The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Holywood Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **8 January 2026**

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:	Mrs Tanya Brannigan – 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 8 January 2026, from 9.45 am to 5.10 pm by two care inspectors.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notices (FTC Ref: FTC000250 and FTC000251) issued on 13 November 2025 under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 10 (1) relating to the governance and management arrangements; and Regulation 14 (2) relating to the management of hazards. The date of compliance for both notices to be achieved was 8 January 2026.

During this inspection, there was evidence that a number of improvements had been made to address some of the required actions stated within both of the notices. However, sufficient evidence was not available to validate full compliance with the FTC Notices. RQIA considered the inspection findings and it was decided to extend the compliance date of the FTC notices. FTC Ref: FTC000250 (E1) and FTC000251 (E1), were issued with compliance to be achieved by 13 February 2026.

In addition to reviewing the FTC notices, two areas for improvement identified at the previous inspection were reviewed and assessed as met; the remaining one area for improvement was carried forward for review at a future inspection.

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 were happy to engage with the inspectors and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them. Patients told us; "I'm very happy here, I can't complain" ,"the staff are excellent, sometimes you have to wait a while, there are a lot of activities, I like the quizzes" and "things are not too bad, staff come fairly quickly, I sleep well, I'm warm in my bed, I have my buzzer if I need anything".

Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

Staff spoken with said that Holywood Care Home was a good place to work and said the teamwork was good. Staff commented positively about their roles and duties. The staff described the new manager as supportive and approachable.

3.3 Inspection findings

FTC Ref: FTC000250 Notice of failure to comply with Regulation 10 (1) The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 10 - (1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

The registered person shall ensure:

- a manager is appointed who is in day to day operational control of the home and meets the standards for registration with RQIA
- equipment is kept clean and in a good state of repair
- there is an effective system in place for staff to report maintenance issues, faults or required repairs and there is evidence of timely managerial oversight of same
- patients' beds are made up with clean, matching bed linen
- staffing levels in the home are reviewed to ensure they meet the assessed needs of patients in each unit at all times
- patients are supported to receive a meal that they will enjoy
- there is a system in place to evidence that management regularly monitor/review the quality of life as experienced by patients. This includes but is not limited to; the quality of patients' mealtime experience, the provision of activities and how patients are enabled to make choices about how and where they spend their day
- where activities are provided, this is evidenced within patients' care records
- staff are supported through training or other means, to meaningfully engage with patients
- there is an effective system in place to ensure that the patients' care plans are reviewed and updated regularly to reflect their current needs
- staff training is provided in relation to record keeping and accountability and this training is monitored to ensure it is embedded into practice
- a robust system is put in place to ensure that all staff are registered with the relevant professional body
- the home's governance systems, including the monthly monitoring reports conducted under Regulation 29, are reviewed to ensure they are sufficiently robust to identify, drive and sustain improvements.

A new manager has been appointed since the last inspection and is in day to day operational control of the home. This manager meets the standards for registration with RQIA.

All equipment observed on inspection was clean and in a good state of repair.

An effective system is in place for staff to report maintenance issues or faults. The maintenance book was reviewed and there was evidence that any issues were addressed in a timely manner.

Patient's beds were made up with bedlinen that was matching and clean.

There was no documented evidence that staffing levels within each unit of the home had been reviewed. On discussion with staff, it was identified that at certain times of the day staff are moving from one unit to another to assist with the care needs of the patients. This was not reflected on the duty rota.

The lunchtime meal service was observed in two units of the home. There was evidence that environmental improvements had been made to the dining room in one of the units, the dining room had been redecorated and how staff served the meals had been reviewed. Discussion with patients confirmed they enjoyed their lunch and review of the menu choice records confirmed the patients were provided with a choice at each meal sitting.

There was a system of audits in place to review the dining experience; however, there was no evidence that this audit included any discussion with the patients that focused on the quality of the life experience in regard to meal times, the activity provision or daily life within Holywood Care Home.

It was positive to see that the activity provision in the home has been reviewed. Enhanced support has been provided by senior management for the activity staff in regard to meaningful engagement with the patients. The review of care records evidenced when activities were provided to patients.

Care staff had been provided with “the fundamentals of care” training. There was no evidence that other staff had received any training in this area. However, staff were seen to engage in a meaningful way with the patients.

A system of care record audits was in place and the senior management team are supporting registered staff in the form of care plan coaching. Care records reviewed on inspection evidenced they were appropriate to the current needs of the patients.

There was no evidence that training had been provided on record keeping and accountability.

There was evidence that systems are in place in the form of staff registration audits. However, review of these audits did not always evidence that they were signed or dated by the auditor. It was also observed that two identified staff had not paid their professional registration annual fee and continued to work in the home for a period of time before action was taken by management.

The home governance systems, including the Regulation 29 monitoring visits, did not evidence that they had been reviewed since the last inspection to include any focus on the actions required as outlined in the two FTC notices.

FTC Ref: FTC000251 Notice of failure to comply with Regulation 14 (2) (a) (c) The Nursing Homes Regulations (Northern Ireland) 2005

Further requirements as to health and welfare
Regulation 14 - (2) The registered person shall ensure as far as reasonably practicable that –

(a) all parts of the home to which patients have access are free from hazards to their safety;

(c) unnecessary risks to the health or safety of patients are identified and so far as possible eliminated;

The registered person shall ensure:

- there is an effective system in place to identify and minimise risks to patients from environmental hazards as far as reasonably practicable
- observations of the environment demonstrate that it is well managed to reduce unnecessary risks to patients
- Staff can demonstrate their understanding of the system to identify, recognise and manage various types of hazards to patients commensurate with their role and responsibilities.

Documentation was requested on inspection to assess if an effective system was in place to identify and minimise risks to patients. This was not provided to the inspectors.

There was evidence that new locks had been fitted to a number of vanity units within the dementia unit of the home since the last inspection. However, a small number of rooms were observed to have toiletries and or food and fluids unsecured. The domestic trolley was also observed unattended.

Discussions with staff did provide assurance regarding their knowledge and understanding of patient hazards to patients and how to manage these.

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*	0

*The total number of areas for improvement includes one regulation that is carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 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.**

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The Regulation and Quality Improvement Authority

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