The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Beeches Professional & Therapeutic Services

Provider: The Beeches Professional & Therapeutic Services Ltd

Date of Inspection: 15 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:	The Beeches Professional & Therapeutic Services Ltd
Responsible Individual:	Mr James Brian Wilson
Registered Manager:	Mrs Siobhan Duffy
Service Profile – This home is a registered residential care home which provides health and social care for up to 34 residents. The home provides care for residents under and over 65 years of age with learning disability. There are a range of communal areas throughout the home and residents have access to enclosed gardens.	

2.0 Inspection summary

An unannounced inspection took place on 15 February 2026, from 10.15 am to 4.00 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.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection two areas for improvement were identified. Full details 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 residents, 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

Residents who were able to share their opinions on life in the home said they were well looked after. Some residents had difficulty telling us about their care experiences. Residents who had communication difficulties looked relaxed in their environment and during interactions with staff.

One resident said “The staff are excellent, I love it here”. Two questionnaires were returned from residents, the comments included; “They are good” and “The care at the Beeches is very good, the staff support me when I need”.

Relatives spoken with on the day of inspection were very complimentary regarding the care their loved one receives. Following the inspection two questionnaires were returned from relatives. The comments included; “The care my sister gets is excellent” and “The care in the Beeches is excellent, the staff are very attentive”.

Staff spoken with said that they were happy working in the home and that they were satisfied with the staffing arrangements and felt supported to carry out their roles. At least three staff stated “I love it here”.

19 staff responded to the online survey and the majority of the responses replied with a satisfied or very satisfied response to the question domains in regard to is the care safe, effective and compassionate? And if the service is well led? Some additional comments included were; “One of the best services I have worked in. Compassion, care, respect and dignity is at the front of the service, good team morale, and this shows from staff that have been here for many years”, “I am happy to work at the Beeches and love to support the residents at the Beeches, I love the way the managers treat the staff with fairness”. One comment regarding staffing was shared with the manager.

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 residents. Although recruitment records were not reviewed on this inspection, staff compliance with training was observed as good and systems were in place to ensure staff received their supervision and appraisal.

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 noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, staff were seen to respond promptly to requests for assistance, and staff were heard to ask residents about what they wanted to do next.

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 residents. Staff were knowledgeable of individual resident's needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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

At times some residents 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 residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required. However, review of care records did not evidence that staff fully or consistently completed post falls observations or documentation as per best practice guidance. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Staff knew and understood residents' preferences and wishes in regards to activities. Some recent activities provided for the residents included sing along, games, an outing to the local bowling alley, bus runs and movies.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Review of the home's environment and records confirmed that the manager did have a refurbishment plan in place to address usual wear and tear of the walls, furniture or resident equipment.

Discussion with staff and review of records evidenced that the management team conducted daily walks around the home and completed regular environmental audits. Records evidenced action taken when deficits were identified. For example, replacement of damaged furniture.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Siobhan Duffy has been the manager in this home since 1 March 2018 and has been registered with RQIA since 25 July 2019.

Residents, relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust 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. It was evident that resident weights were monitored regularly by staff, it was discussed that a managerial audit should be implemented to regularly review these weights to identify if any additional actions are required. This will be followed up on the next inspection.

Review of the records of accidents and incidents which occurred in the home identified a number which were not appropriately notified to RQIA. An area for improvement was identified.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Carol Gaskin, Senior Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan	
Action required to ensure compliance with The Residential Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 15 February 2026	The Registered Person shall ensure that accidents and incidents are appropriately reported to RQIA. Ref: 3.3.5
	Response by registered person detailing the actions taken:
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 **Ref:** Standard 9.2 **Stated:** First time **To be completed by:** 15 February 2026	The Registered Person shall ensure post fall observations are conducted in line with best practice guidance. Ref: 3.3.2
	Response by registered person detailing the actions taken:

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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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