

Inspection Report

Name of Service:	Abbeylands Care Home
Provider:	Beaumont Care Homes Limited
Date of Inspection:	10 June 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:	Ms Alicia Julien Phillip – not registered
Service Profile: This home is a registered nursing home that provides nursing care for up to 38 patients. Patients' bedrooms and communal lounges are located over two floors. There is also a registered residential care home within the same building. The manager is the same person for both registered services.	

2.0 Inspection summary

An unannounced inspection took place on 10 June 2026 from 9:55am to 1:40pm by a care inspector.

The inspection was undertaken to evidence how the home was performing in relation to the regulations and standards; to assess progress with the areas for improvement identified by RQIA during the last care inspection on 17 December 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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 and that staff were attentive and kind. 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.

As a result of this inspection, all but one of the previous areas for improvement, relating to care, identified in December 2025 were assessed as having been addressed by the provider. One area for improvement had been progressed but the manager required additional time to implement the improvement in full; this has now been stated for a second time and two medication management areas for improvement have been carried forward. No new areas for improvement were identified. Details can be found in the main body of this report and in the QIP.

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 spoken with said that they were well cared for, that the food was tasty and when they called for assistance, using their 'buzzer', staff came to them as quickly as possible. Some of the patients did say that they would prefer to be at home but given they could not be, the home was good and that staff were attentive, caring and kind.

One healthcare professional spoken with confirmed that they work very well with the nursing staff and that staff were aware of patients' needs and prescribed treatment. They also confirmed that any communication about changes in patient needs was accurate and appropriate.

No patient or relative questionnaires were returned within the timescale set. Any that are received after this date will be followed up with the manager.

Staff spoken with confirmed how long they had worked in the home. Some had just started and others had worked in the home for up to 10 years.

All of the staff spoke positively about their work, the support from their managers and colleagues and the training they had been provided with. Staff said they worked well as a team and believed they delivered good care for their patients.

Two staff responses to the survey within the timescale set were received. Both indicated that they were very satisfied that care was safe, effective and compassionate and that the home was well led.

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.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

As a result of the previous inspection in December 2025 an area for improvement was identified about conducting annual staff appraisals. Review of records and discussion with the manager and staff confirmed that the annual appraisals had recently commenced. A plan was in place and staff were preparing for their meeting with the manager. This area for improvement has now been stated for a second time to allow the manager more time to complete this task. Ref to QIP for details.

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patients' needs, their daily routine as well as their wishes and preferences. Staff were skilled in communicating with patients demonstrating quiet respect, understanding and compassion.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day, what they wished to eat/drink or how/if they wanted to engage socially with others.

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 and the care delivered.

Where a patient was at risk of falling, measures to reduce this risk were in place. Records relating to the prevention of falls and what to do when a fall occurs were in place as required.

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.

The dining experience over lunchtime on the ground floor was relaxed and an opportunity for patients to socialise, music was playing quietly, and the atmosphere was calm, relaxed and unhurried. The meal served smelt and looked tasty and patients were able to choose, in advance, which meal choice they preferred.

Patients were enjoying their meal and their dining experience. An experienced care assistant was supervising the serving of the meal from the dining room on the ground floor and was observed responding to requests/queries from both patients and staff. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Throughout the foyer and communal areas, photographs were displayed of patients and staff participating in various social activities. The home does have an activity therapist who clearly understood the importance of meaningful engagement with the patients and their families.

3.3.3 Management of Care Records

Review of a sample of patients' care records evidenced that there were robust systems in place to ensure care records were person centred, reflected the patients' care needs and the care delivered to them daily. Nursing staff regularly reviewed and updated care records to ensure they continued to meet the patients' needs; and to record their evaluation of the care delivered and/or any actions required.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained in terms of décor, flooring and furnishing and patient equipment. A minor issue regarding the cleaning of clinical waste bins was discussed with the manager and assurances were provided that the matter would be addressed following the inspection.

Bedrooms and communal areas were bright and airy, suitably furnished, warm and comfortable. Where possible patients' bedrooms included personal and 'homely touches' that held important memories for the patient.

Review of the most recent environmental audit and refurbishment plan confirmed that the quality of the patients' environment was important and kept under review.

3.3.5 Quality of Management Systems

Since the last inspection, there has been no change to the management arrangements. The provider appointed Mrs Alicia Julien Philip as the home manager in June 2025. Mrs Philip has recently submitted her application to register with RQIA as required.

Patients, a visiting healthcare professional and staff commented positively about the manager and the management team and described them as supportive, approachable and able to provide guidance and reassurance.

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. There was evidence, from the review of records and discussions with staff and patients; that the manager and the senior management team responded to any concerns raised with them and took measures to improve practice, the environment and/or the quality of services provided by the home.

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*	2*

This inspection resulted in no new areas for improvement being identified. However, two medication areas for improvement have been carried forward* and one area for improvement has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Alicia Philip, manager, and two staff from the senior operational 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: Immediate action required (20 August 2024)	The Registered Person shall ensure that safe systems are in place for the management of insulin. 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.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: From the date of inspection (20 August 2024)	The Registered Person shall ensure the management of medicines prescribed for distressed reactions is reviewed to ensure the reason and outcome of each administration is recorded. 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 2 Ref: Standard 40 Stated: Second time To be completed by: 30 September 2026	The Registered Person shall ensure that all staff have recorded annual appraisal meetings. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: An annual appraisal matrix has been developed and appraisals have been planned during the remainder of the year. The Home Manager will review and update the matrix at the end of each month to ensure appraisals have been completed. Completion of appraisals will be reviewed during Reg 29 visits by Operations Manager and/or Regional Support Manager.

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