The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Holywood Care Home**

**Provider:** **Beaumont Care Homes Limited**

**Date of Inspection:** **27 February 2025**

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | Beaumont Care Homes Limited |
| **Responsible Person:** | Mrs Ruth Burrows |
| **Registered Manager:** | Mr Ricardo Pontes |
| **Service Profile –**<br>This home is a registered nursing home which provides nursing care for up 71 patients. The home is divided in three units over two floors. The unit on the first floor provides general nursing care. On the ground floor there are two separate units; one unit provides nursing care for people living with dementia and the other unit provides nursing care for patients living with a mental illness. Patients have access to communal lounges, dining rooms and garden space. | |

## 2.0 Inspection summary

An unannounced inspection took place on 27 February 2025 from 10:15 am to 6:00 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 13th and 14th June 2023; 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection eight 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 told us they were happy with the care and services provided. Comments made included "I like my room, it is nice and tidy" and "the staff are great and they come quickly".

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 spoke in positive terms about the provision of care, their roles and duties and training. Some staff told us that they felt at times that the staffing levels were not adequate. The manager told us that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home and that staffing levels were reviewed regularly.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff. One relative said they had not been fully satisfied with communication and the care provided for a period of time; it was confirmed that they had brought this to the attention of relevant staff and were currently satisfied that the issues had been sorted to an acceptable level.

Following the inspection, no response was received regarding patient/relative questionnaires and no staff questionnaires were received within the timescale specified.

## 3.3 Inspection findings

### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employees' recruitment records evidenced that not all of the required information was available in the recruitment files. After discussion with the manager, the required information was made available. This was identified as an area for improvement.

Patients said that there was enough staff on duty to help them. Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. 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 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.

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 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. Patient care plans included the prescribed repositioning regime and details of the pressure relieving equipment used. However, examination of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. This was identified as an area for improvement.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place. However, examination of care documentation for patients who had experienced a fall evidenced that there were inconsistencies in the recording of neurological observations for the recommended timeframe. This area for improvement was stated for a second time.

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 was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. However, the menus displayed in the ground floor dining areas advising patients of their meal options was not reflective of the meals served. This was identified as an area for improvement.

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. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

For patients' who choose to have their meals served in the communal lounges rather than the dining room, consideration should be given to the tables provided to ensure that patients can access their meals easily. This was discussed with the manager and will be reviewed at the next inspection.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of social events was displayed on the noticeboard advising of future events. Patients' needs were met through a range of individual and group activities such as armchair exercises, pampering and arts and crafts.

Examination of activity records lacked detail in regards to patient participation. This area for improvement was stated for a third time.

### 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.

Daily records were kept of how each patient spent their day and the care and support provided by staff. However, patients' records were not stored in a confidential manner and could be accessed by unauthorised persons. An area for improvement was identified.

Review of a patient's care record who had recently returned from hospital evidenced that nursing staff did not always ensure that when reviewed, they reflected the patients' current care needs within the care plans. An area for improvement was identified.

### 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.

A number of unnecessary risks were identified which had the potential to impact on the health and safety of patients. The sluice room in the dementia unit was unlocked with access to

cleaning products and there was also access to a staff room and staff belongings. A small number of bedrooms in the dementia unit had access to toiletries and a domestic trolley was found to be unsupervised on two occasions on the first floor. An area for improvement was stated for a third time.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However, one member of staff was observed to be wearing false nails and another member of staff was observed to be wearing rings. This was discussed with the manager and confirmation was received after the inspection that this had been addressed with relevant staff.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Ricardo Pontes has been the registered manager in this home since August 2023.

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 the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint.

Compliments received about the home were kept and shared with the staff team

## 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 |
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| **Total number of Areas for Improvement** | 3* | 5* |

* the total number of areas for improvement includes one regulation that has been stated for a third time, one regulation that has been stated for a second time and one standard that has been stated for a third time.

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

| Quality Improvement Plan | |
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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 14 (2) (c)<br><br>**Stated:** Third time<br><br>**To be completed by:**<br>27 February 2025 | The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.<br><br>This is in relation to the safe storage of toiletries in the Dementia Unit.<br><br>Ref: 2.0 & 3.3.4 |
| | **Response by registered person detailing the actions taken**:<br>The hazards identified at inspection were removed and stored safely.<br>Supervisions have been held with Care Assistants and Registered Nurses regarding safe storage of toiletries.<br>Home Manager or Deputy Manager will continue to monitor this through walkabout audits and areas of non- compliance will be addressed at the time.<br>Compliance will be further spot checked by the Operations Manager during monthly monitoring visits. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (1) (b)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>31 March 2025 | The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are consistently recorded.<br><br>Ref: 2.0 & 3.3.2 |
| | **Response by registered person detailing the actions taken**:<br>Policies and guidelines have been reissued to all Registered Nurses.<br>Supervisions have also been completed with the Registered Nurses.<br>Home Manager will review the post falls report and neurological observations to assure himself that these have been completed in line with best practice.<br>Compliance will be further monitored by the Operations Manager as part of the monthly monitoring visits. |

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| **Area for improvement 3**<br><br>**Ref:** Regulation 13 (1) (a)<br><br>**Stated:** First time | The registered person shall ensure that patients are repositioned in keeping with their prescribed care and accurate records are maintained.<br><br>Ref: 3.3.2 |
| **To be completed by:**<br>31 March 2025 | **Response by registered person detailing the actions taken**:<br>An audit regarding all repositioning schedules and care plans has been completed. Supervisions completed with Care Assistant and Registered Nurses regarding adherence to repositioning schedules.<br>Registered Nurses to complete spot checks on each shift to ensure repositioned schedules are adhered to.<br>Home Manager and Deputy Manager will be monitoring this through walkabout audits. Compliance will be monitored by the Operations Manager during monthly monitoring visits. |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 11<br><br>**Stated:** Third time<br><br>**To be completed by:** | The registered person shall ensure arrangements for the provision of structured activities is in place in the absence of an activity staff member. Activities must be an integral part of the care process with daily progress notes reflecting activity provision and patient engagement.<br><br>Ref: 2.0 & 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Further training regarding activities record keeping particularly regarding the detail of the Residents' participation was completed with the Activity Leaders. Supervision was completed with the Activity Leaders and Registered Nurses.<br>The Activity Leaders will receive further support from a more experienced Activity Leader from another Beaumont Care Home.<br>The Home Manager will be monitoring this through walkabout audits. Compliance will be spot checked by the Operations Manager during monthly monitoring visits. |
| **Area for improvement 2**<br><br>**Ref:** Standard 37<br><br>**Stated:** First time | The registered person shall ensure that recruitment records maintained in the home contain all the required information and available for inspection at all times.<br><br>Ref: 3.3.1 |
| **To be completed by:**<br>27 February 2025 | **Response by registered person detailing the actions taken**:<br>The Registered Manager will ensure that all recruitment records contain all required information by reviewing all new starts before starting employment. Compliance will be monitored by the Operations Manager as part of the monthly monitoring visits. |

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| **Area for improvement 3**<br><br>**Ref:** Standard 12<br><br>**Stated:** First time<br><br>**To be completed by:**<br>27 February 2025 | The registered person shall ensure that the daily menu displayed reflects the meals served.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken**:<br>Supervisions were completed with kitchen staff to reinforce the importance of the correct menu being displayed.<br>The display of menus will be checked by the Home Manager as part of the walkabout audit.<br>Compliance will be monitored by the Operations Manager as part of the monthly monitoring visits. |
| **Area for improvement 4**<br><br>**Ref:** Standard 37<br><br>**Stated:** First time<br><br>**To be completed by:**<br>27 February 2025 | The registered person shall ensure that patients' confidential records are securely stored.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken**<br>A keypad has been placed on the door of the nurse station on the first floor.<br>Supervision has been completed with Registered Nurses to ensure patients' confidential records are securely stored.<br>The Home Manager will be monitoring this through walkabout audits.<br>Compliance will be spot checked by the Operations Manager during monthly monitoring visits. |
| **Area for improvement 5**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>27 February 2025 | The registered person shall ensure that patients' risk assessments and care plans are reviewed upon readmission to the home and that they reflect the current needs of the patient.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken**:<br>Supervision has been completed with Registered Nurses regarding the updating of risk assessments and care plans upon readmission to Home.<br>A re-admission to the Home audit will be completed for every resident and any actions arising from these will be required to be addressed within a specific timeframe to ensure the residents current needs are being reflected.<br>Compliance will be monitored by the Operations Manager as part of the monthly monitoring visits. |

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