



Inspection Report

Name of Service:	Domnall Intermediate Care Centre
Provider:	Beaumont Care Homes Limited
Date of Inspection:	12 May 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:	Ms Josette Fernandez – not registered
Service Profile – This home is a registered nursing home, which provides nursing care for up to 55 patients with general nursing and dementia care needs. The home is situated over two floors and includes general nursing care on the first floor and dementia nursing on the ground floor. Patients have access to bedrooms, communal lounges and dining rooms, which are located on both floors.	

2.0 Inspection summary

An unannounced inspection took place on 12 May 2026 between 9.30 am and 5.30 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9 July 2025, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 (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.

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 spoken with said they felt safe in the home, their rooms were kept tidy and clean and there were enough staff to look after them. A few patients commented that the food was "too salty" and "meat is too tough". This feedback was shared with the manager for her review.

Staff were complimentary about the support from the manager, said generally, there were enough staff but felt an additional staff member would be beneficial in the morning. This feedback was also discussed with the manager for her review.

Patients told us that staff offered choices to patients 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.

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. The record of recruitment for one staff member was not available in full for review on the day of inspection. This was discussed with the management team and an area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role, however, staff said that increased staffing levels in the morning shift would help in managing care on the general nursing floor. This was discussed with the manager for her assessment and will be reviewed at a subsequent inspection.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Review of the system to manage the registration of nurses and care staff evidenced that staff were appropriately registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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 knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

Staff were 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.

It was observed that 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.

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, however, review of the records identified that an accurate record of the position they were moved to was not always recorded, and there were gaps in the prescribed repositioning schedules. This area for improvement has been stated for a third time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, mobility aids and staff supervision.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet. It was observed that staff had made an effort to ensure patients were comfortable had a meal that they enjoyed.

Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of social events was displayed on the noticeboard advising of future events.

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.

Patients care records were held confidentially.

Care records 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. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and homely, however, some areas and items required repair or replacement; for example; stained and cracked ceilings and flooring and a chair cover which was cracked and peeling. An area for improvement was identified.

Cleanliness and infection prevention and control issues were identified including, a pressure relieving control box on a bedroom floor, a used catheter bag left in an ensuite and an unclean kitchen sink and outside seating. An area for improvement was identified.

A domestic cleaning trolley with cleaning chemicals was noted to be unattended in a corridor. This was brought to the attention of staff for immediate action and an area for improvement was identified.

A number of rooms were observed to be used for storage of equipment and Trust staff use outside of their registered purpose. This was discussed with the management team and this area for improvement has been stated for a second time.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Josette Fernandez has been managing the home since 11 November 2025.

Patients and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for assessing the quality of care, other services and staff practices was in place, however, not all actions were signed as completed following care plan and wound audits. An area for improvement was identified.

The use of alarm mats required to be included in the restraint audit. This was discussed with the manager who agreed to add this to the auditing process.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A sample of regulation 29 reports were reviewed and identified that actions did not always have a completion date to show they were completed. This was discussed with the management team who agreed to review this.

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	2	6*

* the total number of areas for improvement includes one that is stated for a third time, one which is stated for a second time and one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 14 (2) (a) (c) Stated: First time To be completed by: 12 May 2026	The Registered Person shall ensure that cleaning chemicals are not left unattended when in use. Ref: 3.4.4
	Response by registered person detailing the actions taken: During Inspection the identified unattended domestic trolley was removed from the corridor immediately and feedback was given to staff involved. Staff supervisions have been carried out in relation to adherence to safe and correct storage of cleaning chemicals. Compliance will be monitored as part of the walkaround audit and quality assured during the monthly monitoring visit.
Area for improvement Ref: Schedule 2 Stated: First time To be completed by: 19 May 2026	The Registered Person shall ensure that evidence of the completion of all employment checks is available in the nursing home. Ref: 3.3.1
	Response by registered person detailing the actions taken: Appropriate pre-employment checks have been completed in relation to incomplete file noted on day of inspection. A transfer checklist has been put in place that highlights all mandatory checks that need to be completed prior to transfer taking place. This will be monitored as part of the monthly monitoring visit carried out by the Operations team.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: Third time To be completed by: 12 May 2026	The Registered Person shall ensure that patients are repositioned in keeping with their prescribed care. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: All Staff have been made aware of the findings from the inspection. New recommendations on repositioning have been implemented. An issue with the current electronic records was identified and this has been rectified; past repositioning records were retrieved. Staff supervision on adhering to prescribed repositioning schedule and contemporaneous documentation has been completed. This continues to be monitored as part of the Managers governance audits and monthly monitoring visits carried out by a Member of the Operations team.

Area for improvement 2 Ref: Standard 44.3 Stated: Second time To be completed by: 12 May 2026	The Registered Person shall ensure the nursing home, including all spaces, is only used for the purpose for which it is registered. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: The Gym previously used by the Trust has now been cleared of unused equipment. Staff have been made aware that the storing of hoists and slings in empty bedrooms is not appropriate. Compliance will be monitored during the Managers Governance Audits and quality assured as part of the monitoring visit carried out by a member of the Operations Team.
Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: Immediate action required (15 June 2023)	The Registered Person shall ensure that care plans are in place with sufficient detail to direct staff when medicines are prescribed to manage chronic pain and when insulin is prescribed to manage diabetes. Ref: 2.0 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Standard 44 Stated: First time To be completed by: 31 May 2026	The Registered Person shall ensure that damage to stained and cracked ceilings and flooring and a chair cover is repaired. Ref: 3.3.4 Response by registered person detailing the actions taken: All ceiling tiles have been reviewed and the stained and crack ceiling tiles have been replaced. Any Chairs found to be damaged have been replaced and a further number of chairs have been ordered. Focus on the environment will be undertaken during the walkabout audits and reviewed as part of the monthly monitoring visits.
Area for improvement 5 Ref: Standard 46 Stated: First time To be completed by: 12 May 2026	The Registered Person shall ensure that measures are in place to prevent the spread of infection. This includes the position of a pressure relieving control box, a used catheter bag, an unclean kitchen sink and outside seating. Ref: 3.3.4 Response by registered person detailing the actions taken: The areas of concern identified during inspection were addressed immediately. Focus on infection control will be maintained during the walkabout audit carried out by the Home/Deputy Manager and as part of

	oversight during the monthly monitoring visit by the Operations Team.
Area for improvement 6 Ref: Standard 35 Stated: First time	The Registered Person shall ensure that actions required are dated and signed on completion following care plan and wound care audits. Ref 3.3.5
To be completed by: 31 May 2026	Response by registered person detailing the actions taken: The identified completed action plans for care plan and wound audits were updated and signed immediately following inspection. The Registered Person will continue to ensure all action plans arising from care plan and wound audits are updated and signed promptly. This includes overseeing the process, confirming completion, and maintaining consistent compliance through regular monitoring and follow up with the nursing team.

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