

Inspection Report

Name of Service: Woodgrove Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 6 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:	Mrs Zoe Patterson
Service Profile: This home is a registered nursing home which provides nursing care for up to 32 patients. The home specialises in caring for people with physical disability under and over the age of 65 years, and nursing needs relating to old age and terminal illness. The home is located over two floors with patient bedrooms located on the ground and first floor. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 6 May 2025, from 9.30 am to 3.20 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 13 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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. Refer to Section 3.2 for more details.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. One area for improvement relating to medicines management was not assessed as part of this inspection and will be reviewed at the next pharmacy 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 spoken with told us that they were overall very happy with the care and services provided in Woodgrove Care Home. Patients described staff as, "good, friendly, kind", "great...they do anything for you." Patients said that staff were always available when they needed help, with one patient saying, "they help when I need it and sometimes I don't even have to ask."

Patients said that they were satisfied that the home was clean and said that their bedrooms were "comfortable." Patients confirmed that they could spend their day as they wished. For example, one patient said that they like to spend their day moving between the communal lounge and the garden when the weather is good. Another patient said that they enjoy going for a smoke and that this is accommodated by staff. Patients also said that their visitors could come at any time of the day or they could go out with family.

Patients said that the food was "good" and confirmed that they had a choice of at least two options at each mealtime. Some patients said that while they were overall satisfied, they made some suggestions about the food. For example, "less fried foods", or "boiled or steamed potatoes instead of mash." All comments and suggestions were shared with the manager for her consideration and action where appropriate.

Patients gave mixed feedback in relation to activities. Some patients said that they enjoyed the entertainment, while others suggested that they would like more organised activities like clubs, or to enjoy the company of peers. Again, all suggestions were shared with the manager as part of the inspection process.

Relatives spoken with said that they were very satisfied with the care and services provided in the home. One relative said that they had noticed “lots of improvements” and that they were confident that the manager and deputy manager could maintain these improvements. Relatives said that the management team were approachable and “could go to them with anything...I’d have faith now in the complaints process.”

A relative said, “the best thing that has happened is the activities...they are great...something on most days.”

Staff told us that they were mostly happy working in the home and had good job satisfaction, although some said that there was not always enough staff on shift. This is discussed further in section 3.3.1 of this report.

Following the inspection, RQIA received one completed questionnaire from a relative. This relative indicated that they were very satisfied with all aspects of care and services provided to their loved one. Comments included, “I could not ask for better care...Woodgrove is like a wee family home”, “the staff are very caring and always keep me in touch when my (loved one) is not well”, “beautiful home-made meals...lots of activities, and I get the support I need.”

No staff survey responses were received.

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 described having good team work and said they felt supported in their roles through induction and regular training. Some staff said that they felt that there wasn’t enough staff on in the afternoons and evenings. This was discussed with the manager who informed us that staffing arrangements were reviewed regularly and adjusted to ensure the needs of patients were met. The manager agreed to review the efficiency of staffing arrangements in the afternoons and evenings.

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 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 observed to respond to patients’ requests for support in a timely and warm manner.

It was observed that 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.

At times some patients may require the use of equipment that could be considered restrictive such as bedrails or alarm mats 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 and care records accurately reflected the patients' assessed needs.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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.

Observation of the lunch time meal, review of records and discussion with patients and staff indicated that there were robust systems in place to manage patients' nutrition and mealtime experience. Staff confirmed that they completed a safety pause before each meal time to ensure patient safety.

Since the last care inspection, some improvements had been noted in relation to the provision of organised activities. It was positive to note that relative and patient meetings had taken place and their views on the running of the home and activities had been sought. An activity coordinator had also been employed.

During the inspection, the activity coordinator was observed to provide one to one sessions for patients who preferred to stay in their bedrooms. These sessions included, chats, reading the paper, or reading prayers.

The activity programme for May included, gardening, church services, visiting singer, baking, games, a choir visit, arts and crafts, and VE (Victory in Europe) Day celebrations. It was positive to note that a copy of the monthly activity plan was made available in each patient's bedroom.

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.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. 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.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

It was noted that a number of bedrooms did not have identifiers for patient orientation. This was discussed with the manager who gave assurances that this would be addressed to suit individual patients' needs and preferences. This will be reviewed at the next care inspection.

A malodour was detected in one identified room throughout the day. Discussion with the manager and review of cleaning schedules indicated that this was not effectively managed. An area for improvement was identified.

There were homely touches such as pictures on walls and activities notices.

Review of records and observations confirmed 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.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Zoe Patterson became home manager on 19 August 2024 and was registered with RQIA on 20 December 2024.

Patients, relatives, and staff commented positively about the manager and deputy manager, and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust 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 or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	1*	1

*The total number of areas for improvement includes one that has been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Zoe Patterson, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 16 May 2022	The registered person shall ensure that the controlled drug record book is fully completed, reconciliation checks are robust and controlled drugs are administered in accordance with best practice guidelines. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 9 May 2025	The registered person shall ensure that the source of the malodour in the identified room is detected and effectively managed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The source of the malodour in the identified room was found to be the carpet and despite cleaning the odour remained. New laminate flooring has been approved and ordered

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