The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Whiteabbey Care Home**

**Provider:** **Beaumont Care Homes Limited**

**Date of Inspection:** **12 January 2026**

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

## 1.0 Service information

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| **Registered Provider:** | Beaumont Care Homes Limited |
| **Responsible Individual:** | Mrs Ruth Burrows |
| **Registered Manager:** | Mrs Ruth McKeown – not registered |
| **Service Profile –**<br>This home is a registered nursing home which provides nursing care for up to 59 patients. The home provides general nursing care for patients under and over 65 years of age and care to patients over and under 65 with a physical disability. Patients' bedrooms, communal lounges and dining rooms are located over two floors in the home. Patients have access to an enclosed courtyard garden. | |

## 2.0 Inspection summary

An unannounced inspection took place on 12 January 2026 from 9.25 am to 4.50 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 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. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection, three previous areas for improvement were assessed as having been addressed by the provider. Full details, including restated areas for improvement, 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The new manager is very nice and the staff are brilliant", "The staff are dead on. We get a good laugh with the activities. The food is lovely" and "They (the staff) are looking after me very well. The staff are kind."

Staff offered choices to patients throughout the day, which included preferences for getting up and going to bed, food and drink options and where and how they wished to spend their time.

Relatives commented positively about the overall provision of care within the home. Comments included, "I am more than happy with the care my relative receives. The staff are all very kind."

Staff spoken with said that Whiteabbey Care Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "The manager is so good. We have access to all our training and the teamwork is good." and "Things are going very well. The manager is very proactive."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

## 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 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 were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted upcoming events.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

### 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.

Care records, for the most part, 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. Review of a selection of daily evaluation records over a 24-hour period evidenced that some of these entries had been completed as early as four hours into the 12 hour shift on some occasions and no further entries had been made to reflect on the care delivered. Some entries continued to be illegible and there was evidence that some monthly evaluations contained repetitive statements which were not person centred. An area for improvement identified at the previous care inspection was stated for a second time.

Examination of patient's daily fluid intake confirmed that while this was recorded on a daily basis, an accurate total was not always captured over a 24-hour period despite oversight of these records by registered nursing staff. Improvements were noted regarding the management of patients who had not achieved their fluid target. Examination of a selection of care plans confirmed that some of these had been updated to direct what actions should be taken by registered nurses to monitor and address this; although this was not done consistently for each patient. Areas for improvement identified at the previous care inspection were stated for a second time.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient. Although painting was required to some bedroom walls, skirting and doorframes. In addition, works were required to a kitchenette on the first floor. This had been highlighted during care inspections on 23 July 2024 and 17 July 2025. Discussion with the manager confirmed they did not have access to permanent maintenance staff and recruitment was ongoing.

This was escalated to the Responsible Individual who acknowledged the challenges in recruiting maintenance staff. They provided assurances regarding maintenance provision to the home and committed to reviewing the refurbishment plan to address the shortfalls identified. RQIA were satisfied that management understood their role and responsibilities in terms of oversight of aforementioned areas and needed a period of time to address this area of work. Given these assurances additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Some staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) correctly; although other staff did not. Some staff did not take an opportunity for hand hygiene after contact with patient/patient environment. This was identified as an area for improvement at the previous two care inspections and is stated for a third time. Failure to meet this area for improvement may lead to enforcement action.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Ruth McKeown has been the manager in this home since 20 August 2025.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. While improvements were noted in the governance of IPC practices, the home environment and care records, further work is required to ensure the governance systems are sufficiently robust to drive the necessary improvements. An area for improvement identified at the previous care inspection was stated for a second time.

There was a system in place to manage any complaints received. A compliments log was maintained and any compliments received were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or 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 |
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| **Total number of Areas for Improvement** | 2* | 3* |

*The total number of areas for improvement includes one that has been stated for a third time and that four been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Ruth McKeown, 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**

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| **Area for improvement 1**<br><br>**Ref**: Regulation 13 (7)<br><br>**Stated:** Third time<br><br>**To be completed by:**<br>12 January 2026 | The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.<br><br>This area for improvement relates to the following:<br><br>• donning and doffing of personal protective equipment<br>• appropriate use of personal protective equipment<br>• staff knowledge and practice regarding hand hygiene<br>• management of laundry.<br><br>Ref: 2.0 and 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>On the day of the inspection, it was noted that this area had been partially met, and no concerns were raised with regards to 3 out of 4 points mentioned above. However, it was felt the staff knowledge and practice regarding hand hygiene required further focus to meet compliance. Since the inspection IPC observations have been completed and face to face Infection control training sessions have been scheduled for 10th March. The Home Manager has been completing twice weekly hand hygiene and PPE Audits to identify/address issues.<br>An infection control link nurse has been identified to support the Home Manager in ensuring good practice and support with auditing. Additional Infection control training has been booked for the Home Manager and Link nurse through the CEC for 10th June.<br>Registered nursing staff are carrying out regular flash meetings with staff to ensure IPC measures are robust.<br>Compliance will be further monitored by the Operations Manager during the monthly Regulation 29 visits. |
| **Area for improvement 2**<br><br>**Ref**: Regulation 10 (1)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>12 January 2026 | The registered person shall review the home's current audit processes to ensure they are effective in order to drive the necessary improvements.<br><br>Ref: 2.0 and 3.3.5 |
| | **Response by registered person detailing the actions taken:**<br>The auditing process around IPC and the environmental factors mentioned within the report have been reviewed by the Home Manager. An environmental action plan is in place and work has |

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| | commenced in the identified areas. This action plan has been shared with the leading inspector.<br>The Home Manager has reviewed the monthly audits and is now completing the IPC audits for each floor on a minimum of a quarterly basis to ensure sufficient oversight.<br>Compliance will be further monitored by the Operations Manager during the monthly Regulation 29 visits. |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 4<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>12 January 2026 | The registered person shall ensure all evaluations of care are meaningful and person centred. These entries should be legible.<br><br>Ref: 2.0 and 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Following the inspection, staff meetings were held 19th January 2026 and 3rd February 2026 to discuss this area and changes have been made to the 8-2pm nurse duties in order for documentation to be completed effectively and within an appropriate timeframe. The Home Manager has been completing spot checks to ensure this is effective.<br>Individual meetings were held with the nurses who were highlighted on the day of inspection with regards to the legibility of their written entries. This is being closely monitored by the Home Manager and feedback on the legibility of their handwriting will continue to be provided to the nurses so that they can address any issues identified.<br>NMC accountability training has also been scheduled for the nursing staff on 11th March 2026 and 24th March 2026.<br>Spot checks are being carried out by the Home Manager as part of the walk around audit to ensure that evaluations are meaningful, and is also being highlighted/addressed within the monthly care plan audits.<br>Compliance will be further monitored by the Operations Manager during the monthly Regulation 29 visits. |
| **Area for improvement 2**<br><br>**Ref**: Standard 37.4<br><br>**Stated:** Second time<br><br>**To be completed by**<br>12 January 2026 | The registered person shall ensure that patients' fluid intake over a 24-hour period is reviewed by a registered nurse where appropriate and accurate records are maintained.<br><br>Ref: 2.0 and 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Details of this required improvement was discussed at the RN's meeting held on the 19th January 2026. A fluid target checklist has been created to provide reassurances that the staff nurse has oversight of the fluid balances, the checklist provides prompting if action is required for low fluid intakes and will highlight areas that need to be addressed/discussed with the GP. |

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| | The Home Manager will review this daily to ensure accurate recording of fluids and that appropriate action has been taken for those residents with low fluid intake. The Home Manager will also be carrying out spot checks through the use of the walkaround audit to ensure that fluids are being accurately recorded within the progress notes and that action is being recorded where appropriate. There has been ongoing review of fluid targets with the registered practitioners to determine if they wish to be contacted and this information has been included within the Residents Care plans.<br>Compliance will be further monitored by the Operations Manager during the monthly Regulation 29 visits. |
| **Area for improvement 3**<br><br>**Ref**: Standard 4.9<br><br>**Stated:** Second time<br><br>**To be completed by**<br>12 January 2026 | The registered person shall ensure that daily fluid intakes are consistently and accurately recorded.<br><br>Ref: 2.0 and 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Staff meetings were held on the 19th January 2026 and this area was discussed. Staff were encouraged to document all fluids accurately and to include the fluid used within the resident's cereal. RN staff have been advised to ensure that they have oversight of the supplementary charts and address any issues within a timely manner.<br>Fluid intake is now being discussed as part of the verbal handover so that staff are made aware promptly and encouragement can be given when targets are not being met.<br>RN staff have been completing regular flash meetings when there are identified low fluid intake and what action is required discussed and agreed.<br>The Home Manager will continue to complete spot checks as part of the walk around audit to provide oversight of this.<br>Compliance will be further monitored by the Operations Manager during the monthly Regulation 29 visits. |

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