The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Jordanstown Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 12 August 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:	Mr Mircea Catalin – not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 46 patients requiring general nursing care. The home is located over three floors with patients' bedrooms on the ground and first floors. There is access to communal lounges, a dining room and a mature garden.	

2.0 Inspection summary

An unannounced inspection took place on 12 August 2026, from 9.25 am and 5.25 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 1 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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The inspection established 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. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. 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 told us they were being looked after well, care was five star, staff were available when needed and the food was very good. Patients were complimentary about the activities provided in the home.

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.

Visitors said the food provided was good however, the buzzers would appear to ring for a long time. This was discussed with the manager for review and action if required.

Staff said there was good team work, they had received an induction for their roles, were provided with regular training and were supported by the manager.

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 felt well supported in their role and that they were satisfied with the staffing levels.

Whilst most comments were positive about staffing one relative said it was difficult at times to find staff. This was shared with the manager during feedback for her review.

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

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.

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. Staff were also observed offering patient choice in how and where they spent their day or how 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.

Examination of care records confirmed that 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. 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 time 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.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

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 plans for fluid intake lacked clarity on identification of dehydration and action required due to low fluid intake. This was discussed with the management team and an area for improvement was identified.

Care records evaluations reviewed lacked detail and were not person centred for elimination, skin care and moving and handling. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and welcoming. For example, patients' bedrooms were personalised with items important to the patient. Some areas were identified as requiring maintenance or repair; such as, outside foot paths which required weeding and old furniture stored outside. This was discussed with the management team and will be reviewed at a future inspection.

Observation found that bed bumpers were cracked and a sluice floor and disposal area were not cleaned effectively. This was brought to the attention of the management team and an area for improvement was identified.

Storage of equipment was discussed as a hoist was stored in a lounge. This will be reviewed at a future inspection.

Staff were observed completing hand hygiene correctly and at appropriate times and to use PPE inappropriately.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Mircea Catalin Constantin has been the acting manager in this home since 29 June 2026, however this was not notified to RQIA. This was discussed with the management team who provided a notification following the inspection.

Patients and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Actions required following the audits were generally signed as completed, however some actions had not been signed. This was discussed with the manager for his action will be reviewed at a future inspection.

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	0	3

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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 13 August 2026	The registered person shall ensure care records are detailed for fluid intake to identify dehydration and any action required due to low fluid intake. Ref: 3.3.3
	Response by registered person detailing the actions taken: Residents care plans for fluid have been revised to include signs and symptons of dehydration and actions to be taken should low fluid intake be identified. This will be monitored as part of the Care Profile Audits and any deficits identified will be addressed through a timebound action plan. Spot monitoring of Fluid Care Plans will be completed through the Manager's Walkabout Audit and findings shared with qualified staff for follow up. The Provider will review Fluid Care Plans as part of the Regulation 29 Audit.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 13 August 2026	The registered person shall ensure care record evaluations are detailed and meaningful for elimination, skin care and moving and handling. Ref: 3.3.3
	Response by registered person detailing the actions taken: The importance of recording meaningful and person centred evaluations in relation to elimination, skin care and moving and handling has been reiterated to qualified staff. To support staff a checklist has been implemented to provide guidance in evaluating care records meaningfully, which will be monitored as part of the Care Profile Audits and through the Manager's Walkround Audit.

	The Provider will review the care plan evaluations for elimination, skin care and moving and handling as part of the Regulation 29 Audit. Any actions identified will be addressed through a timebound action plan.
Area for improvement 3 **Ref:** Standard 43 **Stated:** First time	The registered person shall ensure the home is effectively cleaned to prevent the spread of infection. This is in relation to cracked bed bumpers and an unclean sluice floor and disposal. Ref: 3.3.4
To be completed by: 12 August 2026	**Response by registered person detailing the actions taken:** The sluice room concerned was deep cleaned and the cracked bed bumpers removed and disposed off following the inspection. A cleaning checklist for the sluice rooms has been implemented as an aide memoire for housekeeping staff. The importance of reporting damaged equipment to senior staff including bedrail bumpers to minimise the risk of infection and promote effective IPC measures has been reiterated to care staff. This will be monitored by management as part of the Manager's Walkabout Audit, and any deficits identified addressed through a timebound action plan. Infection Control Audits will continue to be completed monthly and action plans implemented as required to address any areas for improvement. The Provider will monitor the cleanliness of sluice rooms and that equipment is fit for purpose as part of the Regulation 29 visit.

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

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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