The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Beeches Small Group Home

Provider: The Beeches Professional & Therapeutic Group

Date of Inspection: 16 October 2025

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:	The Beeches Professional & Therapeutic Group
Responsible Individual:	Mr James Wilson
Registered Manager:	Miss Lianne Montgomery

Service Profile –

The Beeches Small Group Homes are situated in Ballynahinch. This is a supported living type domiciliary care agency which provides care and support to service users. Service users live in two adjacent bungalows; they have individual bedrooms and a range of shared areas.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of developing skills and promoting independence.

2.0 Inspection summary

An announced inspection took place on 16 October between 9.55 am and 1.15 pm.
A care inspector conducted the inspection.

The last care inspection of the service took place on 24 June 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Service user involvement, Restrictive practices and Dysphagia management.

Good practice was identified in relation to service user involvement and the efforts staff had made to ensure service users were supported to make their homes comfortable and pleasant to live in. There were good governance and management arrangements in place.
No areas for improvement were identified.

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

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 service 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 supported living service. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting the service; and review a sample of records to evidence how the service is performing in relation to the regulations and standards.

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Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included User Friendly questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life.

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.

We spoke to a range of service users, relatives and staff to seek their views of living within, visiting and working within The Beeches Small Group Homes.

Service users said that they were happy living in the agency and commended the support provided by staff. They described the service as 'nice, peaceful and friendly'
One relative told us that all the staff are providing the best quality of life. They also commented that they had no complaints. Information shared with the inspector by a relative and a service user was discussed with the manager who agreed to investigate matters with those who raised them.

A South Eastern Health and Social Care Trust professional described the communication with the agency as 'excellent' and went on to state that family comments at reviews are very positive. This professional described staff within the service as knowing the services users really well and appear happy at work. Staff within the service said it is a lovely place to work.

3.3 Inspection findings

3.3.1 What systems are in place for staff recruitment and staffing?

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 service users. There was evidence of robust systems in place to manage staffing.
There were good systems in place to manage staffing. There were enough staff on duty to support service users. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels. Staff were seen assisting service users in a caring and compassionate manner.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. A robust, structured induction programme also included shadowing of a more experienced staff member. The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. All staff received regular supervision.

3.3.2 Care Delivery and Care records.

Service users care records were held confidentially. Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed, and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. Service users were provided with easy read materials, which supported them to fully participate in all aspects of their care.

Where service users required support with domestic tasks, the level of support required was included in their support plan. Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users. Where service users required assistance in managing their food stocks, the staff assisted by undertaking daily food checks. The manager discussed menu

planning and meal preparation and described how service users are supported to shop for food and assist if possible to prepare meals. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

It was also good to note that the agency had service users' meetings on a regular basis, which enabled the service users to discuss the provisions of their care. Some matters discussed included fire safety, activities and transport.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team (MDT) and these interventions were proactive, timely and appropriate.

3.3.3 What are the arrangements to ensure robust managerial oversight and governance?

There has been no change in the management of the agency since the last inspection. Miss Lianne Montgomery has been the manager in this agency since 25 June 2019. Staff told us that they felt very much supported by senior staff within the agency. The inspector advised that the registered manager's presence in the agency be recorded for future reference and this matter will be reviewed at a future inspection.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, and staff and Trust representatives. The reports included details of a review of service user care records; accident/incidents and safeguarding matters.

The Annual Quality Report was reviewed and was satisfactory.
No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC. The annual safeguarding position report had been completed.

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 Miss Lianne Montgomery.

The Regulation and Quality Improvement Authority

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