</p> <p>The Provider is reviewing the standard of the dining rooms / dining experience as part of the monthly regulatory visits.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure that accurate care delivery records are retained for patients in receipt of one to one care. These records should be person centred and evidence that the activities delivered reflect the patient's individual likes and preferences.</p> <p>Ref: 3.3.3</p>
<p>Area for improvement 8</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2025</p>	<p>Response by registered person detailing the actions taken: Folders for residents receiving 1:1 care have been updated to reflect an improved person-centred approach taking into consideration the individual resident's preferences / wishes. Additional documentation has been added for staff to provide a more detailed and accurate reflection as to how the resident's day has been. The Manager is reviewing the documentation as part of the Manager Walkabout Audit and monthly care profile audit The Provider is reviewing 1-1 documentation as part of the regulatory visit and any deficits highlighted will form part of the action plan</p> <p>The registered person shall ensure that nutritional supplements consumed by patients are recorded as part of their food/fluid intake records.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All care staff have received supervision on how to effectively record nutritional supplements. Recording of intake is being monitored by the nurse in charge The Manager is reviewing the recording of nutritional supplements consumed by residents as part of the Manager Walkabout Audit. Any deficits will be followed up by the staff involved through a time bound action plan. The provider is reviewing the recording of nutritional supplements as part of the regulation 29 visit</p>

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews