The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Clandeboye Care Home

**Provider:** Beaumont Care Homes Limited

**Date of Inspection:** 17 August 2026

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 Individual:** | Mrs Ruth Burrows |
| **Registered Manager:** | Mrs Laura Patterson |
| **Service Profile:**<br>This home is a registered nursing home which provides nursing care for up to 52 patients living with dementia. Patient accommodation is spread over two units on ground floor level. There is a range of communal areas throughout the home and patients have access to enclosed outdoor spaces. | |

## 2.0 Inspection summary

An unannounced inspection took place on 17 August 2026 from 10 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.

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 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.

This inspection resulted in four new areas for improvement. Full details 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 said that they were happy and content living in the home. Patients described staff as, "Super", and "Great." Patients told us they were "looked after", that there was "quick service", and the food was "great."

Due to the nature of dementia, some patients can find it challenging to express their views clearly. Patients unable to share their thoughts verbally appeared comfortable and content in their environment and during interactions with staff, this was evident through body language and facial cues such as smiling.

Relatives spoken with said that they were "very happy" with the care. Relatives told us that their loved ones were "looked after well" and confirmed that they could "visit anytime." One relative commented positively about the activities and said it made them happy to see their loved one participating.

Following the inspection RQIA received feedback from one relative. This relative indicated that they were satisfied that the care and services provided were safe, effective, delivered with compassion, and the service was well managed. An additional comment from the relative said, "The staff are very good at letting me know when anything happens or changes." The relative said that there was a persistent malodour in the corridors. This comment was shared with the manager for investigation and action where required.

A visiting professional to the home described the home as “good” and told us that the relatives they engage with are happy with the care. They said that there was good communication from the home and the manager was good.

Staff spoken with did not express any concerns and said they were happy working in the home and understood their roles and responsibilities.

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.

Staff duty rotas were reviewed. The manager’s hours were stated and there was a full time deputy manager in post. The duty rotas evidenced some inconsistency with the number of care staff in the home each day. This was discussed with the manager who provided evidence and assurances that staffing levels were regularly reviewed and subject to change depending on the needs of the home. The manager provided assurances that staffing arrangements were adequate to meet the needs of patients.

Patients said that there was enough staff on duty to help them, with one say it was “quick service.” Staff said that there was enough staff on each shift, and confirmed that the management team took action to address any unplanned leave.

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 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. For example, when a patient had a strong desire to move rather than sit for an activity, staff were seen to walk with the patient rather than try to restrict them. This allowed the patient to fulfil this need while keeping the patient safe.

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. Interactions between staff and patients were seen to be warm, caring, encouraging, and/or reassuring.

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. Review of wound care records and discussion with nursing staff evidenced that wounds were well managed.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, environmental hazards reduced, assistance from staff with mobility, or the use of specialist equipment such as bedrails or alarm mats. Examination of care records 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.

The serving on lunch in both units was observed. Staff were organised and communicated well with each other. There was a mealtime coordinator and staff conducted a safety pause to ensure patients received the correct meals. Staff wore the appropriate personal protective equipment (PPE) and handled food safely.

The serving of meals was unhurried and there was a relaxed atmosphere. There was background music and patients said they were enjoying the food.

The menu on display for patients was out of date by serval months. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity of making Halloween decorations was observed taking place before lunch. Patients taking part in the activity said they were enjoying it and showed off some of their creations. The atmosphere was relaxed and patients were encouraged to participate at their own pace.

It was noted that the activities programme on display was out of date by several months and patient records relating to activities were poorly maintained. Activities had not be documented in several months for most patients. This was despite patients and staff telling us that activities took place. This was discussed with the manager and two areas for improvement were identified.

### 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.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and warm. Patients' bedrooms were clean and personalised with items important to the patient. Bedrooms and communal areas were generally well decorated although some areas required redecorating or touch ups. The home had a decorating and refurbishment plan in place to address any deficits.

It was noted that some communal space was not easily accessible. For example, some communal rooms in Dufferin unit were locked and a communal toilet in Stewart unit was routinely blocked to store a hoist. An area for improvement was identified.

It was also noted that there was a lack of dementia friendly signage around the home. For example a number of doors were either poorly signed with small plaques or had no descriptive plaque in place. This is not conducive to way finding for patients with dementia. An area for improvement was identified.

Fire safety measures were in place. Staff were trained in fire safety and took part in practice fire drills. The most recent fire risk assessment had taken place on 14 January 2026 and any recommendations made by the assessor had been actioned.

Staff trained in infection prevention and control (IPC) and were seen to practice hand hygiene and use PPE correctly. The manager had a system in place to monitor IPC practices and the environment.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Laura Patterson had been managing the home since 30 September 2022 and was registered with RQIA on 23 May 2023. The manager was supported by a deputy manager and a regional support team.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to patients.

Relatives spoken with said that they knew how to report any concerns and said they were confident that the manager 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 |
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| **Total number of Areas for Improvement** | 0 | 5 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Laura 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)**

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| **Area for improvement 1**<br><br>**Ref:** Standard 24.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 August 2026 | The Registered Person shall ensure that any notices on display in patient areas shows accurate information and the correct date. This includes menus and orientation boards.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>The Home Manager has reviewed all displays across both units to ensure information is accurate and up to date.<br>Supervision was completed with the PAL on 21.08.26, which included a review of all activity displays. Dates are clearly displayed, daily activities are recorded, and displays are updated on a monthly basis.<br>A member of the Catering Team is now allocated daily responsibility for ensuring all menu boards are accurate and updated.<br>Supervision has been completed with all Registered Nurse staff to reinforce the requirement for daily checks of displays to ensure information remains current and correct.<br>The Home Manager and Deputy Manager will continue to monitor displays as part of their regular Walkabout Audits and will record and address any concerns identified.<br>The Operations Manager will provide additional oversight by reviewing displays during the monthly Regulation 29 visits. |
| **Area for improvement 2**<br><br>**Ref:** Standard 11<br><br>**Stated:** First time<br><br>**To be completed by:**<br>25 August 2026 | The Registered Person shall ensure that a programme of activities is available. The programme should capture elements of physical, emotional, intellectual, social, creative, and spiritual life for patients.<br><br>The programme should be advertised / shared in formats suitable for patients.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Supervision with the PAL was completed on 21 August 2026. Activities are planned one month in advance and reflect world events, the seasons, and Residents' interests and abilities. The PAL will also provide individual one-to-one activities. Any resources required to support or deliver activities will be identified in advance. |

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| | The monthly programme is displayed in the foyer of each unit for visitors, and Residents are provided with a weekly printed leaflet.<br>The Home Manager or Deputy Manager will monitor activity provision during Walkabout audits and record any findings and required actions.<br>The Operations Manager will also monitor activity provision during the monthly Regulation 29 visit. |
| **Area for improvement** 3<br><br>**Ref:** Standard 11<br><br>**Stated:** First time<br><br>**To be completed by:**<br>18 August 2026 | The Registered Person shall ensure that a record is kept of any activities that happen in the home.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>The PAL's supervision session was completed on 21 August 2026.<br>Activity records must be completed promptly each day. They should describe the activity delivered, how Residents responded or benefited, and any decision not to participate, including the alternatives offered.<br>The Home Manager will review the records weekly, with additional monitoring by the Operations Manager during the monthly Regulation 29 visit. |
| **Area for improvement** 4<br><br>**Ref:** Standard 44.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 August 2026 | The Registered Person shall ensure that communal spaces in the home are used only for their registered purpose and are accessible to patients and visitors.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>During the inspection, the obstacles were removed, restoring access to the lounge and toilet.<br>All RN staff have received supervision on ensuring that every area remains accessible to all Residents each day.<br>The Home Manager or Deputy Manager will check accessibility during Walkabout audits and document any concerns.<br>The Operations Manager will also review accessibility during the monthly Regulation 29 visit. |

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| **Area for improvement** 5<br><br>**Ref:** Standard 43.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 October 2026 | The Registered Person shall review the home's environment and erect appropriate signage and descriptors in communal areas and on doors, to assist way finding for patients.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>Signage across both units has been fully reviewed to ensure appropriate information is displayed throughout the Home. Additional signage has been identified as required, and orders have been placed. These are currently awaiting delivery and will be installed promptly upon receipt.<br>As part of ongoing governance and quality assurance processes, the Home Manager or Deputy Manager will review signage during routine Walkabout Audits. Any issues identified will be documented, with appropriate actions recorded and monitored to completion.<br>In addition, signage compliance and condition will be reviewed by the Operations Manager during the monthly Regulation 29 visits to provide further oversight and assurance. |

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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