



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Croagh Patrick Care Home

Provider: Beaumont Care Homes Ltd

Date of Inspection: 19 November 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 Karen Blair
<p>Service Profile – The home is a registered nursing home, which provides general nursing care and care for persons with a physical disability for persons over and under 65 years old. The home is registered for a maximum of 67 patients. The home is spread over two floors and each floor has its own dining room and communal lounges.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 November 2025, from 9:45 am to 5:45 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 22 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced 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. Patients said that living in the home was a good experience.

As a result of this inspection, nine areas for improvement were assessed as having been addressed by the provider. One area for improvement was 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 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 told us they were happy with the care and services provided. Comments made included "things are going well and staff treat you well" and "things are going well, the staff can't do enough for you".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

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. One patient expressed a level of dissatisfaction with certain aspects of care delivery. These comments were shared with the manager who was aware of these matters.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "staff are very approachable and my room is always nice and clean".

Following the inspection, no response was received from 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 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, however review of records evidenced that a number of staff had not received six monthly formal supervision. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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 who are less able to mobilise require special attention to their skin care. Care records included details regarding the type and setting of the mattress in use. Discussion with staff confirmed that these patients were assisted to change their position regularly. However, examination of repositioning records evidenced gaps in recording. This was identified as an area for improvement.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place.

Patients' falls were audited on a monthly basis, however there was no analysis undertaken to monitor for any emerging patterns or trends. An area for improvement was identified.

Examination of care records for an identified patient with an invasive device evidenced that the relevant care plans lacked detail in regards to the management and care of this device. Some staff told us that they had received the appropriate training but had not achieved their competency in this area. An area for improvement was identified.

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.

The dining experience was an opportunity for patients to socialise, music was playing, 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.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

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 for the week included hairdressing, music, quizzes and room visits.

Patients were well informed of the activities planned and of their opportunity to be involved. Patients looked forward to attending the planned events. A relative and patient Christmas lunch was planned for the following week and patients told us they were looking forward to it.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred the privacy of their own rooms were supported to do so and had opportunities to listen to music, watch television, or engage in their own preferred activities. Examination of activity records evidenced gaps in the recording of all patient engagement with the activity sessions. This was identified as an area for improvement.

3.3.3 Management of Care Records

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. However, in one patient's care record, some care plans and risk assessments had not been developed in a timely manner; this was identified as an area for improvement.

Patients care records were held confidentially.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. 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 and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were warm and comfortable.

It was observed that a number of areas required repair or decoration such as damaged paintwork on the walls and damaged woodwork on doors throughout the home. Some bedroom furniture required fixing and a carpet on the ground floor corridor required replacing. An area for improvement was identified.

Observation of the environment evidenced that there were a number of rooms throughout the home that had no signage on their doors. This included bathrooms, toilets and communal lounges. This was identified as an area for improvement.

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 Karen Blair has been the registered manager since 22 September 2023.

Relatives and staff commented positively about the management team 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 the quality of services provided by the home.

Patients and their relatives spoken with said that they knew how to report any concerns.

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
Total number of Areas for Improvement	1	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Blair, 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 27 (2) (d) Stated: First time To be completed by: 31 January 2026	<p>The registered person shall ensure that the premises are kept in a good state of repair. This relates specifically to the environmental deficits identified on inspection.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: A painting and decorating schedule has been drawn up for the next 12 months. All doors have been repainted as per inspection feedback. Awaiting costings for replacement furniture to submit for MD approval. Capex for Carpet replacement has been forwarded to MD for approval. The Home Manager will continue to monitor the condition of furniture throughout the Home during walkabout audits. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: 19 November 2025	<p>The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home.</p> <p>Ref: 2.0 & 3.3.3</p> <p>Response by registered person detailing the actions taken: The Inspection outcome was discussed with the RN staff and a staff meeting is scheduled for 08/01/2026 to review progress. Admission Governance audits will be completed on Day 5 by Registered Manager/Deputy Manager, with time bound action plans implemented where required. Readmission from Hospital Governance audits will be completed on Day 2 by Registered Manager/Deputy Manager with time bound action plans implemented where required. Action plans will be completed in a set timeframe by RN staff and returned for validation by the Registered Manager/Deputy Manager. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2026</p>	<p>The registered person shall ensure that all a record is kept of all staff supervision and that this is carried out at least six monthly.</p> <p>Ref 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: The 2026 supervision planner has been drawn up for all staff. This includes a timetable for monthly supervision/training topics to include all staff at least twice a year. All records will be retained with staff files and matrix in the HM office. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2025</p>	<p>The registered person shall ensure that where a patient requires repositioning; supplementary recording records clearly evidence that repositioning is in accordance with the patients care plan.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: The records discussed at time of inspection have been reviewed by RN's and gaps have been negated. Care staff have been designated a number of charts to review and ensure completed on every shift, and sign as completed on allocation form. RN staff check 5 Resident files per shift, ensuring all charts have RN oversight weekly. Spot checks will be carried out during the walkaround audits by Home Manager and Deputy Manager. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2025</p>	<p>The registered person should ensure that falls are reviewed and analysed on a monthly basis to identify any emerging patterns or trends that may require action.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Monthly fall reports are reviewed however the Registered Manager will ensure that the Monthly Falls analysis will contain details of any emerging patterns or trends. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2026</p>	<p>The registered person shall ensure that there is a system in place for staff to receive competency based training to meet the needs of the identified patient and a record is maintained.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: There are currently 2 RN staff that have received training for the assessed need identified at time of inspection and supervisions have been completed. The Trust Clinical Nurse Facilitators are assisting with supervision needs for further identified staff. Training is ongoing within the RN team. Staff continue to refer back to Community Continence Team for support. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2025</p>	<p>The registered person shall ensure that a record is kept of all activities that take place, the names of the person leading each activity and the patients who participate.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Activities within the Home are recorded and as discussed, gaps shown were due to annual leave and days off. The PAL will continue to record Resident attendance at each activity. Arrangements required to cover extended periods of leave will be put in place by the Home Manager following consultation with the Operations Manager. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 43.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2026</p>	<p>The registered person shall ensure that all rooms have appropriate signage to assist with orientation for patients and staff.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Signage has been sourced and items are to be ordered first week in January with a view that all will be completed by 31.01.2026. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.</p>

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