The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Belmont Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 10 July 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 Sarlah Chauresia
Service Profile: Belmont Care Home is a nursing home registered to provide care for up to 48 patients. The home is situated over two floors, with patients' bedrooms located on the first and second floors. Patients have access to communal areas throughout the home as well as an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 10 July 2025, from 10.10am to 1.50pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were well maintained. However, improvements were necessary in relation to the length of the morning medicines round.

Whilst an area for improvement was identified, there was evidence that patients were being administered their medicines as prescribed.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

RQIA would like to thank the staff for their assistance throughout the inspection.

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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, 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.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each patient liked to take their medicines and medicines were administered in accordance with individual patient preference. Staff also said that they prioritised patients who required pain relief and time-critical medicines during each medicine round.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of distressed reactions, pain, thickening agents, warfarin, medicines administered via the enteral route and insulin, was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. The temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately.

Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

The morning medicines round on the ground floor was not completed until 11:25am. Whilst staff demonstrated that time sensitive medicines were prioritised, the morning medicines round should be reviewed to ensure that it is completed in a timely manner and that the time of administration is accurately recorded. An area for improvement was identified.

A sample of the medicines administration records were reviewed. The records were found to have been accurately completed. However, as detailed above nurses were reminded that the time of administration should be accurately recorded to ensure that minimum dosage intervals are observed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plan. Written consent and care plans were in place when this practice occurred.

Regular audits on the management and administration of medicines were completed within the home. Staff completed a variety of weekly audits, however the manager had not completed a more detailed monthly audit in the past three months. This was discussed during the inspection and it was agreed that a regular monthly audit would be reintroduced. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions/readmissions to the home. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the patient's medicines and this was shared with the GP and community pharmacist.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	7*

* the total number of areas for improvement includes ten which were carried forward for review at the next inspection.

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Sarlah Chauresia, Registered 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (1) (b) **Stated:** Second time **To be completed by:** 25 September 2024	The registered person shall ensure that patient records are held securely at all times.
	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. Ref: 2.0
Area for improvement 2 **Ref:** Regulation 27 (2) (b) **Stated:** First time **To be completed by:** 6 October 2024	The registered person shall ensure that the flooring in the identified rooms is repaired or replaced.
	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. Ref: 2.0
Area for improvement 3 **Ref:** Regulation 27 (2) (j) **Stated:** First time **To be completed by:** 25 September 2024	The registered person shall ensure that all areas of the home have a constant supply of hot water.
	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. Ref: 2.0
Area for improvement 4 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** 25 September 2024	The registered person shall ensure that the practice of propping open fire doors ceases immediately and that all staff are aware of the dangers of this practice.
	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. Ref: 2.0

<table>
<tr><th colspan="2">Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 28

Stated: First time

To be completed by:
10 July 2025</td><td>The registered person shall ensure that the morning medicines round is completed in a timely manner.

Ref: 3.3.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The findings from the inspection were shared with the RNs during a meeting which was held on 11th August 25. The rational and importance of completing prescribed morning medication in a timely manner was discussed.

Timely completion of the morning medicines will be reiterated during supervisions with RNs which will be held during September 2025. These supervisions will refer to the Company Medication Policy and NMC best practice standards for medication management. The structure of the shift, key priorities, diary management and effective time management will also form part of the discussion.

Staffing levels continue to be monitored daily to ensure the number of staff on duty reflects the required staffing levels as indicated on the Off Duty.

Completion times for morning medicines are being monitored and reasons for non-completion, in a timely manner recorded. This will enable any trends to be identified and followed up.

This will be further monitored during the completion of the monthly Regulation 29 Report.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 16.11

Stated: Second time

To be completed by:
6 August 2024</td><td>The registered person shall ensure that a record of all complaints are retained. This should include details of all communications with complainants; the results of any investigations and the actions taken. Details of whether the complainant was satisfied with the outcome or not and how this level of satisfaction was determined should be recorded.</td></tr>
<tr><td>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.

Ref: 2.0</td></tr>
</table>

Area for improvement 3 **Ref:** Standard 37.4 **Stated:** First time **To be completed by:** 6 August 2024	The registered person shall ensure that the recording of actions taken following a fall is complete and accurate. This is in relation to who was notified following a fall.
	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. Ref: 2.0
Area for improvement 4 **Ref:** Standard 46.11 **Stated:** First time **To be completed by:** 6 August 2024	The registered person shall ensure that staff adhere to best practice with hand hygiene and are bare below the elbows.
	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. Ref: 2.0
Area for improvement 5 **Ref:** Standard 46.12 **Stated:** First time **To be completed by:** 6 August 2024	The registered person shall ensure that the auditing of staff compliance with hand hygiene is robust and that records pertaining to staff compliance are accurate and reflective of what is happening in practice.
	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. Ref: 2.0
Area for improvement 6 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 23 October 2024	The registered person shall ensure that patients' sleep and rest care plans are person centred and include patients' preferred sleep and rising times, and night time routines.
	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. Ref: 2.0

Area for improvement 7 **Ref:** Standard 47.3 **Stated:** First time **To be completed by:** 25 September 2024	The registered person shall ensure that the arrangements for operating the laundry at night are communicated clearly to all staff, and that the home's laundry risk assessment and health and safety policies are adhered to at all times.
	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. Ref: 2.0

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