

# Inspection Report

**Name of Service:** Domnall Intermediate Care Centre

**Provider:** Beaumont Care Homes Limited

**Date of Inspection:** 9 July 2025

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

## 1.0 Service information

<b>Organisation:</b>	Beaumont Care Homes Limited
<b>Responsible Individual:</b>	Mrs Ruth Burrows
<b>Registered Manager:</b>	Mrs Cara Parker
<p><b>Service Profile –</b> This home is a registered nursing home which provides nursing care for up to 55 patients. The home is located over two floors with patients’ bedrooms, communal lounges and dining areas located on both floors.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 9 July 2025, from 9.25 am to 3.30 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 12 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 for improvement was 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 looking after them very well, the food was very good, there were lots of activities and staff were always available if needed.

A visitor was complimentary about the care provided, the staffing levels and being kept informed about any changes to their relatives condition in a timely manner.

Staff told us they received valuable support from the manager, received regular training, had no concerns about staffing levels and loved working in the home.

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 monitor the registration of relevant staff with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). It was identified that any nurse taking charge of the home had competency and capability assessments completed.

### 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. Throughout the day staff observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team was maintained about changes in the patients' needs.

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 review of records identified that an accurate record of the position was not always recorded on the notes. An area for improvement has been stated for a second time.

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.

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 and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

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

The weekly programme of social events was displayed on the noticeboard advising of future 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.

### 3.3.4 Quality and Management of Patients' Environment Control

The home was, tidy and welcoming. However, maintenance or repair was required to a number of areas; for example, a radiator cover, ceiling tiles and chipped door frames. An area for improvement was identified.

Review of other areas of the home identified that additional cleaning was required; for example, to kitchenette cupboards, doors and a shower bed. An area for improvement was identified.

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

Two storage areas were observed unlocked with access to electrical switchboards. This was brought to the attention of the manager for immediate action and an area for improvement was identified.

A number of rooms were observed to be used for other reasons outside their registered purpose., including four lounges used by Trust staff. This was discussed with the manager and an area for improvement was identified.

Staff were observed washing their hands correctly or at appropriate times and using PPE inappropriately.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Cara Parker has been registered as the permanent manager in this home since 2 June 2025.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

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

Patients spoken with said that they knew how to report any concerns and said they were confident that the person in charge 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
<b>Total number of Areas for Improvement</b>	1	5*

\*the total number of areas for improvement includes one standard that has been stated for a second time and one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Cara Parker, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 9 July 2025	<p>The Registered Person shall ensure store rooms containing electrical switch boards are secured.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The identified store room door has been fitted with keypad locks to ensure switch boards are secure. This will be monitored during walkabout audits completed by the management team. Compliance will be monitored by the Operations Manager as part of the monthly monitoring visit.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Second time  <b>To be completed by:</b> 9 July 2025	<p>The Registered Person shall ensure that patients are repositioned in keeping with their prescribed care.</p> <p>Ref: 2.0 and 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All nursing and care staff have now received a supervision regarding the critical importance of repositioning residents in accordance with their individual care plans. Compliance is being actively monitored through walkabout audits and reinforced by monthly audit reviews to ensure consistent practice and accountability. This is also checked as part of the monthly monitoring visit carried out by the Operations Manager</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (15 June 2023)	<p>The registered person shall ensure that care plans are in place with sufficient detail to direct staff when medicines are prescribed to manage chronic pain and when insulin is prescribed to manage diabetes.</p> <p>Ref: 2.0</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	<p>The Registered Person shall ensure the damaged radiator cover, ceiling tiles and chipped door frames identified at this inspection are repaired or replaced.</p> <p>Ref: 3.3.4</p>

<p><b>To be completed by:</b> 31 July 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> All above areas have been identified and actioned by maintenance team. Environmental overview will be completed as part of the walkaround audit and any areas identified as requiring repair will be noted for the maintenance person to address or call logged to estates if required.</p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 44.1  <b>Stated:</b> First time</p>	<p>The Registered Person shall ensure that the specific areas identified at this inspection are kept clean. This is in relation to kitchenette cupboards, doors and the identified shower bed.  Ref: 3.3.4</p>
<p><b>To be completed by:</b> 15 July 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> A deep clean of the areas identified during inspection was undertaken following inspection. Going forward these areas will be monitored as part of the walkabout audit to ensure standard of cleanliness is maintained. Compliance will be monitored during completion of the Reg 29 audit completed by the Operations Manager.</p>
<p><b>Area for improvement 5</b>  <b>Ref:</b> Standard 44.3  <b>Stated:</b> First time</p>	<p>The Registered Person shall ensure the nursing home including all spaces is only used for the purpose for which it is registered.  Ref: 3.3.4</p>
<p><b>To be completed by:</b> 31 July 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> A meeting was held with senior trust staff to address the appropriate use of designated spaces within Domnall, ensuring alignment with registration requirements. As a result, all staff meetings are now conducted in the manager's office, while communal lounges are reserved exclusively for residents and their visitors. Adherence to this protocol is monitored through walkabout audits and during Regulation 29 visits carried out by the Operations Manager.</p>

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



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