

Inspection Report

Name of Service:	Jordanstown Care Home
Provider:	Beaumont Care Homes Limited
Date of Inspection:	01 July 2025

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:	Miss Helen McCullagh
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 46 patients requiring general nursing care. The home is located over three floors with patients' bedrooms on the ground and first floors. There is access to communal lounges a dining room and a mature garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 1 July 2025, from 9.15 am to 4.00 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 5 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

As a result of this inspection one regulation and one standard identified for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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 spoken with said that staff were lovely, the food was good, staff were available when needed and they had no concerns about the home.

Staff were complimentary about the support from the manager, the training provided, the team work and said they had no concerns about staffing levels nor the care provided.

Patients told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

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.

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.

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.

A system was in place to evidence that staff were appropriately registered with their professional bodies, including the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The record of staff appraisals showed that not all staff had received an appraisal of their role in a timely manner. An area for improvement was identified.

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 may require special attention to their skin care. These patients were assisted by staff to change their position, however, records completed showed that some patients were not repositioned as prescribed in their care plan, as the position of patients remained the same for long periods of time. This area for improvement has been stated for a second time.

Additionally, pressure relieving mattresses were in place for a number of patients. While most mattresses were at the correct setting, one was noted not set correctly for the patients' weight. This was discussed with the manager and addressed. This will be reviewed at a future inspection.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, alarm mats and staff supervision.

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 lunch time meal, review of records and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet. Whilst most patients were complimentary about the meal one patient said the food was repetitive at times. This was brought to the attention of the manager for her review.

Observation of the planned activities, one to one and ball games, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Patients were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events.

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, however, where patients required their fluid intake to be monitored there were no clear instructions on actions to be taken in the event of not meeting their fluid intake target. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment Control

The home was, tidy and welcoming, however, maintenance or repair was required to sink drains, ceiling tiles and an ensuite floor. This was brought to the attention of the manager and an area for improvement was identified.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were warm and comfortable.

There was evidence that systems and processes were in place to manage infection prevention and control which included 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. Miss Helen McCullagh has been the manager in this home since 5 June 2024.

Staff commented positively about the manager and described her 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.

Patients spoken with said that they knew how to report any concerns and said they were confident that this 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
Total number of Areas for Improvement	0	4*

* 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. Miss Helen McCullagh, 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)	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 1 July 2025</p>	<p>The Registered Person shall ensure that patient repositioning records are consistently completed in a contemporaneous and accurate manner.</p> <p>Ref: 2.0 and 3.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The accurate completion of supplementary charts and the correct codes to be used for repositioning has been discussed with care staff at the staff meeting held on 25/07/25. Supervisions in regards to the completion of the supplementary charts have been completed with staff in August 2025. Accurate completion will be reviewed as part of the walkaround audit.</p> <p>Any remedial actions identified will be addressed through flash meetings with staff and this will be monitored as part of the walkaround. This will also be monitored as part of the Regulation 29 visit by the Operations Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2025</p>	<p>The Registered Person shall ensure staff receive an appraisal of their roles in a timely manner.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There is a new appraisal planner in place for 2025. Eleven appraisals have been completed to date. There is a plan in place to have all remaining appraisals completed by the end of December 2025</p> <p>Head of department appraisals have been completed with staff to cascade and complete with remainder of the staff team.</p> <p>This will be monitored as part of the Regulation 29 visit by the Operations Manager.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that the daily fluid intake record for patients is meaningfully and regularly reviewed by nursing staff.</p> <p>Ref: 3.3.3</p>

<p>To be completed by: 31 July 2025</p>	<p>Response by registered person detailing the actions taken:</p> <p>The recording in the progress notes of the resident's condition and the meaningful review of each resident's total fluid intake was discussed with all nurses at the Nurse's meeting held on the 6th August 25.</p> <p>The Manager will monitor the progress notes of residents who has been identified as having not met their fluid target for three consecutive days as part of the walkaround. Audit. Any remedial actions identified will be addressed through flash meetings.</p> <p>This will be monitored as part of the Regulation 29 visit by the Operations Manager.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure the home is maintained and remains suitable for its purpose. This is in relation to the repair of sink drains, ceiling tiles and an en-suite floor.</p> <p>Ref: 3.3.4</p>
<p>To be completed by: 31 August 2025</p>	<p>Response by registered person detailing the actions taken:</p> <p>The Identified repair works required in relation to ceiling tiles and sink drains have been completed. The En-suite floor that requires replacement has been costed and capex prepared for approval.</p> <p>The maintenance and repair of the home will be monitored through completion of the walkabout and audits.</p> <p>Compliance will be monitored as part of the Regulation 29 visit by the Operations Manager.</p>

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