

# Inspection Report

<b>Name of Service:</b>	<b>Carnalea Care Home</b>
<b>Provider:</b>	<b>Beaumont Care Homes Limited</b>
<b>Date of Inspection:</b>	<b>18 June 2025</b>

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Beaumont Care Homes Limited
<b>Responsible Individual:</b>	Mrs Ruth Burrows
<b>Registered Manager:</b>	Ms Josette Fernandez
<p><b>Service Profile –</b>  This home is a registered nursing home which provides dementia and general nursing care for up to 73 patients. The home consists of three units, Featherstone, Sunshine and the general nursing unit. There are a range of bedrooms and communal spaces throughout the home.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 18 June 2025, from 10.00 am to 4.30 pm by a care inspector.

The inspection was undertaken to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 8 August 2024.

Details and examples of the inspection findings can be found in the main body of the report.

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, three areas for improvement were assessed as having been addressed by the provider; and one area for improvement has been carried forward for review at a future inspection. 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 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. 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**

The inspector spoke with a number of staff, patients, relatives and the management team during the inspection.

Patients spoke positively about the care that they received, and patients who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings.

Staff told us they enjoyed working in Carnalea and that teamwork was good.

A relative told us "it's a fantastic home".

Three patient questionnaires were returned indicating a high level of satisfaction with the services provided in Carnalea. Comments included: "Dad receives excellent care from very caring staff" and "the staff are very helpful".

## **3.3 Inspection findings**

### **3.3.1 Quality and Management of Patients' Environment**

The home was neat and tidy and patient's bedrooms had varying degrees of personalisation to include items important to the patient. The previous inspection had identified a number of areas within the home that required refurbishment. An action plan was submitted by the provider and accepted by RQIA. The progress of the action plan was reviewed and it was pleasing to note that there had been a significant improvement made to the environment within the home and in specific reference to the Featherstone unit. There was evidence of refurbishment to include repair of vanity units, drawers, wardrobes and bedside tables.

It was noted that where required, radiator covers had been repaired or replaced and there was evidence of recent painting and decorating to address damaged paintwork on the walls and woodwork to include skirting and architraves. Discussion with the management confirmed that refurbishment was ongoing and regularly reviewed.

In addition, it was noted that the access door in the lounge to the patio and garden area had been temporarily addressed to maintain patient safety as discussion with management confirmed that further action was required to fully address the seal on the door, and confirmed this had been escalated for review and action as appropriate.

The garden area was noted to be noticeably improved and discussion with staff confirmed that further works were being undertaken in preparation for a forthcoming social event.

### 3.3.2 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Josette Fernandez has been the manager in this home since 8 February 2016.

Discussion with management and a review of records evidenced that the management team had processes in place to monitor the quality of care and other services provided to patients.

The home was visited each month by a representative of the registered person to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

## 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
<b>Total number of Areas for Improvement</b>	1*	0

\* the total number of areas for improvement includes one that has been carried forward for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of the inspection (25 January 2024)</p>	<p>The registered person shall ensure that records for the administration of thickening agents are accurately maintained.</p> <p>Ref: 5.1 &amp; 5.2.6</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>



## The Regulation and Quality Improvement Authority

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