The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Belmont Cottages

Provider: Apex Housing Association

Date of Inspection: 23 March 2026

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

1.0 Service information

Organisation:	Apex Housing Association
Responsible Individual:	Ms Sheena McCallion
Registered Manager:	Mrs Amanda Ferris – not registered

Service Profile:

Belmont Cottages is a registered residential care home which provides health and social care for up to 16 residents with learning disabilities both over and under 65 years old.

The home comprises four bungalows, which are connected and situated on one site.

There are a range of communal spaces throughout the home and residents have access to an outdoor space.

2.0 Inspection summary

An unannounced inspection took place on 23 March 2026, between 10.20 am and 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 24 June 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review at the next inspection. 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.

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 resident's, 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 appeared relaxed and comfortable in their surroundings and their interactions with staff.

Staff spoken with provided positive feedback about working in the home. Staff said they were supported in their roles and that they had opportunities to speak with the management team and report any concerns if this was required.

3.3 Inspection findings

3.3.1 Staffing arrangements and The Environment

Examination of the duty rota and discussions with staff confirmed there were enough staff on duty to meet the needs of the residents. There was evidence that some days had reduced planned staffing due to short notice absences. The management team provided assurances that contingency arrangements were in place to ensure that there was enough staff on duty to meet the needs of the residents through the use of agency staff. Comments regarding staffing levels at weekends were shared with the management team for review and action as appropriate.

There was evidence of systems in place to ensure assessments were completed and reviewed regularly for all staff in charge of the home, in the absence of the manager.

The home was warm and welcoming, corridors were kept clear and free from obstruction. Resident's bedrooms were clean, neat and tidy and personalised with items important to the resident. There was evidence of some wear and tear to some aspects of the building, for example: paintwork and woodwork. The management team confirmed that plans were in place to address this.

3.3.2 Care Records & Management of Systems

A sample of care records were reviewed with a focus on oral hygiene records. It was evident that residents had care plans in place to reflect oral hygiene needs, however; there was no evidence of oral hygiene assessments completed to direct these care plans. The details of this were shared with the management team and confirmation was provided in writing following the inspection that these were now in place for all residents.

Daily records were not always completed and there was evidence of gaps in the completion of these records; they did not always clearly evidence the support residents received with some aspects of their care needs, for example, personal care or oral hygiene. The details of this were shared with the management team and an area for improvement was identified.

There was evidence of a system in place to record and monitor accidents and incidents that occurred in the home. This system evidenced those persons, organisations and bodies who were notified following any accident or incident taking place in the home.

There was evidence of systems and processes in place to safeguard residents and ensure they feel safe in the home. A safeguarding policy was in place and staff demonstrated a sound understanding of their role when recognising, responding and reporting concerns. Staff said they were confident that any concerns raised with the management team, would be managed appropriately. Staff demonstrated their awareness of whistleblowing policies and accessing the information about this.

There was evidence of safeguarding referrals completed appropriately, however; these records did not always clearly demonstrate the outcomes of the decisions which were made about these referrals. The management team provided assurances all of these had been referred to the appropriate teams. A discussion took place with the management team to ensure the records maintained clearly evidence the decision-making and outcomes. An area for improvement was identified.

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*	4*

* the total number of areas for improvement includes one regulation and two standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Amanda Ferris, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing 2 September 2025	The Registered Person shall ensure the temperature of the medicine storage areas is monitored and recorded each day and corrective action taken if the temperature exceeds 25ºC. Ref: 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 September 2025	The Registered Person shall ensure that residents' written agreements are updated to show the current weekly fee paid by, or on behalf of, residents (including the current amount of the third party contribution if relevant). The written agreements should be signed by the resident, or their representative, and a representative from the home. Where a resident, or their representative is unable to sign or chooses not to sign, this should be recorded in the resident's file. Ref: 2.0 **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 2 **Ref:** Standard 8.7 **Stated:** First time **To be completed by:** 31 August 2025	The Registered Person shall ensure that the residents' inventory of personal possessions is kept up to date with adequate details of the items brought into the residents' rooms. The records should be reconciled at least quarterly and signed by two members of staff. Ref: 2.0

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Standard 8 **Stated:** First time **To be completed by:** 23 March 2026	The Registered Person shall ensure that supplementary documentation is completed accurately and in full. Ref: 3.3.2
	Response by registered person detailing the actions taken: Care records have been reviewed and updated in full to include comprehensive detail around oral hygiene specific to the resident and their identified needs and preferences.
Area for improvement 4 **Ref:** Standard 16.7 **Stated:** First time **To be completed by:** 23 March 2026	The Registered Person shall ensure that safeguarding records evidence the outcomes of the screening decisions and actions taken. Ref: 3.3.2
	Response by registered person detailing the actions taken: There is a safeguarding tracker in place that records the full details of any safeguarding incident, this includes the screening decisions and any identified actions. All records for evidence purposes are retained and filed in the safeguarding file.

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

The Regulation and Quality Improvement Authority

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