

# Inspection Report

**Name of Service:** Parkview Care Home

**Provider:** Beaumont Care Homes Limited

**Date of Inspection:** 2 and 3 June 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>	Mr Mauro Magbitang Jr – not registered
<p><b>Service Profile</b> – This home is a registered Nursing Home which provides nursing care for up to 70 persons. The home is divided in four units over two floors. The two units on the ground floor are Carrickfergus which provides nursing care for people with delirium and Strathearn which provides nursing care for patients living with dementia. The two units on the first floor are Windsor and Cambridge which both provide general nursing care. Patients have access to communal lounges, dining rooms and a garden area.</p>	

An unannounced inspection took place on 2 June 2025 from 09:30 am to 5.00 pm and 3 June 2025 from 9.30am to 5.30pm. The inspection was carried out by a care inspector.

A Notice of Decision came into effect on 16 May 2025 to impose the following conditions on the home's registration:

1. The registered person shall ensure that the necessary improvements are made to achieve compliance with the actions stated within the Failure to Comply Notices (FTC000228 (E) and FTC000229 (E)) first issued on 5 November 2024.
2. The registered person must ensure that a copy of the monthly reports, completed in accordance with Regulation 29, is shared with RQIA within five working days of the visit having been completed.

The Responsible Individual requested that RQIA undertake an inspection with a view to removing these conditions. RQIA considered this request and scheduled an unannounced care inspection to assess progress with all areas for improvement identified in the home since the last care inspection and to assess compliance with the actions required within the Failure to Comply (FTC) notices (FTC Ref: FTC000228(E) and FTC000229(E)) issued on 5 November 2024 under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 10 (1) relating to the management and governance arrangements; and Regulation 16 (1) relating to the patients plan.

Following the inspection RQIA were satisfied that sufficient improvement had been made to comply with the conditions, as stated, and the conditions were removed from the registration of Parkview Care Home.

Two areas for improvement identified at the previous inspection were assessed as met and new areas for improvement identified can be found in the quality improvement plan in section 4.0 of this 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 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 patient's, 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**

Those patients who were able to express their opinion of life in the home spoke in positive terms; they said the food was good, there was enough to do and the staff were helpful and friendly. One patient told us "the staff are very good to me."

Patients who were less able to communicate their views and opinions were seen to be content and settled in the environment and also in their interactions with staff.

Staff told us they enjoyed working in Parkview and one staff member told us "I love my job; we all work together as a team." Staff were complimentary in regard to the support they received from the current manager and spoke of how much they enjoyed working with the patients.

No patient/relative questionnaires were returned within the specified timescale. No feedback was received from the staff online survey within the timeframe for inclusion in this report.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction. A review of training records evidenced that staff had up to date mandatory training such as manual handling and deprivation of liberty training.

Review of records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The duty rotas reflected the staff working in the home over a 24-hour period. Staff absences were recorded on the rota and the person in charge in the absence of the manager was clearly highlighted.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff were aware of their patients' needs.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

#### 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 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 seen to communicate well with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were observed speaking to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

It was observed that two patients, following receipt of personal care, had not had their mouth care attended to and a number of patients tooth brushes were noted to be unused and others were unclean. The provision of mouth care was discussed with the manager and an area for improvement was identified.

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. A delay in the service of breakfast was observed for the patients in the Carrickfergus unit. This was discussed with the manager and an area for improvement was identified.

The lunch time meal service was well organised, the meal was appetising and patients told us they enjoyed it.

Menus boards were displayed in the units however, there were no alternative menu formats available for patients. This was discussed with the manager who agreed to address this. This will be reviewed again at a future inspection.

Activity schedules were developed by the home's activity staff member and were available to view. Patients were observed taking part in a musical activity in the Windsor unit. Some patients told us that they were offered activity but preferred to watch television in their own rooms.

### 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.

The care records examined well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

Records maintained in relation to food and fluid intake and repositioning were well maintained and were reviewed by nursing staff regularly.

### 3.3.4 Quality and Management of Patients' Environment Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, communal areas such as lounges and dining areas. Patients' bedrooms were personalised with items of importance to each patient. The home was maintained clean and tidy.

A floor to a patient's bedroom was observed to be wet with no warning sign in place. This was discussed with the domestic staff who addressed this immediately and further discussed with the deputy manager who agreed to monitor this going forward.

A fire door in the laundry was observed to be propped open therefore impeding closure in the event of a fire. This was addressed immediately by the deputy manager. An area for improvement was identified. Corridors and were clear of obstruction.

Staff were observed to adhere to best practice guidance for hand hygiene and the use of personal protective equipment (PPE).

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Mauro Magbitang Jr has been the manager in this home since 2 December 2024.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There were visits to the home by the senior managers to review the homes governance systems and support the manager.

**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
<b>Total number of Areas for Improvement</b>	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mauro Magbitang, 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 June 2025</p>	<p>The registered person shall review the staffing arrangements in the home to include the levels of staff on duty; the deployment of staff and the working practices to ensure that the needs of patients are met. This is in particular reference to the morning routines and serving of breakfasts.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staffing levels are carefully monitored to ensure that the number of staff members corresponds appropriately with the resident numbers in each unit. Off Duty will reflect the number of staff on shift per day. Additionally, the morning routine, particularly breakfast service, is overseen by morning meal time champion and Nurse in charge to guarantee that all residents receive their meals promptly between 09:00 and 10:00. As part of the Provider visits conducted, staffing arrangements and working practices to ensure that residents needs are met, in particular during morning routines and serving of breakfasts, will be monitored.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 June 2025</p>	<p>The registered person shall ensure that the propping open of the fire door in the laundry ceases.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> During the inspection, when highlighted, the fire door was immediately closed. Supervision was then completed that day with the member of staff on duty. Supervision was also completed in June 2025 regarding the main duties and responsibilities of the laundry and domestic staff. All staff members are required to complete health and safety welfare training – On the 24th July 2025 the training compliance is at 100%. A visual prompt was affixed to the door as a reminder for staff to keep the fire door closed at all times. Compliance with this area of improvement will be monitored through the completion of the Walk about Audit by the Parkview Management Team. This will be further monitored during the completion of the monthly Regulation 29 Report.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 June 2025</p>	<p>The registered person shall ensure patients oral care is attended to and toothbrushes are cleaned after use.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Each resident has an individualised risk assessment and care plan in place relating to their oral care needs. Both the care plan and risk assessments are reviewed on a monthly basis or sooner if care changes. This process is overseen through a Care Plan Audit completed by the Parkview Management Team to ensure compliance and quality of care.</p> <p>Following the completion of prescribed personal care, which includes oral care, staff complete the Daily Care Records. These records will be monitored through the Governance Walkabout and as part of the Regulation 29 visit</p>

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



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