The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Holywood Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 16 February 2026

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 Person:	Ruth Burrows
Registered Manager:	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 16 February from 09.40 am to 2.00 pm. The inspection was carried out 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(E) and FTC000251(E)) issued on 13 November 2025 under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 10 (1) relating to the management and governance arrangements; and Regulation 14 (2) relating to the management of hazards. The date of compliance for both notices to be achieved was 13 February 2026.

One area for improvement from the previous inspection was carried forward for review at the next inspection. No new areas for improvement were identified during this inspection.

During this inspection, there was evidence that sufficient improvements had been made to address the actions stated within both of the notices.

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 told us they were happy with the service provided. Patients were positive about the cleanliness of the home and the care provided. The meal provision was described as "it's lovely, worth the wait".

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 spoke in positive terms about the provision of care, their roles and duties, training and managerial support with comments such as "the manager is lovely and supportive, the care is good and we work well as a team".

Relatives stated they were satisfied with communication and all aspects of the care provided.

3.3 Inspection findings

FTC Ref: FTC000250 (E 1) Notice of failure to comply with Regulation 10 (1) The Nursing Home 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.

The manager is in day to day operational control of the home and an application for registration with RQIA is in progress.

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

The home use a tool called Chess to help them determine safe staffing levels. Since the last inspection this tool has been used to review staffing levels and the skill mix of staff within the home. There was evidence that the movement of staff between the units had reduced significantly unless it was planned and clearly outlined on the staff duty rota. The home is currently closed to admissions. A management plan was received from the home, as requested by RQIA, to ensure that staffing levels meet the needs of patients at all times once the home reopens to admissions.

There is a system in place to evidence that management regularly monitor/review the quality of life as experienced by patients. A 'walk around' governance audit tool had been implemented and included criteria such as speaking to patients and staff about the quality of care within the home in relation to various areas such as meal provision and activities.

All care staff had been provided with "the fundamentals of care training" and ancillary staff had been provided with "customer care and communication" training. Staff were seen to engage in a meaningful way with patients.

Training had been completed by all nursing and care staff on "Record keeping and Accountability".

There was evidence of robust systems in place to monitor the registration of staff with their relevant professional body.

The monthly monitoring reports conducted under Regulation 29 and monthly audits reviewed were sufficiently robust to identify, drive and sustain improvements. A copy of the "Home's Action Plan" was reviewed which detailed actions taken and timescales.

All other actions of this notice were assessed as compliant at the previous compliance inspection on 8 January 2026.

FTC Ref: FTC000251 (E 1) Notice of failure to comply with Regulation 14 (2) (a) (c) The Nursing Home 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.

There was evidence that systems were in place to identify and minimise risk to patients. A walk around audit tool, which focused on the management of sluice rooms, cleaning trolleys and toiletries was available for review.

Observation of the environment evidenced that it was well managed to reduce the risk of unnecessary risks to patients. Food, fluids and toiletries were safely secured in bedrooms.

Discussion with staff provided assurances regarding their knowledge and understanding of 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 which is carried forward for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team, 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	The registered person shall ensure that refrigerator temperatures are recorded daily, including the maximum and minimum temperatures. Ref: 2.0
To be completed by: With immediate effect 6 March 2025	**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.**

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews