



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Belmont Care Home
Provider: Beaumont Care Homes Limited
Date of Inspection: 11 August 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: This home is a registered Nursing Home which provides general nursing care for up to 48 patients under and over 65 years of age. The home is located over two floors with patients' bedrooms located on the first and second floor. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2025 from 10.10 am to 5.30 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 assess progress with the areas for improvement identified by RQIA, during the last care inspection on 24 and 25 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were trained to deliver safe and effective care. Patients told us that they were satisfied with the care and services provided to them. Further detail on patients' views can be found in section 3.2 of this report.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. Three areas for improvement have been stated again. 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.

In light of three areas for improvement being restated, RQIA met with the responsible individual (RI) and the management team following the inspection to provide enhanced feedback. At this meeting, the home's management team presented a robust action plan in relation to the restated areas for improvement, outlining how they planned to address the deficits.

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 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 satisfied with the care and services provided. Patients were complimentary about staff, describing staff as "kind", and telling us that staff "do a great job...and look after us so well." One patient said that they "love the company."

One patient said that staff are usually available to provide assistance and told us "the odd time I maybe have to wait ten or twenty minutes but they always come and explain." Another patient expressed that while staff were "good", they would like some staff to "chat more" when assisting them. Patients' views and suggestions were shared with the manager at the end of the inspection for her consideration and action where required.

Patients said that they were happy with the home's environment and told us about how they spend their time; "my room is great", and "my room is very comfortable."

Patients confirmed that they had choices throughout the day, from what they had to eat and drink to where they spent their time; "the food is good, we get to pick from a menu", "there is plenty of tea", "I like to potter around and go where I want", and "my visitors can come as they wish."

No questionnaires were received following the inspection.

Staff spoken with said that they were happy working in the home. No staff survey responses were received following the inspection.

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 teamwork, 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 the number and skills of the staff on duty met patients' needs.

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. It was observed that staff conducted a safety pause prior to mealtimes to ensure good communication across the team about changes in patients' nutritional needs.

Staff were observed to respond to patients' needs and were respectful in manner.

Staff demonstrated respect for 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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, these patients had nurse call bells within reach, staff provided assistance with mobility where appropriate, or specialist equipment such as bedrails or alarm mats were used.

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 meal, review of records and discussion with patients, staff and the manager indicated that there were robust systems in place to manage patients' nutrition and mealtime experience.

A weekly programme of social events was displayed around the home. This programme included events such as exercise, relaxation, games, baking, a men's club, and one to one sessions.

Patients told us that there was "usually something set up" or happening in the home and that they could choose whether to take part or not. One patient said, "You can join in or not, there is no pressure."

Some patients said that they also liked to occupy their time with their own interests, such as reading, listening to music, watching television, or doing puzzles. One patient explained that they really enjoyed the social aspects of the home as said they would "miss the company" without it.

Patients confirmed that relatives and friends could visit at any time of the 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.

A sample of care records were reviewed. A number of shortfalls were identified: some patients' Malnutrition Universal Screening Tool (MUST) were not completed at least monthly as required. In addition, one patient's MUST score was inaccurate. An area for improvement was identified.

It was noted that an amendment had been made to a patient's care records, altering the outcome of an assessment. The amendment was not sign or dated by the nurse. An area for improvement was identified.

There was a system in place for the auditing of care records. Review of a sample of audits evidenced that deficits were being identified by the manager and action plans were put in place. However, there was inconsistency in relation to the completion of action plans and verification that the deficits were addressed. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

It was positive to note some refurbishment improvements since the last inspection, such as new flooring in some areas.

There were homely touches throughout the home, such as flowers, reading materials, pictures, and frames photos.

Hand washing facilities and/or hand sanitisers were available throughout the home. There was ample supply of personal protective equipment (PPE) available at strategic points around the home.

It was observed that some staff did not carry out best practice in relation to infection prevention and control (IPC). For example, a member of staff was seen to handle used linen without wearing PPE, and several members of staff were seen to wear wrist watches or jewellery. A previously identified area for improvement 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. Ms Sarlah Chaurasia has been the registered manager since 29 April 2022.

The manager confirmed that she felt supported by the senior management team. The management team informed RQIA that a deputy manager had been appointment and was due to commence work in the home in the coming weeks.

It was positive to note that the manager had enrolled in the My Home Life programme, commissioned by the Department of Health (DoH) in partnership with the Ulster University and Age NI.

There were systems in place to monitor the quality of care and other services provided to patients. The home's complaints records were reviewed and found to be incomplete and lacking detail. A previously identified area for improvement was stated for a third time. During the meeting held with the RI following the inspection, the management team presented a detailed action plan in relation actions taken or planned to be taken to address this shortfall.

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	5*

* The total number of areas for improvement includes one that has been stated for a third time and two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sarlah Chaurasia, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 8 September 2025</p>	<p>The registered person shall ensure that deficits identified during the process of auditing of care records are addressed through the action plans; stating the action required, who is responsible, and expected timeframe for completion.</p> <p>There should be evidence of sign off once the required actions have been taken, and the management team should verify this.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: The Operations Manager conducted supervision with the Home Manager on 18 August 2025 to discuss the purpose of auditing, the process for conducting an effective audit, governance and oversight. On 4 September 2025 qualified nursing staff received supervision conducted by the Quality Care Manager in relation to the auditing process. Following completion of audits, time bound action plans are drafted in response to areas of deficit identified, with the purpose of driving forward service improvement. Actions completed are being reviewed, verified, signed and dated. The Provider is reviewing this as part of the Regulation 29 Visit and areas for address are being followed up through a time bound action plan.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 16.11</p> <p>Stated: Third time</p> <p>To be completed by: 11 August 2025</p>	<p>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.</p> <p>Ref: 2.0 and 3.3.5</p>
	<p>Response by registered person detailing the actions taken: The Home Manager attended a supervision session on 18 August 2025 with the Operations Manager to discuss areas for improvement in relation to complaints management and agreed actions to meet compliance. On 10 September the Home Manager attended a Management of Complaints and Concerns training session focusing on the company complaints policy and procedure and best practice, led by Beaumont Quality Care</p>

	<p>Manager. Staff will report concerns and service improvements required via the 24-hr report which will be reviewed and followed up by the Home Manager. Time bound action plans will be implemented to address any areas of deficit. The complaints matrix has been reviewed and updated to provide detailed up to date information and outcomes. All written information pertaining to individual complaints including communications with complainants, investigation outcomes and how the outcomes were determined, actions taken and level of complainant satisfaction will be retained together on the complaints file. The two complaints showing on the matrix have been fully addressed with a response sent to the complainants on 16 September 2025 and 26 September 2025 respectively. The Provider will review the management of complaints and service concerns as part of the regulation 29 visit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46.11</p> <p>Stated: Second time</p> <p>To be completed by: 11 August 2025</p>	<p>The registered person shall ensure that staff adhere to best practice with hand hygiene and are bare below the elbows.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: The RQIA Inspection Report was shared with staff and supervision held on 18 August 2025 to discuss IPC policy, and best practice in relation to PPE and hand hygiene. During the supervision it was reiterated to staff that best practice also includes bare below the elbow. Heads of Department are to address any breaches of IPC at the time with staff concerned, through supervision. If noncompliance continues the Home Manager will address this through the performance management process. Auditing and spot checking of PPE and hand hygiene practices are being conducted and areas of deficit addressed through a time bound action plan The Provider is monitoring compliance as part of the Regulation 29 visit and areas of concern will be addressed at time of the breach and through a time bound action plan.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 46.12</p> <p>Stated: Second time</p> <p>To be completed by: 11 August 2025</p>	<p>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.</p> <p>Ref: 2.0 and 3.3.5</p> <p>Response by registered person detailing the actions taken: The Operations Manager conducted supervision with the Home Manager on 18 August 2025 to discuss the purpose of auditing, the process for conducting an effective audit, governance and oversight. On 4 September 2025 qualified staff received supervision based on the Auditing Process conducted by the Quality Care Manager. The Hand Hygiene Audit was discussed including the expectations for robust completion and follow up. Monthly Hand Hygiene Audits and spot checks are being conducted. Deficits identified are being addressed at the time and a time bound action plan drafted. Continued noncompliance will be addressed through performance management process. The provider is reviewing this as part of the Regulation 29 visit and areas for address are being followed up through a time bound action plan</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 8 September 2025</p>	<p>The registered person shall ensure that Malnutrition Universal Screening Tool (MUST) is completed at least monthly for all patients in the home.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The Malnutrition Universal Screening Tool (MUST) is being completed for all residents each month as a minimum. There was one MUST identified as not fully completed for August 2025. This was addressed with the registered nurse concerned through supervision, reviewed and updated. On 28 September 2025 MUST scores for all residents were audited and found to be completed appropriately. The provider is reviewing the completion of MUST scores as part of the regulation 29 visits and any deficits noted will be followed up through a time bound action plan.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 37.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any amendments made to records are clearly dated and signed by the person making the amendment, as per best practice and legislative requirements.</p> <p>Ref: 3.3.3</p>
<p>To be completed by: 11 August 2025</p>	<p>Response by registered person detailing the actions taken: On 11 August 2025 the RQIA Inspection report was shared with staff. Auditing of care files is being conducted monthly and any areas of deficit identified followed up through a time bound action plan. On 13 September 2025 the auditing process picked up that a resident's weight and BMI had been amended but not dated and signed. Supervision was conducted with the registered nurse concerned reiterating responsibilities and accountability in relation to documentation and record keeping. During the regulation 29 visit the provider is reviewing documentation including amendments made and any areas of deficit are being followed up through a time bound action plan.</p>

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