

Inspection Report

Name of Service:	Beltany House
Provider:	Western Health and Social Care Trust (WHSCCT)
Date of Inspection:	29 June 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:	Western Health and Social Care Trust (WHSCT)
Responsible Individual:	Mrs Karen Hargan – not registered
Registered Manager:	Mr Sean Greene
Service Profile This is a registered residential care home which provides health and social care for up to three residents who are living with a learning disability. Accommodation is provided on a short term respite basis only. This home is a single storied dwelling and all residents have their own bedroom. Residents also have access to communal and dining areas as well as a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 29 June 2026 from 10.00am to 2pm, 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 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be warm and welcoming. Bedrooms were clean and well maintained.

Residents were observed to be at ease in their environment and in their interactions with staff. Residents were able to move around freely and were supported by staff, to make their own choices and decisions.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Full details including three new areas for improvement, 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.

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

Some residents may have difficulty telling us about their experiences. Residents who had communication difficulties appeared content in their surroundings. Residents were able to make their wishes known and staff understood what residents were trying to communicate. Residents were able to make their own choices in terms of activities, meal provision as well as how to spend their day.

One relative spoken with advised that their loved one is very happy to stay in Beltany House.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the needs of the residents were very important to them and the care was resident focused.

Staff spoken with confirmed that there was good teamwork and staff morale was good. Staff advised that they were well supported in their roles by 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. There was evidence of systems in place to manage staffing.

Review of the staff duty rota identified that the rota did not accurately reflect the staff on duty in the home during the inspection. This was identified as an area for improvement.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty and this was adjusted accordingly. It was noted that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good teamwork and that everyone had a clear understanding of their roles and responsibilities. Staff further confirmed that they felt well supported in their role, and that they were satisfied with the staffing levels.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

Review of the supervision planner confirmed that staff received supervision every six months and an annual appraisal.

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy friendly interactions with the staff. Staff were observed to be chatty and polite to the residents at all times. While some residents may experience communication difficulties these residents were able to make their wishes known to staff who understood them and respected their choices for example; engaging in an activity or not.

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

Staff were knowledgeable of individual specific resident's needs, their daily routine, wishes and preferences and the importance of these. Observations of the staff and residents interactions during the day found staff to be responsive, kind and compassionate.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known.

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.

Discussion with the person in charge provided assurances how the risk of falling and falls were managed within the home.

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

Staff were found to be knowledgeable in relation to residents who required a modified diet and assistance with their meals. Residents were able to request food and drinks as they wished and make choices as to their meals.

The staff confirmed that residents food preferences were considered prior to each admission to the home. Staff wore aprons when serving or assisting with meals and drinks were readily available.

The importance of engaging with residents was well understood by the staff. There was a range of activities provided for the residents. Residents had the opportunity to go to the beach, go out for meals, as well as in house activities and games.

Residents also had opportunities to watch television or engage in their own preferred activities such as puzzles or using their electronic device.

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.

Overall 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.

However following review of one care record it was noted that it contained limited information. Furthermore a second care plan did not accurately reflect the needs of the resident. This was identified as an area for improvement.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. There was evidence of recent redecoration in the home and new flooring was in place. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Corridors were found to be clear and unobstructed and fire doors were fully closing. The most recent fire safety risk assessment was completed on 8 May 2025. There was evidence of email communication to ensure that this assessment was reviewed. Any recommendations made as a result of this assessment were signed off, as actioned by the manager.

Systems and processes were in place to manage infection prevention and control which included 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. Mr Sean Greene is the registered manager of the home.

Staff commented that they could easily raise their concerns with the registered manager.

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 in the home.

The reports of the monthly monitoring visits were reviewed and identified that these were not completed on a monthly basis. This was identified as an area for improvement.

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	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Rebecca Rountree, Person in Charge, 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 Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: As from the date of this inspection (30 June 2026)	The registered person shall ensure that the duty rota accurately reflects the staff on duty in the home at all times. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered person will ensure the duty rota for Beltany House accurately reflects the staff on duty within the facility at all times.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: As from the date of this inspection (30 June 2026)	The Registered Person shall ensure that care plans are in place for all residents and that these accurately reflect the needs of the residents. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered person will ensure care plans are in place and accurately reflect the needs each resident.

Area for improvement 3 Ref: Standard 20.11 Stated: First time To be completed by: As from the date of this inspection (30 June 2026)	The Registered Person shall ensure that the monthly monitoring reports undertaken on behalf of the responsible individual are completed on a monthly basis. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered person shall ensure the completion of monthly monitoring reports on behalf of the responsible individual.

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