

Inspection Report

Name of Service: The Beeches Professional & Therapeutic Services

Provider: The Beeches Professional & Therapeutic Services Ltd

Date of Inspection: 14 October 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:	The Beeches Professional & Therapeutic Services Ltd
Responsible Individual:	Mr James Brian Wilson
Registered Manager:	Mr Paul Meehan – not registered
<p>This home is a registered nursing home which provides general nursing care for up to 41 patients under and over 65 years of age, with a learning disability.</p> <p>Patients' bedrooms are accommodated over two floors and patients have access to communal day spaces, the dining room and a garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 14 October 2025 from 06.40 am to 3.20 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 7 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, patient dining experience and the provision of activities. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider and three new areas for improvement have been identified. Full details, including the 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. 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of attending activities or not; where to sit and where to take their meals. Some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. A patient said, "I'm well looked after and the staff are nice. There's always something going on. I really enjoyed the singing this morning."

Patients unable to voice their opinions were observed to be well presented, comfortable and relaxed with staff.

Staff confirmed that there were good working relationships; morale was good; there was enough staff on duty to meet patients' needs and complete tasks; they enjoy working in the home and take pride in their work; that the manager was approachable and they felt well supported in their role.

A student nurse on placement said, "I have loved my time here as it's a positive working environment. I had a great induction and I'm well supported by the manager and the staff team".

Following the inspection, we received no patient/patient representative questionnaires or any responses from the staff online survey within the timescale specified.

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 systems in place to manage staffing and recruitment was underway.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence.

Review of mandatory training records evidenced that the training provided staff with the necessary skills and knowledge to care for the patients.

Staff annual appraisal had been completed. However, review of staff supervision records highlighted that these had not been undertaken during 2025. The manager advised that training has been arranged for staff with overseeing responsibility to attend. An area for improvement was identified.

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and 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.

It was observed that staff respected patients' privacy and dignity by knocking on patients' doors before entering, offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room, from a heated trolley, by the cook. The menu was displayed on the notice board in both written and pictorial form, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. Patients enjoyed their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various International Dysphagia Diet Standardisation Initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately. Patients spoken with indicated that they enjoyed lunch.

The cook said, "I know all the patients well; their dietary requirements and their likes and dislikes. All food including cakes and desserts is homemade using the best of produce.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as reflexology and arts and crafts. On the morning of inspection, we observed and spoke with patients who told us they enjoyed a visit from an outside entertainer who played the guitar and sang to them.

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.

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

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

On review of the home's environment, inappropriate storage of items and equipment that had the potential to be shared communally, was observed in identified bathrooms. An area for improvement was identified.

Treatment rooms and cleaning stores were observed to be appropriately locked. However in an identified area, a cupboard containing two tins of an agent used to thicken fluids for patients who have been assessed to have a modified diet was unattended and unlocked. This was discussed with staff who locked the cupboard door immediately. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

Since the last inspection there has been a change in the management arrangements. Mr Paul Meehan commenced the role of manager on 12 May 2025. RQIA were notified appropriately.

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty.

Staff commented positively about the manager and described him as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patient and staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Paul Meehan, Manager, and Mr James Brian Wilson, Responsible individual, 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 40 Stated: First time To be completed by: 28 November 2025	<p>The registered person shall ensure that staff supervision is completed no less than every six months and more frequently if necessary and that a record is maintained.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Supervisions are ongoing at present and staff are engaging well. New folder commenced with amended documentation and recording spread sheet.</p>
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: From the date of inspection 14 October 2025	<p>The registered person shall ensure that items and equipment is appropriately stored within the home; this relates to inappropriate storage within identified communal bathrooms, in order to adhere to best IPC practice and to minimise the risk of infection.</p> <p>The manager should ensure bathrooms are monitored to ensure that they remain clutter free.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Equipment has been cleared out of bathrooms, with new space to store identified. Regular monitoring of bathrooms. Regular infection control audits have been commenced.</p>
Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: From the date of inspection 14 October 2025	<p>The registered person shall ensure that prescribed medicines are stored securely.</p> <p>This relates specifically to the safe storage of thickening agents.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been advised of the need to ensure safe storage of medications with regular checks by the nurse in charge.</p>

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