The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Hawthorn House Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **3 November 2025**

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:	Miss Rachel Downing
Service Profile: This home is a registered nursing home which provides nursing care for up to 32 patients under and over 65 years of age who require nursing care relating to physical disability, old age, and/or terminal illness. Patient accommodation is over two floors with bedrooms on the ground and first floors. Patients have access to a range of communal areas throughout the home and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 3 November 2025 from 09.30 am to 6 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 13 January 2025; 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.

As a result of this inspection four areas 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 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 their overall experience of living in Hawthorn House was positive.

Patients told us that staff were friendly and helpful. One patient commented negatively about interactions with staff and this was brought to the attention of the manager for appropriate action.

Patients said that staff were available when they need help. A small number of patients commented that they sometimes have to wait for assistance if staff are busy, but that this only happens occasionally and for short periods.

Patients said they could choose how and where they spent their time and that they were happy with the environment and their bedrooms. Activities is discussed in section 3.3.2 of this report.

One relative was spoken with during the inspection. The relative said that they were "very happy" with the care and services provided in the home and that, they were kept well informed about any changes in their loved one's needs. The relative said that the home is always clean and their loved ones always presents as well cared for, clean and comfortable.

No questionnaire responses were received following the inspection.

Staff spoke positively about working in Hawthorn House. They described good teamwork and said they felt supported in their roles. Staff spoke with pride about delivering "excellent" care and prioritising patients' wellbeing. Staff also spoke about sometimes experiencing pressures from both work and personal lives. The topic of staff welfare was discussed with the management team and it was agreed that staff welfare would be included in staff meetings as a recurring agenda item and that staff resources would be advertised in the staff area.

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 teamwork and that they felt well supported in their role. Care and nursing staff said they were satisfied with the staffing levels.

Housekeeping staff felt that there was inconsistency in relation to their staffing levels. Review of the duty rota confirmed staffs' views. This was discussed with the management team who explained staff deployment arrangements for this department. The management team agreed to revisit these arrangements with the relevant staff. This will be reviewed again at the next inspection.

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 seen to respond to patients' needs in a timely manner and were polite and warm in their interactions with patients.

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. For example, a patient who had been resting in their bedroom in the morning was seen to be regularly checked on by staff and then later joined other patients in the lounge for some social stimulation.

Review of records and discussion with patients and staff evidenced that patients were encouraged to attend meetings and to share their views on the running of the home.

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.

Observation of moving and handling manoeuvres carried out by staff evidence good practice, and some minor learning opportunities about clear communication with the patient. This was discussed with the management team to address through staff training.

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. Discussion with staff confirmed that they conducted a safety pause prior to mealtimes to ensure good communication across the teams and ensuring that patients received the correct meals.

Observation of the 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.

The arrangements for the provision of, and the delivery of activities was reviewed. It was established that there had been some improvement since the last inspection. There was an activity coordinator working on a part time basis. It was evident that the activity coordinator planned a well balanced programme which was very well advertised around the home. A record of individual patients' participation in activities was maintained.

It was positive to see that patients had copies of the activity programme delivered to their bedrooms and spoke positively about the coordinator. Some patients told the inspector that they missed the activity coordinator when she was not on duty.

Discussion with patients and staff, and review of records evidenced that the activity programme was not fully delivered as advertised. For example, when the activity coordinator was off duty no one took a lead with the activities for that day. A previously identified area for improvement was not fully met for a third time. This was discussed with the management team who informed the inspector that new arrangements would be in place from the week beginning 10 November, with the appointment of a second part time activity coordinator.

Following the inspection RQIA held an internal meeting to review the inspection findings and took into consideration the proposed plans to improve this aspect of life in the home. The area for improvement was subsumed into Regulation and is detailed in the home's quality improvement plan (QIP) in section 4.0 of this report.

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 well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Communal toilets and bathrooms were clean and accessible.

There was a welcoming and pleasant atmosphere in the home and it was positive to see autumn and Halloween decorations around the home, some of which had been made by patients.

Fire safety measures were in place. The most recent fire risk assessment was undertaken on 5 March 2025 and any recommendations made by the assessor had been addressed by the provider. Records evidenced that staff were trained in fire safety and took part in practice fire drills to ensure they knew what to do in the event of a fire.

Staff were trained in infection prevention and control (IPC) and the correct use of personal protective equipment (PPE). While the majority of staff were seen to carry out good practice in IPC, staff were seen on two occasions to handle used linen inappropriately. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Rachel Downing has been the manager in this home since 20 June 2022.

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 management team 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 their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A record of compliments received about the home were kept and shared with staff. Comments on cards included, “To all the staff thank you for your kindness and support”, “…you were all so good and kind...”, and “Thank you for all the care and assistance you gave me.”

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	1	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Rachel Downing, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 18 (2) (n) **Stated:** First time **To be completed by:** 1 December 2025	The registered person shall review the provision of activities to ensure; programmes are delivered as advertised and/or agreed with patients, there is evidence of flexibility for patients’ choice, and there is evidence of management oversight to ensure that meaningful engagement is an integral part of everyday life in the home. Ref: 3.3.2
	Response by registered person detailing the actions taken: The staffing arrangements have been reviewed with regards to the provision of providing activities within the Home. A current staff member has taken up the additional role and is supporting the original PAL and fulfilling the remaining 15 budgeted hours. The Home Manager meets with PALs on a monthly basis to discuss and review monthly planners. Quarterly resident/relatives’ meetings are held. Activities form part of the agenda and resident feedback is encouraged; this is then incorporated into the activity’s planner. Nursing and care staff have been reminded at daily handovers and flash meetings of the importance of facilitating and assisting with activities within the Home. Arrangements will be monitored by the Operations Manager during the monthly Regulation 29 visit.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 30 October 2023	The registered person shall ensure patients have a continuous supply of their prescribed medicines. This is in particular reference to patients recently admitted to the home. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 3 November 2025	The registered person shall ensure that staff adhere to best practice when handling used linen. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager can confirm that Linen trollies are available for staff to use to manage used linen appropriately. Dani stations are situated throughout the Home, with a supply of PPE for staff use. Supervision has been completed with the staff member identified on the day of inspection. Staff have been reminded at daily handovers and flash meetings of the importance of adhering to proper infection control policies and procedures. Staff handling of linen continues to be monitored through the walkabout, infection control, hand hygiene and PPE audits. Compliance will be monitored by the Operations Manager during the monthly Regulation 29 visit.

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

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