

# Inspection Report

**Name of Service:** Manor View Care Home

**Provider:** Beaumont Care Homes Limited

**Date of Inspection:** 18 & 19 August 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Beaumont Care Homes Limited
<b>Responsible Individual:</b>	Mrs Ruth Burrows
<b>Registered Manager:</b>	Ms Fiona Wiederkehr

This home is a registered nursing home which provides general nursing care for up to 92 patients, including patients living with dementia or a terminal illness. Manor View care Home also provides care for patients living with a physical disability other than sensory impairment and patients with a learning disability over and under the age of 65 years.

The home is divided into four units; Rathmore Suite; Brunswick Suite; Hamilton Suite and Bloomfield Suite.

This number includes:

30 patients in categories NH-I, NH-PH, NH-PH(E) and NH-TI to be accommodated in Rathmore Suite

30 patients in categories NH - DE to be accommodated in Brunswick Suite

15 patients in categories NH-DE to be accommodated in Hamilton Suite

17 patients in categories NH-LD and NH –LD(E) to be accommodated in Bloomfield Suite

Patients have access to various communal spaces including lounges and gardens.

## 2.0 Inspection summary

An unannounced inspection took place on 18 August 2025 from 09.40 am to 5.20 pm and 19 August 2025 from 09.55 am to 5.15 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 11 & 12 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, the provision of activities and the patient dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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, four areas for improvement were assessed as having been addressed by the provider; two areas for improvement have been stated for a second time and two new areas for improvement were identified. Details 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of attending activities or not; where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "I'm well looked after. The staff are plausible and I have my favourite who is lovely and makes me laugh. I have no issues at all but if I had, I'm confident any concerns would be addressed," and, "I was in hospital and it was my choice to come here. The staff are attentive. I have no main concerns but sometimes it takes them time to get to me in the mornings when it's busy. I know I can discuss this with the manager or the deputy manager if I wish to".

Patients' relatives spoken with said, "The staff are great and we have no issues at all. Communication is good. Mum had an infection lately and we were kept well informed," and, "I visit daily and Mum's well cared for. Communication is good. If there is anything at all, they phone us and let us know. The manager, deputy manager and staff are approachable and I know that if I had any issues they would be sorted out promptly".

Staff confirmed that there were good working relationships; there was enough staff on duty to meet patients' needs; that the manager was approachable and they felt supported in their role.

A visiting professional said, "I visit every two months and I think that staff in the unit are amazing as they are really good with the patients".

Following the inspection, we received one completed patients' representative questionnaire indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

### 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 and recruitment was underway.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and 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.

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

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room in Bloomfield Suite. The menu was displayed on the notice board, outlining what was available at each mealtime for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was noted that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on notice boards advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as playing board games, reminiscence therapy and arts and crafts. On the first day of inspection, we observed and spoke with patients who told us they enjoyed watching a film in the cinema room and on both days of inspection we saw small groups of patients completing jigsaws and using sensory audio cards with staff.

### 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.

On inspection of two units it was observed that cupboards containing patient records and information was unlocked and easily accessed. The management of records in accordance with legislative requirements and best practice guidance was discussed with the nurses on duty who ensured cupboards were locked immediately. An area for improvement was identified for a second time.

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 well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

On review of the home's environment, inappropriate storage of items and equipment was observed in identified bathrooms. An area for improvement was identified for a second time.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked. However, the café in an identified unit was noted to be unlocked and unattended. A cupboard containing a tin of agent used to thicken fluids for patients who have been assessed to have a modified diet was unlocked. This was discussed with the nurse on duty who locked the door immediately. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

### 3.3.5 Quality of Management Systems

Since the last inspection there has been a change in the management arrangements. Mrs Clair O'Connor, Peripatetic Manager, commenced the role of acting manager on 12 May 2025, in the absence of the registered manager. RQIA were notified appropriately. Ms Julieann Hugill, Deputy Manager, was the person in charge of the home on both days of inspection, as the manager was not on duty.

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty.

Whilst the staff duty rota accurately reflected the staff working in the home on a daily basis, records did not consistently identify the person in charge of the home when the manager was not on duty. An area for improvement was identified.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. 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 the quality of services provided by the home.

Patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Patient and staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Julieann Hugill, Deputy Manager and Ms Kerrie Wallace, Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed:</b> From the date of inspection 18 &amp; 19 August 2025</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.</p> <p>Ref: 2.0 &amp; 3.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Nurses offices that were identified as open on the day of inspection were locked immediately. Supervision sessions are in progress with RN staff to ensure they understand the importance of ensuring these doors are closed. Signage is clear on all doors to advise staff to lock when not in use and compliance is checked by the Home Manager during walkabout audits. This area of improvement will also be monitored by the Operations Manager during the monthly Regulation 29 visits..</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection 18 &amp; 19 August 2025</p>	<p>The registered person shall ensure that items and equipment is appropriately stored within the home; this relates to inappropriate storage within identified communal bathrooms, in order to adhere to best IPC practice and to minimise the risk of infection.</p> <p>The manager should ensure bathrooms are monitored to ensure that they remain clutter free.</p> <p>Ref: 2.0 &amp; 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Items identified by the inspector on the day of inspection were removed immediately. Supervision with all staff is in progress to address this issue Bathrooms will be checked as part of the walkabout audits completed by the Home Manager. This area of improvement will also be monitored by the Operations Manager during the monthly Regulation 29 visits.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that prescribed medicines are stored securely.</p> <p>This relates specifically to the safe storage of thickening agents.</p>

<p><b>To be completed by:</b> From the date of inspection 18 &amp; 19 August 2025</p>	<p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The items identified on the day of inspection were removed and stored securely. Supervision sessions are in progress with RN staff in relation to ensuring that thickening agents are stored securely at all times. Compliance will be checked by the Home Manager during walkabout audits. This area of improvement will also be monitored by the Operations Manager during the monthly Regulation 29 visits.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection 18 &amp; 19 August 2025</p>	<p>The registered person shall ensure that the person in charge of the home in the manager’s absence is clearly identified.</p> <p>Ref: 3.3.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Duty rotas have always indicated nurse in charge of each unit. Once highlighted on the day of inspection, a new document was put in place in each duty rota file to indicate the nurse in charge of the entire building. This is updated week on week and available for staff reference. This area of improvement will also be monitored by the Operations Manager during the monthly Regulation 29 visits.</p>

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



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