

Inspection Report

Name of Service: Arches Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 9 September 2025

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 Gabrielle McDonald
Service Profile: This home is a registered nursing home which provides nursing care for up to 32 patients living with physical disability and/or learning disability. Patients' bedrooms are situated over the ground and first floor and there are a range of communal areas throughout the home.	

2.0 Inspection summary

An unannounced inspection took place on 9 September 2025 from 09.50 am to 1.30 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 positive experience. 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 one new area for improvement was identified relating to hand hygiene practices. One area for improvement relating to medicines management was not assessed as part of this inspection and has been carried forward to the next pharmacy inspection. Full details can be found 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 that they were happy living in Arches Care Home and told us that they were well "looked after."

Patients told us that staff were available when they needed assistance and that staff were kind and helpful. One patient told us how the care and treatment in the home helped with their mobility and said they would give the home an eight out of ten score.

RQIA received a questionnaire from a patient following the inspection. This patient indicated that they were very satisfied with the care and services provided to them. They said, the "bed is great, food is brilliant, and staff are great...it's all very good." When asked about how safe they felt, this patient said, "They help me a lot...talk to me and we have a laugh...they look after me really well."

Two relative questionnaires were received following the inspection. Both respondents indicated that they were satisfied with the care and services provided in the home. "I'm very happy with the care provided by Arches Care Home. My (loved one) is very settled and well looked after...the staff are so approachable and helpful." Another said, "The care provided to my (loved one) is fantastic. (Loved one) has not been this happy or social for a long time...the staff go way above their duties and treat not only my (loved one), but all residents with such respect."

When asked about safety, one relative said, "I know my (loved one) is in good hands and feels safe there." Another relative said, "The staff really support my (loved one) from just having a chat to getting them to join in with the activities...they also keep family informed with everything that goes on...my (loved one) really loves the staff."

Staff told us that they were happy working in the home and that they were satisfied with the staffing arrangements.

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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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. Staff told us that there was good communication and good teamwork.

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. Interactions between staff and patients were seen to be warm and appropriate.

It was observed throughout the day that patients exercised their right to choose how they spent their day. For example, patients were seen to move freely around the communal areas of the home. Staff were observed to offer choices such as food and drinks or to ask patients what they wanted to do that day.

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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients were encouraged to use walking aids as recommended by occupational therapy, or staff provided support with mobility.

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, their GP, or for physiotherapy.

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 clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. Relatives reported that staff actively encouraged patients to participate in social activities and patients told us that that enjoy the company and have fun with staff.

A weekly programme of social events was displayed around the home advertising future events.

Patients' needs were met through a range of individual and group activities such as Zumba, yoga, Lego building, knitting, reading, mindful colouring, music therapy, games, and movie afternoons. On the day of inspection, patients were seen to enjoy knitting and arts and crafts.

Patients' religious and spiritual needs were included in the activities programme. For example, Holy Communion was offered on a regular basis.

The home also enjoyed visits from external entertainers. Some recent visits included, River-dancers, Mr & Mrs Northern Ireland, and various musicians and singers. The home also celebrated special occasions such as patients' birthdays, and had themed parties such as, St Patrick's Day, Mother's Day, King Charles' birthday, and Hawaiian day.

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 Control

The home was clean, tidy and free from malodour. It was positive to note that environmental improvements were ongoing with painting and decorating of communal areas.

Patients' bedrooms were clean and personalised with item of importance or interest to the patient.

There were measures in place to reduce the risk of the spread of infection. For example, discussions and observations confirmed that there was ample supply of cleaning materials and personal protective equipment (PPE) in the home. The management team conducted infection prevention and control (IPC) audits on a regular basis.

However, it was observed that some staff were not bare below the elbows, which is not in keeping with hand hygiene practice guidelines. An area for improvement was identified.

Fire safety arrangements were in place. Records confirmed that staff were trained in fire safety and took part in fire drill practices. Fire exits were seen to be free from obstruction and fire-extinguishing equipment was accessible. The most recent fire risk assessment was undertaken on 11 March 2025 and any recommendations made by the assessor had been addressed.

3.3.5 Quality of Management Systems

There had been no change in the management of the home since the last inspection. Ms Gabrielle McDonald was appointed manager on 25 March 2024 and was registered with RQIA on 11 December 2024.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance, "Gaby is very good, very approachable, and her door is always open."

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to patients.

Staff understood their roles and responsibilities in relation to safeguarding or adults in their care. Patients knew how to raise concerns and were confident that any complaints would be well managed.

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*	1

* The total number of areas for improvement includes one that has been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Gabrielle McDonald, 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: 22 May 2025	The registered person shall ensure that personal medication records are accurately maintained, up to date and obsolete personal medication records are cancelled and archived. 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 46.11 Stated: First time To be completed by: 9 September 2025	The registered person shall ensure that staff adhere to best practice in hand hygiene and remain bare below the elbow at all times when working in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff members have participated in supervision sessions focused on best practices in infection prevention and control. These sessions covered: <ul style="list-style-type: none"> • Effective hand hygiene techniques • Appropriate use of personal protective equipment (PPE) • Correct procedures for donning and doffing PPE • the importance of maintaining a "bare below the elbows" policy at all times while on duty Daily compliance checks are conducted by the Manager during routine walkarounds. In addition, spot checks are carried out by the Operations Manager to ensure ongoing adherence to standards. Any issues or concerns identified during these checks are addressed immediately to maintain a safe and compliant working environment.

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