The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Galgorm Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 14 September 2026

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

1.0 Service information

Registered Provider:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Lisa Anthony
Service Profile – This home is a registered nursing home which provides nursing care for up to 35 patients. Patient bedrooms are located over two floors. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 14 September 2026 from 9.20 am to 3.45 pm by two care inspectors.

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.

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.

It was evident from discussions with patients and relatives that staff promoted patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. 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 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who they described as helpful and friendly. Patients' comments included: "I am very happy here. The staff are all wonderful", "I am getting well looked after. I like the staff and the patients. The food is lovely. I enjoy chatting and reminiscing. The activities are good" and "The home is very much alive. The food is good, they come round every day and offer you a choice. I enjoy the activities, especially the word search."

Relatives and visitors commented positively about the overall provision of care within the home. Comments from relatives included, "It's a great place. The activities keep everyone entertained" and "The staff are very good to my loved one and he is well looked after. We can speak to the staff. His room is immaculate and his clothes are always clean and tidy."

Staff spoken with said that Galgorm Care Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments included, "I love it here. I am so passionate about this home and the people who live and work here. There is great teamwork and great support. We have strong nurses and care assistants who are all reliable and trustworthy", "The team is good and we work well together" and "I enjoy looking after people."

We did not receive any questionnaire responses from patients or their visitors. Two responses were received from the staff online survey. Comments included, "I really enjoy working at Galgorm. It feels like being part of a family rather than simply having a job. We take great pride in the work we do and genuinely care about the residents and their wellbeing.

Teamwork is very important to us. We support and help each other and everyone works together to make sure the residents are always at the centre of everything we do. There is a strong sense of respect, care and commitment among the staff team" and "Galgorm is a welcoming home. I am truly passionate about my workplace and feel fully supported in my job from management and other staff members. Galgorm is like one big family made up of staff, residents and visitors. I enjoy coming to work and could not see myself working anywhere else."

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 systems in place to manage staffing.

Staff said that they were satisfied that the number and skill mix of staff on duty met the needs of the patients. Patients raised no concerns in relation to the staffing arrangements.

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.

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.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. It was observed that patients did not have control over who enters their bedroom as a number of doors to bedrooms did not have a locking system. An area for improvement was identified.

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

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that patients were appropriately supervised in keeping with their assessed needs.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

Management and staff understood the importance of engaging with patients. Patients were encouraged to participate in their own activities such as watching TV, listening to music, reading or chatting to staff and visitors. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as one to one activities, autumn crafts, pamper time, baking, crosswords, word searches and family time. Patients were observed watching TV, reading, listening to music and making a scarecrow for a competition at a local fair.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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.

Review of a selection of care records evidenced that care plans were in place to meet patients assessed needs in a timely manner. Nursing staff recorded regular daily evaluations about the delivery of care.

Some supplementary care records such as hourly checks, food and fluid intake, personal care and repositioning charts were not completed contemporaneously. Gaps in record keeping were also identified in the recording of nutritional supplements. An area for improvement was identified.

Information relating to patient care and treatment was observed to be accessible in an unlocked staff room and the foyer of the home. This was discussed with the regional manager who agreed to review the current arrangements.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were warm and comfortable. For example, patients' bedrooms were personalised with items important to them.

Fire safety measures were in place to protect patients, visitors and staff in the home.

Systems and processes were in place to manage infection prevention and control (IPC) practices. However, staff were using vinyl gloves which is unsafe for staff as the use of vinyl gloves is not indicated for use in healthcare. A small number of shortfalls in individual staff practice with IPC practices were also observed, this was discussed with the regional manager who agreed to have the gloves removed and ask the manager to monitor staff practice through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Lisa Anthony has been the manager since 16 January 2015.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Vasco Alves, Regional Support 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 Care Standards for Nursing Homes (December 2022)

Area for improvement 1 **Ref**: Standard 6.6 **Stated:** First time **To be completed by** 14 December 2026	The registered person shall ensure that patients have control over who goes into their bedroom, toilet and shower room. These areas should have a locking system that the patient can lock, but may be opened by staff in emergencies. Ref: 3.3.2
	Response by registered person detailing the actions taken:
Area for improvement 2 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 14 September 2026	The registered person shall review the current system in place to ensure that supplementary care records are accurately maintained and completed contemporaneously. Ref: 3.3.3
	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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