The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Domnall Intermediate Care Centre**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **12 December 2024**

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

1.0 Service information

Organisation:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Cara Parker
Service Profile – This home is a registered nursing home which provides nursing care for up to 55 patients. The home is located over two floors with patient's bedrooms, communal lounges and dining areas are located on the both floors.	

2.0 Inspection summary

An unannounced inspection took place on 12 December 2024, from 9.30 am to 4.30 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 assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 15 June 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 established 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.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. One area for improvement relating to medicines management 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.

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 kind and attentive", "The staff couldn't be nicer" and "This is home from home".

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.

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after and were observed to be at ease in the company of staff and to be content in their surroundings.

Staff were also observed to be working well as team and said they enjoyed coming to work and felt supported by the management team. Staff were observed to have positive interactions with patients and one another.

Following the inspection, no patient, patient representative, staff questionnaires or surveys were received 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 robust systems in place to manage staffing.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). Records showed that any nurse taking charge of the home had competency and capability assessments reviewed annually, to ensure they held the knowledge and skills required.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and it was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff spoken with said there was good teamwork and that they felt supported in their role.

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.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

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 offered 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. However, examination of records evidenced that patients were not always repositioned as prescribed in their care plans. An area for improvement was identified.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

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 lunchtime meal confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food in Domnall Intermediate Care Centre.

The importance of engaging with patients was well understood by the manager and staff. The home has dedicated activity staff employed. A number of patients were looking forward to playing Bingo in the afternoon. Discussion with the activity staff and manager confirmed that staff knew and understood patients' preferences and wishes.

Other patients were observed in their bedrooms with their chosen activity such as reading, listening to music, watching television or waiting for their visitors to come.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned included games, art, and movies.

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.

3.3.4 Quality and Management of Patients' Environment

The atmosphere throughout the home was warm, welcoming and friendly. In general, the home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Concerns were identified with regards to the management of risks to patients; the hairdressing room was observed unlocked where some hairdressing products were accessible to patients, a store located in the foyer was unlocked and cupboards in the upstairs dining area contained staff belongings. An area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

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 a change in the management of the home since the last inspection. Mrs Cara Parker has been appointed as the Manager in this home since 16 October 2024.

Staff commented positively about the manager and described her as supportive and approachable.

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.

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

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	2*

*the total number of areas for improvement includes one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Cara Parker, Manager and Stephanie Flack, Regional 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 14 (2) (c) **Stated:** First time **To be completed by:** 12 December 2024	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. This is stated in reference to: • The hairdressing room is either locked or does not contain any potentially harmful items • The identified store is locked at all times • Staff belongings are stored appropriately. Ref: 3.3.4
	Response by registered person detailing the actions taken: Following the inspection, the identified doors were locked. Feedback was given to staff immediately after inspection. Locks were fitted to hairdressing cupboards and staff storage area. Office staff will ensure that the identified store is locked at all times. Communication has been sent to all staff to reinforce importance of areas being locked at all times. This is monitored through the Walkabout Audit completed minimum 5 times weekly. This will be further checked for compliance during the monthly Regulation 29 Audit.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 12 December 2024	The Registered Person shall ensure that patients are repositioned in keeping with their prescribed care. Ref: 3.3.2
	Response by registered person detailing the actions taken: Following the inspection, a review of repositioning care was undertaken and no skin integrity issues were identified. Feedback was given to both nursing and care staff immediately after inspection. Supervisions were completed with both nursing and care staff to reinforce that all documentation should be completed in a contemporaneous manner and in keeping with the resident's prescribed care plan. Going forward this is monitored by both the Registered Home Manager and the Deputy Manager through the Walkabout Audit which is completed at a minimum 5 times weekly. This will be further checked for compliance during the monthly Regulation 29 Audit.

Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** Immediate action required (15 June 2023)	The registered person shall ensure that care plans are in place with sufficient detail to direct staff when medicines are prescribed to manage chronic pain and when insulin is prescribed to manage diabetes. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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