The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Arches Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **11 August 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 Gabrielle McDonald
Service Profile: This home is a registered nursing home which provides nursing care for up to 32 patients living with physical disability and/or learning disability. Patients' bedrooms are situated over the ground and first floor and there are a range of communal areas throughout the home.	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2026 from 10 am to 2.40 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 9 September 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 one area for improvement was assessed as having been addressed by the provider. One area for improvement was carried forward until the next medicines management inspection. Full details, including any 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 spoken with said that they were content living in Arches Care Home and told us that the staff were "good" and the food was "nice."

Some patients talked about how they spent their day and said they were able to participate in hobbies such as art, knitting, or watching their favourite movies.

No relatives were available for engagement during the inspection. However, RQIA received a survey response from one relative who expressed that they felt the care and services in Arches Care Home were safe, effective, delivered with compassion, and the service was well led. Comments included, "Arches Care Home is excellent. All the staff are very person and patient centred. My (loved one) is given the best level of care from everyone", "The Arches is like a family rather than a care home to (loved one)", and "I actively recommend this care home to everyone I meet."

Staff spoken with said that they were happy working in the home and that there was good team work. Staff spoke positively about new staff joining the team and how they would help to induct new staff to the role. Staff said that they felt the home was well managed and that they could go to the manager or deputy manager with any concerns.

No staff surveys 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.

Staff duty rotas reflected the staff on duty for every shift and highlighted the nurse in charge of the home in the absence of the manager. Patients said that there was enough staff on duty to help them when they needed anything. Staff said that they were happy with the staffing levels and confirmed that they could meet the needs of patients in a safe and timely 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 met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' 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.

It was observed that 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.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a facility 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.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff assisted patients with mobility where required, or used specialist equipment such as bedrails, or walking aids.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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

The serving of lunch was observed. Staff were well organised and communicated with each other during the safety pause to ensure patients received the correct meal. Staff wore the appropriate personal protective equipment (PPE) and were seen to handle food safely.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

The importance of engaging with patients was well understood by the manager and staff. On the day of the inspection a number of patients were out, either attending day centre or on an outing with the activity coordinator. Other patients were seen to participate in their own interests and hobbies in the home, such as knitting, listening to music, or watching their favourite DVDs.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Activities for patients were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated and on occasion patients, families and staff attended larger events such as parties or visiting entertainers.

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.

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

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and there was a welcoming atmosphere. Patient bedrooms were clean and personalised with items or interest or sentimental value to the patient. It was positive to note that some patients had chosen the décor for their bedrooms which showed their personalities.

Communal areas such as lounges and dining rooms were accessible and suitably furnished. Communal toilets were clean and accessible. It was noted that a few minor repairs were needed in the environment and the manager confirmed that there was an ongoing maintenance plan to address any deficits.

It was noted that the home was limited for storage space, particularly for unused equipment. This was discussed with the manager who provided assurances that this would be escalated to the provider to find alternative storage arrangements. Storage will be reviewed again at the next inspection.

It was observed that a number of substances were not securely stored. For example, aerosol can in an accessible toilet, and laundry detergent and softener in an unlocked cupboard in the patients' kitchenette. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Gabrielle McDonald was appointed manager on 25 March 2024 and was registered with RQIA on 11 December 2024.

Patients knew the manager by name and confirmed that the manager was visible around the home and approachable. It was observed that the manager had an open door policy and patients were seen to come and go from the office.

Staff said that they felt comfortable in approaching the manager or deputy with any concerns and had faith that any issues would be addressed appropriately.

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.

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*	0

*The total number of areas for improvement includes one that has been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Gabrielle McDonald, 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

Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 22 May 2025	The registered person shall ensure that personal medication records are accurately maintained, up to date and obsolete personal medication records are cancelled and archived 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.
Area for improvement 2 **Ref:** Regulation 14 (2) **Stated:** First time **To be completed by:** 11 August 2026	The registered person shall ensure that as far as reasonably practicable, that all areas of the home that patients have access to are free from avoidable hazards. This is with specific reference to Control of Substances Hazardous to Health (COSHH). Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervision on the control of substances hazardous to Health has been completed with all staff. Issues identified as a concern were addressed and this will be under ongoing monitoring by manager and reviewed during monthly Reg 29 visits by senior management.

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

The **Regulation** and **Quality Improvement** Authority

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