The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Holywood Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **16 October 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/Responsible Person:	Mrs Ruth Burrows
Registered Manager:	Ms Arriane Bacanni - not registered
Service Profile – This home is a registered nursing home, which provides nursing care for up 71 patients. The home is divided into three units over two floors. The unit on the first floor provides general nursing care. On the ground floor, there are two separate units; one unit provides nursing care for people living with dementia and the other unit provides nursing care for patients living with a mental illness. Patients have access to communal lounges, dining rooms and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 16 October 2025 from 9.30 am to 7.00 pm by two care inspectors.

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 27 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection, RQIA required the Provider to attend a meeting in line with RQIA's enforcement procedures. A meeting with the Intention to issue two Failure to Comply notices was held on 7 November 2025. Based on the information provided to RQIA, during this meeting, the decision was made to issue two Failure to Comply notices (FTC) in relation to the governance and management arrangements for the home and the management of hazards. Reference: FTC000250 and FTC000251. Details of the FTC notices can be viewed on our website.

There was a calm atmosphere in the home and patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings.

Some patients told us they were happy with the care and services provided however, other patients were not and provided specific examples of their experiences such as a lack of staff engagement and that care delivery was “being rushed”. RQIA were very concerned with the feedback from patients and shared specific examples with the Responsible Individual (RI) at the meeting on 7 November 2025.

Review of the actions taken by the home to comply with the previous Quality Improvement Plan (QIP), issued in February 2025, evidenced that two areas for improvement in relation to care records will be stated for a second time and one area for improvement has been carried forward for review at a future inspection. The areas for improvement not met have been subsumed into the actions stated within the two FTC notices issued.

Details of our enforcement procedures and the notices issued can be found on our web site www.rqia.org.uk

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

RQIA were very concerned with the feedback from patients in the home regarding a lack of staff engagement and that care delivery was ‘being rushed’. Specific examples were discussed with the Responsible Individual during an Intention to serve Failure to Comply Notices meeting, which was convened on 7 November 2025.

Staff spoke in positive terms about the provision of care, their roles and duties and training.

However, some staff told us that the staffing levels were not always adequate. The manager confirmed that safe staffing levels were determined and/or adjusted through ongoing monitoring of the number and dependency levels of patients in the home and that staffing levels were reviewed regularly. Further details regarding staffing arrangements can be found in section 3.3.1

Families spoken with told us that they were generally happy with the care in the home however, some discussed concerns they had previously raised to management and were satisfied that these had been addressed.

Following the inspection, one staff questionnaire response was received. The person's comments regarding staffing levels, shift patterns and call bell responses were passed onto the manager to review and address as required.

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.

A review of the duty rota evidenced that the home was staffed as planned however, staff in the Dunville and dementia unit raised concerns regarding staffing levels and the arrangements for staff deployment with the potential to affect the quality of care delivery to patients. For example, staff from the Dunville unit were frequently asked to assist in the dementia unit particularly at mealtimes. Staffing arrangements for the Dunville and dementia units were discussed at the meeting with RQIA on 7 November 2025 and action is included within the FTC notice issued: Ref FTC000250.

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. .

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.

RQIA were very concerned with the feedback from patients in the home regarding a lack of staff engagement and that care delivery was "being rushed". One patient raised concerns regarding not being taken to the toilet when requested and another patient discussed the lack of engagement and response from staff. Other specific details were discussed with the Responsible Individual at the meeting on 7 November 2025.

Observations during the lunch time meal service evidenced that staff were primarily task focused, attending to the functional aspect of the meal delivery with limited evidence of meaningful engagement and/or social interaction with the patients throughout their dining experience. For example, there was a lack of atmosphere or positive interactions. One patient was observed to be sleeping with their meal in front of them for at least 20 minutes. When asked staff told us that the patient did not like the meal provided. RQIA asked that care staff approach the kitchen to request an alternative meal. It is very concerning that RQIA had to intervene to ensure a patient's needs were met and that they had a meal they would enjoy.

A number of patients were seated in the lounge area for their meal with round tables in front of them that were not conducive for patients to enjoy their meals in a comfortable and relaxing manner. The use of these tables had been discussed at the previous inspection on 27 February 2025, but had not been addressed.

Details were discussed with the Responsible Individual at the meeting and actions required are included within the FTC notice issued: FTC000250.

A review of the home's activity programme and associated records evidenced the need for improvement in regard to the system in place for delivering meaningful and patient centred activities. For example, within patient records it was difficult to find evidence of any assessment of need in respect of activities or socialising, including information such as, individual preferences or wishes, life story work, patient participation levels or any evaluation of outcomes of activity for patients.

RQIA are concerned that an area for improvement in relation to activity provision, which was first identified during an inspection in November 2022 remains unmet and that the impact on patients quality of life and lived experience was evident given the observations and comments made by patients during this inspection. Actions to address this have been included within the FTC notice: FTC000250.

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.

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.

3.3.3 Management of Care Records

A review of records evidenced a number of deficits were identified within the quality and content of patient care records. Recording and review of care records was inconsistent resulting in care plans and/or risk assessments that did not fully reflect the current needs of patients. Details were discussed with the Responsible Individual at the meeting with RQIA.

In addition, amendments made to patient records by registered nursing staff were not in keeping with professional guidance as stated in section 10 of the Nursing and Midwifery Council (NMC) professional code. These amendments were also not attributed to the person making them, were not signed or dated and some entries were illegible.

An action was made in regard to care records within the FTC notice: FTC00250 and an area for improvement was stated for a second time.

Care records were accessible within an unlocked treatment room in the Dunville Unit. An area for improvement stated in relation to secure and confidential storage of patient records remains unmet since February 2025 and is now stated for second time.

Review of a sample of patient records evidenced that there was an improvement in the recording of care records relating to the management of patients' skin. Records reviewed were detailed and maintained in accordance to the patients care plan.

3.3.4 Quality and Management of Patients' Environment Control

Significant concerns were identified in relation to the management of the home's environment and infection prevention and control practices. For example, patient equipment, such as shower chairs and a shower table had not been effectively cleaned; corridor carpets in the dementia unit and Dunville unit were worn and stained; a number of hand sanitisers were either broken or empty; and a number of patients' beds had been made up with stained bed linen and mismatched bedlinen speaking to an overall culture within the home that this is acceptable for patients. This was discussed at the meeting with RQIA and an action included within the FTC notice: FTC000250.

In addition, it was observed that two baths in the home were out of order, one of which has had 'out of order' signage in place from April 2024. This lack of adequate bathing facilities within the home over a protracted period adversely affects patients' choice. The manager confirmed following the inspection that while one bath was now operational the second one remained unavailable to patients. RQIA are seriously concerned that these maintenance issues had not been addressed in a proactive and timely manner until RQIA intervened in the best interests of patients. An action regarding repairs and maintenance was included in the FTC notice: FTC000250.

Within the dementia unit, unlocked cupboards throughout the unit contained toiletries that were accessible to patients who may be unaware of any potential risk of harm. A staff cloakroom containing drinking water bottles, a handbag and coats was left unlocked and potentially accessible to patients. The sluice door was propped open with a bin. The sluice contained cleaning chemicals and a box of chocolates. All of these environmental hazards had the potential to cause harm to patients.

Furthermore, a selection of food and fluids were observed to be accessible in a number of rooms throughout the dementia unit despite patients living in these units who required modified diets and were at risk of choking due to dysphagia.

The Dunville unit nurses' station/ treatment room was left unlocked and unattended and was therefore accessible to patients. Medicine cupboards and the medicine fridge within the treatment room were also unlocked, which allowed unrestricted access to multiple medicines including thickening agents. Staff belongings were also stored within these areas rather than in the staff room provided.

The domestic trolley was left unattended in a bedroom on the first floor general nursing with cleaning chemicals accessible to patients/visitors.

It was concerning that the management and staff failed to recognise and robustly manage the potential and significant risks to patients resulting from the environmental hazards outlined above.

A number of environmental hazards were observed which had the potential to place patients at risk of harm. RQIA first stated an area for improvement, specifically relating to the management of risk and hazards within the home's dementia unit in November 2022. This remains unmet. These concerns were discussed at the meeting on 7 November 2025 and an FTC Notice was issued: FTC000251.

3.3.5 Quality of Management Systems

There was a change of home manager since the last inspection. Ms Arrianne Baccani has been the manager since 7 October 2025. During the meeting, the Responsible Individual discussed the ongoing management arrangements for Holywood Care Home and an action was included within FTC notice FTC00250.

Whilst there was a programme of audits in place including monthly visits taken in accordance with Regulation 29, there was a lack of evidence to demonstrate that the audit programme was effective in driving the necessary improvements. For example, the system to monitor staff registration with the Northern Ireland Social Care Council (NISCC) was not accurate. The previous monthly monitoring reports failed to identify the issues evidenced during this inspection in relation to care records, staff practice and risk management. In addition, the falls analysis and weight loss audits were not available and other audits such as the restrictive practice audit had not been updated since August 2025. Details were discussed with the Responsible Individual during the meeting with RQIA and actions to address these deficits were included in the FTC notice FTC000250.

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 two under the standards that have been stated for a second time and one under regulation that is carried forward for review at the next inspection.

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect 6 March 2025	The registered person shall ensure that refrigerator temperatures are recorded daily including the maximum and minimum temperatures. Ref: 2.0 **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.**
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 37 **Stated:** Second time **To be completed by:** 16 October 2025	The registered person shall ensure that patients' confidential records are securely stored. Ref: 2.0 and 3.3.3 **Response by registered person detailing the actions taken:** The management of confidential records was discussed during the Registered Nurse meeting and during daily flash meeting. All staff have been reminded that all nurse stations must remain locked when not in use by staff nurses and that supplementary booklets are to be stored in each resident's room. The Registered Manager will continue carrying out walk-around audits to monitor the environment and ensure these actions are being followed. GDPR supervision has been completed with all staff members. Staff have been informed that all handover sheets must be left in the nurses office at the end of each shift for secure shredding.
Area for improvement 2 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 16 December 2025	The registered person shall ensure that patients' risk assessments and care plans are reviewed upon readmission to the home and that they reflect the current needs of the patient. Ref: 2.0 and 3.3.3. **Response by registered person detailing the actions taken:** The Registered Manager will carry out supervision with all staff nurses to remind them of the documentation that requires to be reviewed and updated when a resident returns from hospital. This includes • the importance of completing of a full medication review and confirming that any changes have been communicated to the GP and the pharmacy.

	• that all risk assessments and care plans must be reviewed and updated to reflect any changes in the resident's physical or mental health. • if a DNACPR form is returned from the hospital, a discussion must take place with the next of kin and the resident (if they have capacity), and the outcome must be communicated to the GP. • A comprehensive handover must be provided to all staff involved in the resident's care. The Home Manager will review and audit the documentation for each resident returning from hospital to ensure all required information has been accurately recorded and updated.

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

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