The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Beechvale Nursing Home

Provider: Beechvale Nursing Home Limited

Date of Inspection: 8 September 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:	Beechvale Nursing Home Limited
Responsible Individual/Responsible Person:	Mr Richard Porter
Registered Manager:	Mr Filipe Ferreira
Service Profile – This home is a registered nursing home which provides nursing care for up to 52 patients. Patients' bedrooms are located over two floors. Patients have access to a range of communal spaces to include lounges and dining space.	

2.0 Inspection summary

An unannounced inspection took place on 8 September 2026 between 9.30 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.

The inspection established 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.

This inspection resulted in no areas for improvement being identified.

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 who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The staff spoke positively about their work, the support from their manager and colleagues and the training they had been provided with. Staff said they worked very well as a team.

No additional feedback was received from patients, relatives or staff within the allocated timeframe 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.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and 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 and received a handover report with pertinent patient details. Staff were knowledgeable of individual patient's needs, their daily routine wishes and preferences.

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

Staff interactions with patients were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Patients were observed to be well presented in their appearance and dressed in appropriate attire.

Where a patient was at risk of falling, measures to reduce this risk were in place. There was evidence of effective monitoring systems in place to review the number and frequency of falls occurring in the home. These reviews are necessary to establish any patterns or trends that may be emerging or that require adjustments to daily practice, referral to other healthcare professionals or to the environment.

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.

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.

Observation of the lunchtime meal, identified that the atmosphere was calm, relaxed and unhurried. Some patients chose to remain in their bedroom for their meals and this was readily accommodated with support provided in accordance with their assessed need. The menu for the day was available in the home and patients confirmed that they were offered a choice at all meal times.

Staff took time to converse with patients in the dining room and ensure they had a meal that they enjoyed. A selection of condiments and drinks were available and patients comments included, "very nice" and, "lovely".

A review of records and discussion with patients and staff evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience.

The importance of engaging with patients was well understood by the manager and staff. A schedule of activities was on display within the home offering a range of individual and group activities.

The activity coordinator was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in the afternoon singing session. A patient commented how much they enjoyed the singing.
Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff and arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals.

Review of a sample of care records evidenced that there were robust systems in place to ensure care records were person centred, reflected the patients' care needs and the care delivered to them daily. Staff regularly reviewed and updated care records to ensure they continued to meet the patients' needs; and to record their evaluation of the care delivered and/or any actions required.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Beds were neatly made up with clean bedlinen and there was evidence of a good supply of clean bedding and towels. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The management confirmed that there is an ongoing refurbishment plan for the home that is regularly reviewed.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records kept.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Filipe Ferreira has been the manager in this home since 28 February 2025.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

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 management team 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

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

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

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