The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Belmont Care Home**

**Provider:** **Beaumont Care Homes Limited**

**Date of Inspection:** **19 February 2026**

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 Arriane Bacani – not registered |
| **Service Profile:**<br>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 19 February 2026 from 10.00 am to 3.15 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 11 August 2025; 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 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 all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

## 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 spoken with said that they were content with the care and services provided in Belmont Care Home. Patients described staff as "lovely", and "good", and one patient said, "They are always polite and get you anything you ask for."

Patients who were unable to share their views about the home looked comfortable and cared for. For example, there was evidence that staff had attended to personal care needs and patients who relied on staff for body positioning looked safe and comfortable.

Patients confirmed that they had choice throughout the day. For example, where they spent their time or what they had to eat and drink. Patients said that they food was "lovely…and plenty of it."

No questionnaire responses were received following the inspection.

Staff spoken with said they were happy working in the home. Most staff said that they were satisfied with the staffing levels, however, some staff said that they would like more domestic hours. Discussion with staff evidenced that they had raised this request with management and understood the rationale for decisions made about staffing arrangements. Staff did say that they managed to complete their duties as expected.

Staff said that they felt supported through training and induction and that they were happy with the new management arrangements. Staff said that the manager was approachable and "fair."

No 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 and that they felt well supported in their role 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.

### 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 patient's needs, their daily routine wishes and preferences.

Staff were observed to be warm and polite in interactions with patients and to respond to requests for assistance in a timely manner.

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.

Some patients were seen to move freely around the communal areas of the home, while other patients chose to spend most of their time in the privacy of their bedrooms.

Patients confirmed that staff check on them throughout the day and night.

The home has two activity coordinators employed. There was a weekly activity programme available which advertised events such as coffee mornings, word quizzes, pancake making, ball games and church services. It was noted that the display on notice boards was small and may not have been easily viewed by all patients. This was discussed with the manager and activity coordinator who agreed to review the systems for informing patients and visitors about what events were planned for each week. This will be reviewed at the next care inspection.

### 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.

The manager had a system in place to audit care records and there was evidence of clear action plans and follow up by the manager. A previously identified area for improvement was assessed as met.

A sample of patient care records were reviewed and it was established that nutritional assessments were completed at least monthly for patients. A previously identified area for improvement was assessed as met.

It was noted that any handwritten amendments to care records were dated and signed by the nurse making the amendment. A previously identified area for improvement was assessed as met.

Discussion with the manager evidenced that there was a plan in place for the ongoing improvement work relating to care records. While some care records were found not to be person centred and some care plans needed re-written, RQIA were satisfied that the manager was aware of what improvements were needed and to allow time for this work to embed into practice. Care records will be reviewed again at the next care inspection.

### 3.3.4 Quality and Management of Patients' Environment

The home was warm, clean, and tidy. It was noted that some areas of the home required maintenance. For example, flooring along some of the first floor corridor was damaged. This was discussed with the manager who provided assurances that there was a refurbishment plan in place and any identified areas were included to be repaired / decorated.

Patients' bedrooms were clean and personalised with items of significance to the patient. Communal lounges and dining rooms were suitably furnished and communal toilets / bathrooms were clean and accessible.

Fire doors and exits were free from obstruction and fire extinguishing equipment was accessible.

Staff were observed to practice hand hygiene appropriately and a previously identified area for improvement relating to staff remaining bare below the elbows was assessed as being met.

### 3.3.5 Quality of Management Systems

There had been a change in the management of the home since the last inspection. Ms Arriane Bacani was appointed manager on 10 November 2025. At the time of writing this report, RQIA

had not received an application to register the manager. This will be followed up directly with the provider at a later date.

Patients were aware of who the new manager was. Staff said that they were happy with the management arrangements and that the manager was approachable. Staff said, “She is firm but fair…she explains the rationale for decisions”, and, “She is easy to talk to.”

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. 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/or the quality of services provided by the home.

A previously identified area for improvement relating to complaints records was assessed as having been met.

## 4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Arriane Bacani, Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

**The Regulation and Quality Improvement Authority**

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

**Tel:** 028 9536 1111

**Email:** info@rqia.org.uk

**Web:** www.rqia.org.uk

**Twitter:** @RQIANews