The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Whiteabbey Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **17 July 2025**

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

1.0 Service information

Registered Provider:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mr Frank Mudie
Service Profile – This home is a registered nursing home which provides nursing care for up to 59 patients. The home provides general nursing care for patients under and over 65 years of age and care to patients over and under 65 with a physical disability. Patients' bedrooms, communal lounges and dining rooms are located over two floors in the home. Patients have access to an enclosed courtyard garden.	

2.0 Inspection summary

An unannounced inspection took place on 17 July 2025 from 9.05 am to 5.30 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; infection prevention and control (IPC) practices, falls management, fire safety, record keeping and governance and management oversight.

As a result of this inspection nine areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again while another has been uplifted to an area for improvement under regulation; these 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 patients, 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: "It's brilliant. Everyone is so friendly. The staff take the time to know you", "It's nice and quiet. The staff are nice and the food is very good" and "I am getting very well looked after. The staff are wonderful and the food is brilliant."

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 Whiteabbey 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. Comments included, "My team are fantastic and excellent" and "The teamwork is good."

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 staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. 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.

At times some patients may require the use of equipment that could be considered restrictive. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

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. These patients were assisted by staff to change their position regularly and records maintained.

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.

Examination of records regarding the management of falls evidenced that these were not consistently managed in keeping with best practice guidance. For example, clinical observations were not taken in keeping with the home's policy and daily progress notes did not consistently comment on the status of the patient following an unwitnessed fall. An area for improvement was identified.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

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.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as mood check in, arts and crafts, outdoor activities, milkshake day, memory game and religious services.

Patients spoken with said they enjoyed living in the home and that staff were friendly. Patients were enjoying a summer party and said they were looking forward to the raffle that was organised as part of the event. The event included stalls displaying local arts and crafts, homemade baking, hand crafted crochet, complementary therapies and singer.

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, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, review of a selection of records evidenced that they were not fully reflective of the patients current assessed needs. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. Review of a selection of daily evaluation records over a 24-hour period evidenced that some of these entries had been completed as early as three and a half hours into the 12 hour shift on some occasions and no further entries had been made to reflect on the care delivered. Some entries were illegible and some monthly evaluations contained repetitive statements which were not person centred. To ensure daily evaluations of care are meaningful, an area for improvement was identified.

Patients daily fluid intake was recorded daily although this was not consistently totalled over a 24-hour period and evaluated in the patient's progress notes. In addition, concerns were identified regarding the management of a number of patients who had not achieved their fluid target with care records not clear as to what actions were taken by registered nurses to monitor and address this. Areas for improvement were identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The manager confirmed that refurbishments works were ongoing throughout the home.

Concerns about the management of risks to the health, safety and wellbeing of residents, staff and visitors to the home were identified. A fire door to the kitchen was found to be wedged open preventing closure in the event of a fire. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) 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 at appropriate times and to use personal protective equipment (PPE) inappropriately. 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 by management. An area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Frank Mudie has been the manager in this home since 3 October 2023.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, given the inspection findings, further work is required to develop the governance and managerial oversight arrangements to ensure these drive the necessary improvements. An area for improvement identified at the previous care inspection was uplifted into an area for improvement under the regulations.

There was a system in place to manage any complaints received.

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	4*	4

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Frank Mudie, Registered 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 (7) **Stated:** Second time **To be completed by:** 17 July 2025	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • management of laundry. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: The Home Manager and Deputy Manager are completing with staff, further PPE and hand hygiene supervisions, which includes doffing and donning, appropriate use of PPE, staff knowledge and opportunities for hand hygiene and the management of laundry with all staff. IPC compliance will be monitored as part of the Walkabout Audit and during the course of the Regulation 29 visit carried out by the Operations Manager.
Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 17 July 2025	The registered person shall ensure that staff manage falls in keeping with best practice. Ref: 3.3.2
	Response by registered person detailing the actions taken: The management of falls, including the recording of clinical observations and the recording of the progress entry after any falls, was discussed at the staff meetings held on 04/09/25. All falls will have a Falls Governance Audit completed, post fall, by the Home Manager/Deputy Manager and compliance will be monitored as part of the Regulation 29 visit carried out by the Operations Manager.

Area for improvement 3 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** 17 July 2025	The registered person shall ensure that fire doors in the home are not propped or wedged open. Ref: 3.3.4
	Response by registered person detailing the actions taken: The kitchen door that was identified as propped open at the time of the inspection was closed immediately and was addressed with the staff member through the completion of supervision. The appropriate management of fire doors has been discussed with the wider team at the staff meetings held on 04/09/25. Compliance with this will be monitored as part of the Walkabout Audit and as part of the Regulation 29 visit carried out by the Operations Manager.
Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 17 July 2025	The registered person shall review the home's current audit processes to ensure they are effective in order to drive the necessary improvements. Ref: 3.3.5
	Response by registered person detailing the actions taken: The importance of effective auditing in order to drive the necessary improvements was discussed at the staff meetings held on 04/09/25. The Home Manager and the Deputy Manager will complete the monthly audits, generate an action plan and ensure the actions are addressed in a suitable time frame. Compliance with the audit process will be monitored as part of the Regulation 29 visit carried out by the Operations Manager.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 17 July 2025	The registered person shall ensure that care plans are person centred and reflect the current needs of the patients. Ref: 3.3.3
	Response by registered person detailing the actions taken: The need for person centred care planning that reflect the current needs of the residents was discussed at the staff nurse meeting held on 04/09/25. All nurses have been provided with learning guides for completion of documentation and care-plan coaching will start week commencing 15th September 2025. A named nurse system is now in place. The Home Manager will continue to carry out care plan audits on a monthly basis to monitor improvement. This will be monitored as part of the Regulation 29 visit carried out by the Operations Manager.

Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 17 July 2025	The registered person shall ensure all evaluations of care are meaningful and person centred. These entries should be legible. Ref: 3.3.3
	Response by registered person detailing the actions taken: The importance of meaningful, person centred and legible evaluations of care was discussed at the Registered Nurse meeting held on 04/09/25. This also will be incorporated into care plan coaching being delivered w/c 15th September 2025. The Home Manager will continue to carry out monthly audits and spot checks within the Walkabout Audit to ensure entries are being completed appropriately. Any areas of the care-plan evaluations that are identified as not being meaningful and person centred will be discussed with the author of the entry and supervision recorded. This will be monitored as part of the Regulation 29 Visit by the Operations Manager.
Area for improvement 3 **Ref**: Standard 37.4 **Stated:** First time **To be completed by** 17 July 2025	The registered person shall ensure that patients' fluid intake over a 24-hour period is reviewed by a registered nurse where appropriate and accurate records are maintained. Ref: 3.3.3
	Response by registered person detailing the actions taken: The importance of the Registered Nurses ensuring that the 24hrs intake is totalled, documented and escalated if required intake has not been achieved, was discussed at the Registered Nurse staff meeting held on 04/09/25. Going forward the Registered Nurses will ensure that the 24 hours intake is totalled and amounts documented on a new weekly fluid recording summary chart. Any resident not achieving their 24-hour fluid intake target for 3 consecutive days will be escalated to their aligned GP for further advice and action. The Home Manager will monitor this through reviewing the weekly fluid recording chart summary chart and progress notes. Compliance will be monitored through the walkabout audit and as part of the Regulation 29 Visit by the Operations Manager.

Area for improvement 4 **Ref**: Standard 4.9 **Stated:** First time **To be completed by** 17 July 2025	The registered person shall ensure that daily fluid intakes are consistently and accurately recorded. Ref: 3.3.3
	Response by registered person detailing the actions taken: All fluid targets are in the process of being reviewed in conjunction with the registered GP. The importance of the Registered Nurses ensuring that the 24hrs intake is totalled, documented and escalated if required intake has not been achieved, was discussed at the Registered Nurse staff meeting held on 04/09/25. Going forward the Registered Nurses will ensure that the 24 hours intake is totalled and amounts documented on a new weekly fluid recording summary chart. Any resident not achieving their 24-hour fluid intake target for 3 consecutive days will be escalated to their aligned GP for further advice and action. The Home Manager will monitor this through reviewing the weekly fluid recording chart summary chart and progress notes. Compliance will be monitored through the walkabout audit and as part of the Regulation 29 Visit by the Operations Manager.

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