

Inspection Report

Name of Service:	Woodgrove Care Home
Provider:	Beaumont Care Homes Limited
Date of Inspection:	12 May 2026

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 is registered for 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 12 May 2026 from 9.55 am to 3.40 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 6 May 2025; 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 one area for improvement was assessed as having been addressed by the provider and one area for improvement has been stated for a second time. 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 spoken with told us that they were happy with the care and services provided to them. When asked about the care they received and life in the home, comments from patients included, "I get all I need", "We are well fed and watered", "We are treated well...I'm happy", "...looked after at night", "I'm very content", "I'm very comfortable here." One patient said, "I came here for respite and stayed on...I made the right decision."

Patients described staff as, "All very kind", "friendly", and "Very good, well trained." Patients told us about engaging in meaningful activities in the home, such as religious services, crafts, visiting entertainers, pet therapy, and creative writing projects, and said that they could pick and choose what they wanted to do and enjoyed the social aspects of these activities. Further discussion about activities can be found in section 3.3.2 of this report.

Relatives and visitors spoken with during the inspection said that they were "very happy" with the care and services provided to their loved ones. One relative said, "The care is good and the staff are fantastic...very caring." Relatives confirmed that they knew how to raise concerns and one relative said, "Any issues we have raised, they get resolved." A relative told us, "We are content and reassured when we're not here."

No questionnaire responses were received following the inspection.

Staff spoken with said that they were generally happy working in the home and understood their roles and responsibilities. Some staff said that there was not enough staff on the ground floor from 2pm. This is discussed further in section 3.3.1 of this report.

Staff said that there was good teamwork and confirmed that they were provided with a range of training, both online and in person.

No staff survey responses were received following the inspection.

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.

Some staff said that there was not enough staff on the ground floor from 2pm to 8pm. Some staff said that at times the nurse on the ground floor finishes shift at 2pm leaving two care staff, or on occasion the nurse stays on and one care staff finishes shift, leaving one care assistant and one nurse. Staff confirmed that they are able to meet the patients' needs, but said it was sometimes "hard."

Review of the duty rota confirmed planned staffing levels. Staff concerns were discussed with the manager who acknowledged that while the numbers and skill mix of staff in the home each day met the required needs of the patients, there was some discrepancy in relation to deployment of duties in the evenings. The manager agreed to review this arrangement and to engage with staff to ensure a more efficient workflow. The manager confirmed that she had a staff meeting arranged and would include this on the agenda. Staffing arrangements will be reviewed again at the next inspection.

Patients said that staff were "great", and expressed no concerns about availability of staff when they needed assistance.

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 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 skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. During a structured observation, interactions between staff and patients were primarily seen to be positive and enhancing the patient experience. For example, staff offered choice to patients and allowed time for the patient to reflect and respond. This evidenced that staff worked at the patient's pace rather than for the routine of the home.

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.

There were systems in place to encourage patients and relatives to share their views about life in Woodgrove Care Home. For example, there was a schedule for regular patient and/or relative meetings. Minutes from meetings were reviewed and evidenced that patients and relatives were kept informed about any changes in the running of the home, and had the opportunity to make suggestions. Following discussion, the manager agreed to ensure that there were clear action plans included with the meeting minutes for transparency and ensuring actions were completed.

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 and care records accurately reflected the patients' assessed needs.

Examination of care records and discussion with nursing 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 lunchtime meal, review of records and discussion with patients and staff established that mealtimes were well organised; there was a mealtime coordinator for each meal to lead the "safety pause" to ensure patients got the correct meals. The mealtime was unhurried, patients were offered choice of what to eat and drink, and patients said that they enjoyed the meal.

The home had a full time activity coordinator employed. There was an activity programme available which included recent events such as, coffee morning, dog therapy, live music, movies, nails and beauty, gardening, games, and church services.

Staff and patients took pride in showing us the work they had completed with Arts Care. In conjunction with a creative writing facilitator and a sister home, they developed a book of stories called 'Previously untold tales from Woodgrove and Lisadian House'. Copies of this book were available in communal areas for patients and visitors to enjoy.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

Observation of an organised activity or arts and crafts was found to be person-centred. For example, patients were seen to select slightly different crafts that reflected their personal interests. Staff were seen to be encouraging of patients' choices and creativity. It was positive to note that staff were inclusive of those patients' who did not actively participate in the activity. For example, engaging them in conversation, showing them the finished crafts, and encouraging them to select what music was playing or what movie to watch. This was a demonstration of good practice in social inclusion.

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.

Review of the temperature records for the medicines refrigerator were reviewed. It was noted that for a period of time, no temperatures were recorded due to an issue with the thermometer. There was no clear system in place to address the issue in a timely manner. This was discussed with an RQIA pharmacy inspector, and it was agreed that a previously identified area for improvement would be stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy, warm, and well lit. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. There were homely touches throughout the home such as, lamps, sideboards, flowers and framed photos.

Improvements had been noted in the environment since the last inspection, such as painting and some new furniture. There was a refurbishment plan in place to drive ongoing improvements.

There was a communal outdoor space for patients with some plants and furniture.

Communal toilets and bath/shower rooms were clean and accessible.

Fire safety measures were in place; staff were trained in fire safety and took part in practice emergency drills, fire exits were free from obstruction, and fire extinguishing equipment was accessible. The most recent fire risk assessment was completed on 19 June 2025 and any recommendations made by the assessor were actioned by the provider.

Measures were in place to reduce the risk of the spread of infection. For example, staff were trained in infection prevention and control (IPC) and were observed to practice hand hygiene and use personal protective equipment (PPE) appropriately. Regular IPC audits were conducted and included observation of staff practice.

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 knew the manager and said she was 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 and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address their concerns. Review of records evidenced that complaints were well managed.

A record of compliments received about the home were maintained. Comments on cards and letters included, “Thank you to Stephanie (activities) and all the brilliant Woodgrove storytellers...you should be so proud...thanks for being so much fun to work with”, and “Thank you very much for all the care you have given...”

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	0	1*

* 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 Mrs Zoe Patterson, 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: 12 May 2026	The registered person shall ensure that the maximum, minimum and current temperature of the medicines refrigerator is monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: The new fridge that was ordered prior to inspection has now been received and is in good working order with temperatures being within normal limits. Any temperatures noted to be outside the normal range will be reported to Home Manager to be addressed. Fridge temperatures continue to be monitored daily and spot checks will be carried out by HM. Compliance will be monitored during the completion of the Regulation 29 audit.

****Please ensure this document is completed in full and returned via the Web Portal****



The Regulation and
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Authority

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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