The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Beechill Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **8 September 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/Responsible Person:	Mrs Ruth Burrows
Registered Manager:	Ms Rosemarie Bautista
Service Profile – Beechill Care Home is a registered nursing home which provides are for up to 34 patients who are living with dementia. The home is set over two floors. On each floor, patients have access to a dining room and communal spaces.	

2.0 Inspection summary

An unannounced inspection took place on 8 September 2026, from 09.30 am to 5.45 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 24 February 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Enforcement action resulted from the findings of this inspection.

A serious concerns meeting was held with representatives of the home on 23 September 2026. A satisfactory action plan was presented at this meeting and RQIA accepted the assurances provided. 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).

As a result of this inspection five 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 patient's, 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 opinion told us that, 'the staff are good' and 'anything I need, they will help me'. Patients who were unable to communicate verbally were observed to be content in their surroundings and in their interactions with staff.

Relatives were complimentary about the home, the staff and the care their loved one received. They told us that, 'the staff are friendly' and that they are 'very good to [relative]...'.

Staff spoken with told us that they 'loved their job' but recently with an increase in agency staff, the team work is 'not as good', often feel low morale, and use their break time to catch up on paperwork.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Staff responded to requests for assistance promptly in a caring and compassionate manner. Staff who were caring for patients who required enhanced supervision were observed to be kind and talking to patients about topics that were important to them.

Staff told us that they were 'very busy', 'they need more staff' and that they have a lot of competing priority's, for example tending to fundamental patient care, ensuring that activities are completed as well as updating patient documents.

Staff told us that agency staff are used to cover staffing shortfalls, and told us that it on occasion can impact the continuity of care.

This feedback was shared with the management team on the day; and is discussed further in section 3.3.2 below.

3.3.2 Quality of Life and Care Delivery

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 regularly. A sample of care records did not reflect that repositioning of patients were completed by two staff, as required. In addition, some records did not have patient identifiers, dates or times recorded. An area for improvement has been made.

Where a patient was at risk of falling, measures to reduce this risk were put in place. 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. For example, patients were referred to the Trust's Specialist Falls Service or their GP.

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 was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining 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 pleasant experience and had a meal that they enjoyed.

Serious concerns were identified regarding the planning and delivery of person centred care. A number of patients presented as unkempt, with untrimmed nails, and dishevelled in appearance. Patients' clothing appeared untidy and mismatched; and one patient remained in pyjamas throughout the day. One male patient presented with long, unbrushed hair, and did not appear to have been shaved in several days, which was not in keeping with his assessed preferences. None of the staff had identified or taken action to address these matters.

There was limited assurance that patients were being offered and provided regular baths or showers, in line with basic care needs and individual preferences.

Staff advised that there is limited choice with daily routines; if a patient declines an offer of a bath or shower during their allocated time, another offer is not made. There was limited evidence that efforts should be made to ensure personal care and bathing is attempted and encouraged, with documented reason for refusal and staff are flexible in their approach. This is particularly important for those patients with a dementia diagnosis, who may require additional prompting and encouragement to attend to personal care.

Discussion with staff raised further concerns as they advised that their focus is on documentation rather than the delivery of personal care. Staff also reported that when agency workers were used, personal care tasks were being 'handed over' to the next shift to complete; however there was not a robust management system in place to oversee this and ensure that patients received this fundamental care.

Life story work had been completed with patients and their families to increase staff knowledge of their patients' interests and enable staff to engage in a more meaningful way with their patients throughout the day. This was displayed in some of the bedrooms as a conversation prompt for staff. It was also evident that the home celebrated birthdays and other special events, with pictures displayed on noticeboards of these celebrations. There were also positive interactions observed between staff and patients during the serving of the lunch time meal. However, there was otherwise limited engagement throughout the rest of the day.

Staff interactions with patients were task centred. There was a lack of therapeutic interventions. Staff did not appear to prioritise or make time for attending to patients emotional or social needs. Staff reported low morale and were focused on tasks and completion of care documentation, rather than meaningful activity with the patients. Whilst there was evidence of a comprehensive activities schedule lead by the co-ordinator, when they were not on duty, there was evidence that activities are not being consistently completed or documented. Staff stated that due to staffing pressures, that they did not have time to complete these activities, or that these shifts were covered by agency workers. RQIA were concerned that the systems in place did not enable staff to fully recognise or value that supporting patients' psychological, social and emotional needs is a fundamental part of their daily care and treatment.

This was discussed at the Serious Concerns Meeting with the home on the 23 September 2026. A robust action plan was presented on how staffing and care delivery would be reviewed and monitored to ensure significant improvements were made and sustained. This included refresher training and staff supervision. This was accepted by RQIA. Two areas for improvement have also been identified.

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, 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. However, some of the entries on these records were illegible. An area for improvement has been stated for a third time.

3.3.4 Quality and Management of Patients' Environment

The home had welcoming and homely touches throughout and patient bedrooms were personalised with items that were important to them. There was evidence of ongoing painting in some areas of the home.

Serious concerns were identified regarding the cleanliness of the home; and that the home was not being maintained in a way which respected and promoted patient's dignity.

Multiple patient bedrooms were found not to have been effectively cleaned. Dust, discarded items, tissues, sweets, cobwebs were found throughout bedrooms.

Multiple beds were found to be made with linen which was soiled, stained or torn. This was concerning as this had been identified as an area for improvement at the last care inspection on 24 February 2026.

The shower rooms had a 'musty' odour, which would suggest infrequent use of showers. The bathroom and multiple shower rooms were not clean. Equipment such as commodes and shower chairs required deep cleaning. The bathroom was used as storage and inappropriate items were stored in the bath such as greeting cards.

RQIA received written assurances on the 21 September 2026 to confirm that immediate remedial action had been taken in order to minimise the potential risk of harm to patients. In addition, these concerns were discussed with representatives from the home on the 23 September 2026 at the Serious Concerns Meeting. The home provided a robust action plan on how they would ensure effective delivery and oversight of the cleanliness of the home, and that patients are living in an environment that promotes their dignity. RQIA accepted this action plan.

In addition, one area for improvement was identified and one was stated for a second time.

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.

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

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

Thank you, cards were displayed throughout the home, thanking the staff for the excellent care of their loved one. Some comments include, 'thank you for the care and respect shown…' and 'thank you for the big and the little things..'.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, these systems did not clearly demonstrate robust oversight of the care and services being provides in the home. For example, as described above there was no system in place to ensure that actions identified in handovers were completed; or that care staff delivered planned activities when required.

Supplementary records regarding patients bathing records evidenced a number of refusals, however there was no subsequent evidence of an action plan or escalation to management.

The monthly monitoring visit reports did highlight a number of these issues to be addressed, however required actions were listed as 'ongoing' and did not clearly identify who was responsible for completing these actions and the required timeframe.

These concerns were discussed with representatives from the home on the 23 September 2026 at the Serious Concerns Meeting. The home provided a robust action plan regarding how they would review and improve governance and management oversight in the home. RQIA accepted this action plan. One area of improvement has been stated for a second time and a new area for improvement has been made.

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	4*	5*

* the total number of areas for improvement includes one standard that has been stated for a third time. One standard has been stated for a second time and one standard and one regulation have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Rosemarie Bautista, 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 13 (1)(a) (b) **Stated:** First time **To be completed by:** 8 September 2026	The registered person shall ensure that the nursing home reviews its systems to ensure support with personal care is offered, provided and delivered in line with patient's preferences. Ref: 3.3.2
	Response by registered person detailing the actions taken: All patients' care plans have been reviewed to ensure that individual Resident's preferences are detailed, person centred, and reflective of their personal preferences and needs. Staff have been informed of which care plans that have been updated and reminded of their responsibility to familiarise themselves with each patient's individual needs prior to delivering care and assistance to each individual resident. Under the oversight of the Registered Nurse and Home Manager, a new Resident Shower/Bath Monitoring List has been introduced. This tool has been implemented to support staff in effectively monitoring and ensuring that residents receive assistance with showers or bed baths in accordance with their individual preferences and agreed care requirements. Where there are issues such as non-compliance identified for any individual resident, this is referred through to the GP, and other MDT for appropriate management and support and NOK and Care manager are kept updated and informed. RN and HM also oversee Daily Care Records and complete a Daily Care Governance audit to continue to monitor that personal care delivered by staff are maintained to a high standard. Compliance will be monitored as part of the monthly monitoring visit and through the internal governance audits and appropriate action taken if deficits highlighted.

Area for improvement 3 **Ref:** Regulation 13 (8) **Stated:** First time	The registered person shall ensure that the nursing home reviews the systems to ensure that the home is kept clean and maintained to a reasonable standard at all times. Ref 3.3.4
To be completed by: 8 September 2026	**Response by registered person detailing the actions taken**: A focused meeting was held with the domestic staff by the Home Manager and the Regional Support Manager on 9th of September. The feedback from the RQIA Inspection held the previous day was discussed in full. A Staff Meeting was also completed on 29th & 30th September where the outcome of the serious concern meeting, focus meeting and action plans was discussed An action plan has been completed which included a 2-week Focused Deep Cleaning Schedule for all areas of the Home. Staffing was increased to facilitate this deep clean together with guidance on the cleaning regime required. Following the focused deep cleaning, the HM completed IPC Audits for each area. On review of the outcome of these audits the Home Manager put in place daily deep cleaning schedule for all Domestic staff and continues to oversee deep cleaning and cleaning schedules. Recruitment for deficit posts have been ongoing with one staff member successfully recruited and commenced Induction in the Home on the 6th October 2026 making staffing levels complete for Domestic Staff. Roster times have also been reviewed to ensure where possible an acceptable level of cleanliness in the Home is maintained throughout the day. A focused walkabout audit will be completed by the Registered Manager/Deputy as well as Visiting Support Quality Manager and Support Regional Manager. This audit will involve observing staff practice in relation to IPC. Compliance will be monitored as part of the monthly monitoring visit and through the internal governance audits and appropriate action taken if deficits highlighted.

Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** Second time	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
To be completed by: 24 February 2026	**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. • Identified concerns • Actions required to address concerns • Person responsible for addressing concerns • Timescale for completion The Registered Manager will sign off each audit to confirm review of the audit has taken place 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 will be 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 4 **Stated:** Third 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: Supervisions for those identified staff has taken place and the standards expected in relation to acceptable levels of written documentation was reiterated. The Registered Manager to continue to 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. Compliance will be monitored through the internal governance audits and appropriate action taken if deficits highlighted.

Area for improvement 2 **Ref:** Standard 44.1 **Stated:** Second 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 existing bed linen has been reviewed. Any item found to be worn, damaged or unsuitable for use has been disposed of and new stock ordered and delivered. The registered person will ensure that bed linens are reviewed, and new bed linens purchased on a regular basis to ensure that linen remains suitable for use. Residents' clothing has been reviewed. Staff have liaised with family/NOK of residents identified as requiring new clothing. A Staff Meeting was completed on 29th & 30th September where the outcome and action plan details of the serious concerns and focus meeting was discussed. Staff were reminded to check bed linen daily when assisting Residents in the morning and to ensure that they dispose of any items of linen that are no longer fit for purpose and to and inform Home Manager so that new stock can be purchased. It was also reinforced to Staff that bed linen and clothing need to be changed immediately when soiled, wet, or visibly unclean. 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 Compliance will be monitored through the internal governance audits and appropriate action taken if deficits highlighted.
Area for improvement 3 **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
	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 4 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 8 September 2026	The Registered Person shall every interaction is an opportunity for engagement with patients. These interactions should be contemporaneously recorded in patient records. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Home Manager is to ensure that all staff understand that every interaction with residents is an opportunity for meaningful engagement and assessment. Staff should be encouraged to use these interactions to support residents' wellbeing, monitor any changes in needs, and promote person-centred care. All significant interactions, observations, and interventions should be recorded contemporaneously within the residents' care records, to provide an accurate account of care delivered, support effective communication between staff, and evidence ongoing resident engagement. The Home Manager should monitor compliance through regular record audits, observations of practice, and staff supervision.
Area for improvement 5 **Ref:** Standard 23 **Stated:** First Time **To be completed by:** 8 September 2026	The registered person shall ensure that where a patient requires repositioning, supplementary records should be completed by two staff contemporaneously. Ref 3.3.2
	Response by registered person detailing the actions taken: A Staff Meeting took place on the 29th & 30th September where the outcome of the serious concerns, focus meetings and action plans were discussed. It was reinforced to all staff the importance of contemporaneous completion of the supplementary charts and ensuring Position Change Charts are signed by 2 CA staff contemporaneously. Several Clinical supervision sessions were also completed with all CA staff to reinforce same. Focused walkabout audits will be completed by the RN staff, with governance oversight being maintained by the Registered Manager/Deputy Manager and Visiting Support Quality Manager and Support Regional Manager. Compliance will be monitored during the monthly monitoring visit and through the internal governance audits and appropriate action taken if deficits highlighted.

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