The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Carnalea Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 24 March 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 Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Virgilia Guevarra – not registered

Service Profile –
This home is a registered nursing home which provides dementia and general nursing care for up to 73 patients. The home consists of three units Featherstone, Sunshine and the general nursing unit. There are a range of bedrooms and communal spaces throughout the home.

2.0 Inspection summary

An unannounced inspection took place on 24 March 2026 from 9.30 am to 6.15 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection resulted in enforcement action. During the inspection, it was observed that an unregistered bedroom was in use without prior approval by RQIA. As a result, a meeting was held on 14 April 2026 in RQIA's offices with the responsible individual (RI) and members of the home's management team with the Intention to issue a Failure to Comply (FTC) notice in respect of The Nursing Homes Regulations (Northern Ireland) 2005.
Regulation 32(h) - Notice of Changes.

At the meeting, the Responsible Individual discussed the actions taken since the inspection and plans in place to address the inspection findings. A satisfactory action plan was presented, with additional information submitted to RQIA following the meeting. RQIA were sufficiently assured from the action plan provided and discussion held that action had been taken and would be taken to address the deficits identified; the decision was taken not to serve the FTC notice. Please see section 3.3.4 for further detail.

As a result of this inspection, one area for improvement pertaining to medicines management has been carried forward for review at a future inspection. Full details including new areas for improvement identified can be found in the main body of this report and in the quality improvement plan in Section 4.

RQIA will continue to monitor the quality of the service provided and will carry out an inspection to assess progress with the areas for improvement on the Quality Improvement Plan (QIP).

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

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff said that the manager was approachable, and teamwork was good. Comments from staff included: "I enjoy working here" and "Everything is great".

Staff spoken with were mainly positive in regards to staffing levels and the service provided in the home. However, staff in one unit commented that staffing levels could be improved during the morning, teatime and night shift. Details were discussed with the manager to review and action as necessary. The manager confirmed that patient dependency assessments were reviewed on a regular basis to ensure that the assessed needs of the patients are being met.

A relative spoken with said: "I'm delighted with the care. Staff are wonderful, attentive and friendly. Communication is good. I have no concerns at all but if I had I could discuss them with staff and I would be confident any issues would be sorted out promptly".

Discussion with another relative confirmed that they were generally satisfied with the care and services provided to their loved one. Comments made pertaining to activities were shared with the management and are discussed in section 3.3.2.

One staff questionnaire was received following the inspection indicating they were very satisfied with the care and services provided in Carnalea Care Home.

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 robust systems in place to manage staffing.

Staff told us that the patients' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. Please see section 3.2 for further detail.

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. 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 were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others. Patients were observed to be well presented in suitable attire.

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.

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.

The risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There are patients who may require support with meals ranging from simple encouragement to full assistance from staff. It was noted that patients received their meals in a timely manner. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience.

The importance of engaging with patients was well understood by management and staff. Each unit had a programme of social events displayed on a noticeboard and included group and one to one activities. Furthermore, external entertainers to include a magician were booked to attend the home.

The activity co-ordinator was very enthusiastic in their role and was observed positively engaging with patients and encouraging them to participate in activities within the Featherstone unit. Comments were made by relatives regarding a lack of activities in the general nursing unit; this was discussed with the management who confirmed that they are actively recruiting for another member of staff to assist in the delivery of activities to patients; progress will be reviewed at a future inspection.

Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff and arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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.

Review of a selection of care records evidenced that care plans were in place to meet patients assessed needs.

As noted in section 3.3.2, patients were observed to be well presented, however, supplementary charts were not always full and complete and did not evidence what personal care was being delivered, for example did the patient have a shower, bed bath or decline personal care; an area for improvement was identified.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

Patients' bedrooms were personalised with items important to the patient such as paintings, photographs and ornaments. Bedrooms and communal areas were in general suitably furnished, warm and comfortable.

An application to vary the registration of the home was submitted to RQIA in March 2025; included in the application was the change of the activity room to an ensuite bedroom. During the inspection it was identified that the newly created bedroom was in use by a patient. RQIA had not been informed that the works had been completed to enable an inspection of the bedroom to ensure it met the required standards. A number of shortfalls in the bedroom were identified, for example the wardrobe and drawers were not secured to the wall which increased the risk of tipping.

In the ensuite bathroom of the unregistered bedroom there were a number of tins containing paint and varnish stored in the cupboards. This is particularly concerning given that the Featherstone Unit provides care to patients living with dementia who may not be able to effectively protect their own health and safety.

Written assurances were submitted following the inspection to evidence that the necessary actions had been taken to reduce the hazards and risk to patients.

The findings were discussed during the meeting on 14 April 2026 and the Responsible Individual provided assurances around how they had improved their governance systems to demonstrate strengthened oversight of any changes to the environment.

Observation identified a number of shortfalls with the state of repair of equipment and furniture in Sunshine unit, for example a pressure relieving cushion and a chair cushion were observed to be cracked and worn and could not be effectively cleaned; a storage unit was missing a drawer front and a store room was observed to have a broken door handle. The treatment room and the kitchen were observed to be locked. However, the access codes were displayed above the locks. Access to these rooms should be restricted to patients due to potential health and safety risks. The details were discussed with the management for review and action as appropriate; two areas for improvement were identified.

Corridors and fire exits were in general clear from clutter and obstruction, a linen trolley had been temporarily left obstructing a stairway leading to a fire exit, action was taken immediately by management to remove the trolley. The importance of staff not leaving equipment where it has the potential to impede a fire escape route was discussed with the manager who agreed to address this with staff.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Virgilia Guevarra has been managing the home since 17 July 2025.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

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	3*	1

* The total number of areas for improvement includes one regulation that has been 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:** Second time **To be completed by:** From the date of inspection (25 January 2024)	The Registered Person shall ensure that records for the administration of thickening agents are accurately maintained. 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 14 (2) (c) **Stated:** First time **To be completed by:** 24 March 2026	The registered person shall ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This relates specifically to the arrangements to ensure there is restricted access to the treatment room and kitchen in the Sunshine unit. Ref: 3.3.4
	Response by registered person detailing the actions taken: Details of the door access code was removed from the treatment room and kitchenette door immediately at the time of the inspection. Supervision has been completed to all staff regarding the importance of maintaining safety and ensuring restricted areas are maintained to reduce risk to the health and safety of the residents. A poster reminder has been placed on the door to keep the door locked at all times. The Home Manager will continue to monitor during the walk about audit. This will be further monitored by the Operations Manager during the monthly Regulation 29 visit.
Area for improvement 3 **Ref:** Regulation 27 (2)(c) **Stated:** First time **To be completed by:** 24 March 2026	The Registered Person shall ensure that equipment provided is maintained in good working order Ref: 3.3.4
	Response by registered person detailing the actions taken: Prior to inspection the replacement of identified pressure relieving and chair cushions had already been identified by the Home Manager and were awaiting delivery. Delivery occurred on the day of inspection.

	The identified store room handle was replaced and the store locked. The storage unit has been removed and refurbishment of kitchenette shelving is in progress. The walkabout audit continues to be completed to identify issues and repairs required. Staff continue to log in maintenance book for maintenance person to action and Home Manager continues to review maintenance folder weekly. Any tasks outside of the maintenance person's remit are referred to Beaumont External contractors for assessment. This will be further monitored by the Operations Manager during the monthly Regulation 29 visit.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 24 March 2026	The registered person shall ensure that supplementary care records are completed to accurately reflect the care delivered. Ref: 3.3.3
	Response by registered person detailing the actions taken: Supervision sessions on accurate completion of supplementary care records have been completed for all CA and RN staff. Staff have been advised to indicate what care has been offered/given e.g., shower, bath, bed bath and if the care has been refused on the day, that they then need to record when the care was offered again. The registered nurses are to record in the daily notes what care was provided and if this was refused what action had been taken. The Home Manager will continue to monitor during the walk about and during care file governance audits. This will be further monitored by the Operations Manager during the monthly Regulation 29 visit.

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

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