

Inspection Report

Name of Service: Galgorm Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 30 October 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Lisa Anthony
Service Profile – This home is a registered nursing home which provides nursing care for up to 35 patients. Patient bedrooms are located over two floors. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 30 October 2025 from 9.05 am to 4.25 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.

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.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I have lived here for four years. I love the food and the company. It's very clean and the staff are very friendly. I enjoy the activities", "The staff are very kind. The carers have a sense of humour" and "The girls and boys (the staff) are excellent."

Relatives commented positively about the overall provision of care within the home. Comments included: "I am happy with the care my relative receives."

Staff spoken with said that Galgorm Care Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "I love making the patients laugh and smile. It is very rewarding."

We did not receive any questionnaire responses from patients or their visitors.

Four responses were received from the staff online survey within the timescale specified indicating a high level of satisfaction with the care provided. Comments received included, "Galgorm is a brilliant place to work. The support we receive in order to care for the residents is superb. I feel confident in my work and know I can approach anyone with any concerns. I wouldn't wish to work anywhere else" and "Galgorm is a very welcoming place for all staff and residents. Everyone works as part of the team in order to provide the best care possible for the residents. A very supportive work place that provides opportunity for career progression."

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.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff 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. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Medication was observed on a bedside table of an identified patient. Discussions with staff confirmed the medication had been administered to the patient that morning, although they had not taken it. This was discussed with the manager who gave assurances that medicine administration competencies would be addressed with the identified staff member. This information was shared with the aligned pharmacy inspector.

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. A restrictive practice register was monitored and reviewed monthly.

A number of patients nursed in their bedroom were unable to use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to ensure those patients who cannot use the system are appropriately supervised.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Concerns were identified in relation to the supervision of patients requiring assistance at mealtimes. It was observed that patients were not appropriately supervised in keeping with their assessed needs. An area for improvement was identified.

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

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as one to one chats, quizzes, knit and natter and balloon volleyball. Patients said they were looking forward to the Halloween events that were planned for that week; they commented positively about the decorations which were on display throughout the home.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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.

Review of a selection of care records evidenced that not all care plans were in place to meet patients assessed needs in a timely manner. Some care plans had not been written until three weeks following admission. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care: many of these had been completed prior to midday and no further entries had been made to reflect the care delivered after midday. The manager agreed to review their oversight of care records and address this with nursing staff. This will be reviewed at a future care inspection.

3.3.4 Quality and Management of Patients' Environment

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

Concerns about the management of risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. A domestic cleaning trolley was unsupervised and chemicals were accessible in an unlocked sluice allowing potential patient access to substances hazardous to health. The door to the electrical services room was also unlocked. This was discussed with staff who took immediate action. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed one action was required from the most recent fire risk assessment.

However, review of records and discussion with the manager confirmed that there was an absence of a robust system for oversight of bi-annual fire training. Review of records evidenced that not all staff received fire training at least twice per year. An area for improvement was identified.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Lisa Anthony has been the manager since 16 January 2015.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Lisa Anthony, 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 Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by 30 October 2025</p>	<p>The registered person shall ensure that patients are appropriately supervised in accordance with their assessed needs at mealtimes.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: All REDS recommendations have been reviewed; the dining room seating plan has been rearranged to ensure adherence to recommended levels of supervision. All staff involved in meal service have had Clinical Supervision in relation to the Safety Pause in its entirety and this has been discussed in detail at staff meetings. Home Manager will continue to monitor and review as needed. This will also be monitored during the monthly monitoring visit</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2025</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The keypad locks on both sluice doors have been replaced as a precaution, the spring door closers have been reviewed and adjusted as needed. Domestic staff meeting has been held and the dangers of leaving the cleaning trolleys unattended has been discussed in detail. Clinical supervision to address this deficit has also been completed with Domestic staff. Home Manager and Nursing staff will continue to monitor as part of the walkabout governance audit. This will also be monitored during the monthly regulation 29 visit.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4.1 Stated: First time To be completed by 30 October 2025	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: The Home Manager or designated nurse will complete a Resident Admission Governance Audit on day 5 post admission to ensure the expectation of Standard 4.1 is maintained.</p>
Area for improvement 2 Ref: Standard 48.6 Stated: First time To be completed by 30 October 2025	<p>The registered person shall ensure that all staff have training in the fire precautions to be taken in the home, including the action to be taken in case of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year. Records retained should evidence oversight from the registered manager.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Beaumont Care Homes have reviewed the recording of the training register to ensure it is in line with Standard 48.6. Beaumont provides competent trained staff to take forward fire safety training and fire drills to ensure compliance to the requirements of Standard 48.6.</p>

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