The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Beechill Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **24 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:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Rosemarie Bautista
Service Profile – Beechill Care Home is a registered nursing home which provides nursing care for up to 34 patients living with dementia. The home is set over two floors and patients have access on each floor to a dining room and various communal lounge areas.	

2.0 Inspection summary

An unannounced inspection took place on 24 February 2026 from 9.20 am to 6.00 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 two areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified and those carried forward for review at the next care inspection, 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: "I like everything about the place. The staff are nice and the food is good.", "I have been in worse places. It's dead on here. I enjoy watching sports and TV" and "I am happy here. I can't complain about anything."

Relatives commented positively about the overall provision of care within the home. Comments included: "I think it is very good here" and "It is absolutely brilliant. The staff are superb. They are so helpful as soon as you come in. The manager is very patient and kind."

Staff spoken with said that Beechill 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, "I love the people. The manager is good, I can't complain."

We did not receive any responses from the questionnaires. One response was received to the online survey within the timescale specified. The respondent expressed dissatisfaction with aspects of care and management. Comments received were shared with management. RQIA were satisfied following discussion with the management team that the matters raised would be addressed.

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.

While there was evidence of systems in place to manage some aspects of staffing; review of agency staff induction records confirmed that not all staff had a documented induction. An area for improvement was identified.

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 were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

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. A restrictive practice register was monitored and reviewed monthly. It was established that safe systems were not consistently in place to safeguard patients and to manage this aspect of care. For example, examination of a selection of care records evidenced that risk assessments, best interest discussions and care plans were not consistently completed or recorded prior to the use of alarm mats. An area for improvement was identified.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

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.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were not consistently completed in line with the recommendations of the speech and language therapists. An area for improvement was identified.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Concerns were identified in relation to the supervision of patients requiring assistance at mealtimes. It was observed that patients were not appropriately supervised in keeping with their assessed needs and the inspector had to intervene to ensure patients' safety. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

Condiments were not consistently available during lunch and plastic tumblers were used at mealtimes for serving drinks to patients; glassware was not available. A radio way playing in both dining rooms although the choice of music was not in keeping with the patients' likes and preferences. In addition, lunch was served up to an hour late in the upstairs unit. This was discussed with the manager who agreed to review the dining experience and address the matters highlighted. This will be reviewed at a future care inspection.

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. The manager agreed to review the planner to ensure it is in a suitable format for all patients.

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 well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, care plans were not in place for patients who required one to one care. Records reflecting the patient's likes and preferences were not available to the care staff providing one to one care. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. Review of care records evidenced that some of these entries were illegible. This was discussed at the previous care inspection. In order to drive the necessary improvement, an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and generally well-maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Multiple beds were found to be dressed with bed linen that was stained, torn or of poor quality. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed all actions were addressed following the most recent fire risk assessment.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not use personal protective equipment (PPE) correctly or take opportunities for hand hygiene particularly after contact with patients and the patients' environment. Some staff were not bare below the elbow. An area for improvement was identified.

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 no change in the management of the home since the last inspection. Mrs Rosemarie Bautista has been the manager since 25 April 2024.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence, from the records reviewed, that at least two incidents that had occurred had not been notified to RQIA accordingly. The manager agreed to audit the accidents and incidents and notify RQIA retrospectively.

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.

However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight of incidents, IPC practices and care records. An area for improvement was identified.

There was a system in place to manage any complaints received. Discussion with the manager evidenced that action had been taken to address complaints received but that records had not been consistently maintained in line with standards. Any expression of dissatisfaction should be viewed as a complaint and the manager confirmed they would review their management of complaints with support from their regional manager. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed a period of time to address this area of work. This will be reviewed at a future care inspection.

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.

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	6*	4

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Rosemarie Bautista, Registered 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 13 (4) **Stated:** First time **To be completed by:** 2 February 2024	The registered person should ensure that liquid medicines are accurately measured and administered in accordance with the prescriber's direction. 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.**
Area for improvement 2 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that nutritional care plans are reflective of SALT recommendations. Ref: 3.3.2 **Response by registered person detailing the actions taken**: A full audit has been completed with regards to resident at risk of choking and actions arising from this shared with the nursing staff. All residents with SALT involvement have had their nutritional care plans reviewed and updated to ensure they accurately reflect the most recent SALT assessments, including the correct modified diet, fluid consistency requirements, and specific levels of supervision at mealtimes. Staff have received training on dysphagia and supervision at mealtimes. Further sessions have been arranged. As part of the Manager's walkabout audit a sample of care plans are reviewed to ensure they are accurate and reflective of current SALT guidance This is further checked as part of the monthly monitoring visit carried out by a member of the Operations Team.
Area for improvement 3 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that patients are appropriately supervised in accordance with their assessed needs at mealtimes. Ref: 3.3.2 **Response by registered person detailing the actions taken:** All patients' care plans have been reviewed to ensure that supervision requirements at mealtimes are clearly documented, including 1:1 support, observation levels, and any SALT related swallowing risks.

	Staff have been briefed on the updated supervision requirements and reminded of the importance of adhering to assessed needs, particularly for patients with choking risks or requiring assistance. IDDSI, EDAR (Eating and Drinking with Acknowledged Risk) & Safety Pause Training which included guidance and advice on different supervision levels of Residents (1:1/direct/general Supervision) was completed on 22/04/2026 and 24/04/26. Compliance will be checked through weekly dining audits and walkabout audits, with findings discussed with staff. This is also checked as part of the monthly monitoring visit carried out by a member of the Operations Team.
Area for improvement 4 **Ref**: Regulation 16 (1) **Stated:** First time	The registered person shall ensure detailed and person centred care plans are in place for those patients who require one to one care and should be available to care staff providing this care. Ref: 3.3.3
To be completed by: 24 February 2026	**Response by registered person detailing the actions taken:** All patients identified as requiring one to one care have had their care plans fully reviewed and updated to ensure they are detailed, person centred, and reflective of their current assessed needs. This also includes communication preferences, behavioural support strategies, mobility needs, risks, and supervision requirements. A dedicated 1:1 Care Plan Folder has been created and placed in the staff access area to ensure that all staff providing one to one care can easily locate and review the relevant plans before commencing care. Staff have been briefed on the updated care plans and reminded of their responsibility to familiarise themselves with each patient's individual needs prior to delivering one to one support. Compliance will be monitored through the internal governance audits and appropriate action taken if deficits highlighted.

Area for improvement 5 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** 24 February 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. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff have received refresher training on the donning and doffing of PPE on 03/04/26 with a further session planned for 14/05/26. Staff have been reminded of the appropriate use of PPE, including when PPE is required, correct sequence of application and removal, and safe disposal procedures. Staff have received clinical supervision in relation to hand hygiene and the use of PPE. A focused walkabout audit will be completed by the Registered Manager or Deputy Manager which will involve observing staff practice in relation to IPC hand hygiene and PPE. Spot checks will be completed with staff to ensure their training has been embedded into practice. Hand hygiene and PPE observation audits will be continued to be completed and will further monitored as part of the monthly monitoring visit carried out by a member of the Operations Team.
Area for improvement 6 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall review the home's current governance systems to ensure that they are effective in identifying concerns and in driving the necessary improvements. Ref: 3.3.5
	Response by registered person detailing the actions taken: The governance audit timetable had been reissued to the Registered Home Manager. The Registered Home Manager will review all audits completed to ensure each audits includes. • Findings • Identified concerns • Actions required • Responsible person • Timescale for completion The Registered Manager will sign off each audit to confirm review and to assure themselves actions have been addressed. As part of the monthly monitoring visit carried out by a member of the Operations Team, a sample of the Home's governance audits are reviewed to ensure they are being completed and actioned within a timely manner and in keeping with policy and procedure.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 39.1 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that accurate records are retained for inspection. Records should evidence managerial oversight of all staff inductions. Ref: 3.3.1
	Response by registered person detailing the actions taken: A structured system of induction and orientation for all agency staff and new staff has been put in place. The Agency staff profile and identification will be checked by RN-on-duty and induction completed prior to commencement of each shift. All Induction Forms and Profiles will be kept in a file for Managerial oversight. Once reviewed the Manager will sign and date. All New Staff records and HR files have been checked and HR Audits completed. Compliance will be monitored as part of the monthly monitoring visit carried out by a member of the Operations Team.
Area for improvement 2 **Ref:** Standard 18.1 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that risk assessments are completed prior to the use of any restrictive practices. Evidence of consent/best interest discussions should be available within residents care records and associated care plans. Ref: 3.3.2
	Response by registered person detailing the actions taken: An audit into the use of restrictive practice has been completed and shared with staff to ensure the following is addressed: • All residents with any restrictive practice in place (e.g. bedrails, lap belts, sensor mats, enhanced supervision) have had their risk assessments reviewed and updated to ensure they are completed before the intervention is used and fully justify the need for the restriction. • Consent discussions have been completed with residents who have capacity, and these are now recorded in their care records. • For residents lacking capacity, best interest decision making has been documented, including involvement of family/representatives and the multidisciplinary team where appropriate. • All associated care plans have been updated to reflect the rationale for the restrictive practice, the least restrictive option considered, monitoring arrangements, and review dates.

	• A monthly restraint audit including chemical restraint is completed and quality assured as part of the monthly monitoring visit
Area for improvement 3 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 24 February 2026	The registered person shall ensure that all care records are legible. Ref: 3.3.3
	Response by registered person detailing the actions taken: Individual Meetings and Clinical Supervision have been carried for those identified staff. An RN meeting was held on 27.02.2026 reinforcing NMC standards for documentation, which includes legibility of documentation. The Registered Manager will carry out regular spot checks on progress notes and care plans, and the outcomes of these checks will be further reviewed as part of the monthly monitoring visit carried out by a member of the Operations Team.
Area for improvement 4 **Ref:** Standard 44.1 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure bed linen and clothing is of good quality and changed when required. Ref: 3.3.4
	Response by registered person detailing the actions taken: All bed linen and residents' clothing have been reviewed, and any items that were worn, damaged, or unsuitable have been removed and replaced. Staff have been reminded of the requirement to change bed linen and clothing immediately when soiled, wet, or visibly unclean, and as part of the resident's daily hygiene needs. The Registered Manager or Deputy will complete focused walkabout audits to review the condition and cleanliness of bed linen, with further checks carried out during the monthly monitoring visit to ensure ongoing compliance.

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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