

Inspection Report

Name of Service: Balmoral View Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 8 May 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:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Debby Gibson
Service Profile – This home is a registered nursing home which provides nursing care for up to 39 patients within the categories of dementia, elderly, physical disability, mental health and terminal illness. Patients bedrooms are located over two floors. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 8 May 2025, between 9.30 am and 5.00 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 16 April 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 and care delivery. 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.

As a result of this inspection, two areas for improvement were assessed as having been addressed by the provider and three areas for improvement pertaining to medicines management have been carried forward for review at a future inspection. 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 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.

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.

Discussions with staff in general confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork and managerial support; where comments were made these were shared with the manager for review and action as appropriate.

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires within the allocated timeframe.

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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Bespoke care arrangements were in place for a number of patients and staff were observed supporting patients with their assessed care needs. Patients who required bespoke care had individualised care plans in place and staff spoken with were knowledgeable about the patient's assessed needs.

Staff told us that the patients' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

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 skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

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.

The risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience. It was noted that staff were aware that some patients required their meal in an area of their choice, for example their own bedroom, this was readily accommodated, however, it was observed that some plates of food were not covered during transfer. This was discussed with the management who provided assurance that this would be immediately reviewed and actioned as appropriate; this will be reviewed at a future inspection.

Discussion with patients and staff evidenced that arrangements were in place to meet patients social, religious and spiritual needs within the home. The programme of activities was displayed on a notice board advising patients of forthcoming events. Discussion with staff confirmed that a programme of activities was ongoing and reviewed on a regular basis. Patients were observed attending a music session, one patient commented how much they loved the music.

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. Patients care records were held confidentially.

Care records were person centred and regularly reviewed to ensure they continued to meet the patients' needs.

3.3.4 Quality and Management of Patients' Environment Control

The home was tidy and welcoming and there was evidence of ongoing refurbishment to include redecoration of communal space; one of the day rooms was noted to be temporarily closed whilst it was being refurbished; patients had access to other communal space. A review of records and discussion with the manager confirmed that a refurbishment plan was in place and ongoing.

Fire safety measures were in place to ensure corridors and fire exits were maintained free of clutter and obstruction. A fire risk assessment had been completed on 21 January 2025; limited evidence was available to confirm if some actions on the action plan had been completed in a timely manner. This was discussed with the management for immediate review and action as appropriate; an area for improvement was identified.

A review of a sample of wall mounted thermometers in areas accessed by patients, evidenced varying degrees of temperatures; a sample of areas were notably warmer in comparison to other areas within the home. Discussion with staff confirmed that the temperature levels were prone to fluctuation which caused some areas to feel quite warm. A discussion with staff identified that not all applicable rooms had access to a wall mounted thermometer and review of a sample of thermometers evidenced temperatures ranging from 25 to 28 degree Celsius. This was discussed with the management for review and action as appropriate in conjunction with the relevant care standard; an area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use 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.

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 robust system for reviewing the quality of care, other services and staff practices was in place.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home.

There was a system in place to manage complaints. Discussion with the manager confirmed that complaints were seen as an opportunity for the team to learn and improve, 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 Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	2

* the total number of areas for improvement includes three which are carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection (4 April 2023)	The registered person shall ensure that personal medication records are accurate with the most up to date prescribed medication and that obsolete records are cancelled and archived. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection (4 April 2023)	The registered person shall ensure that medicines are prepared immediately prior to administration for each patient and the record of administration signed immediately after. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection (4 April 2023)	The registered person shall ensure that written confirmation of all new patients' medicines is obtained from the prescriber at or prior to admission to the home and that medicine records are accurately completed. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 29.1 Stated: First time	The registered person shall ensure the actions identified on the fire risk assessment are completed within the identified timeframes as outlined by the fire risk assessor, with records retained. Ref: 3.3.4

<p>To be completed by: 8 May 2025</p>	<p>Response by registered person detailing the actions taken: There were 2 actions on FRA remaining to be completed; 1.The fire officer completing the assessment has been contacted and confirms the fire system is fully operational. A new face plate for the fire panel is currently being sourced and all staff are aware of how to operate the panel. 2. The fire officer completing the assessment has updated the FRA regarding the sliding door in Suffolk Suite, sliding door will remain due to health and safety risks in providing an alternative door which will obstruct evacuation within the corridor limiting evacuation times and for day to day use by residents. The Fire Risk Assessment has been updated to reflect this.</p>
<p>Area for improvement 2 Ref: Standard E11 Stated: First time To be completed by: 8 May 2025</p>	<p>The registered person shall ensure the heating system can be controlled within safe limits for the residents' comfort in areas accessed and used by them and is able to provide a range of temperatures throughout the home.</p> <p>Each room accessed or used by residents has a wall-mounted thermometer.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: There were 2 actions on FRA remaining to be completed; 1.The fire officer completing the assessment has been contacted and confirms the fire system is fully operational. A new face plate for the fire panel is currently being sourced and all staff are aware of how to operate the panel. 2. The fire officer completing the assessment has updated the FRA regarding the sliding door in Suffolk Suite, sliding door will remain due to health and safety risks in providing an alternative door which will obstruct evacuation within the corridor limiting evacuation times and for day to day use by residents. The Fire Risk Assessment has been updated to reflect this.</p> <p>The issue surrounding the control of the heating system is currently being investigated by the Heating Contractor.</p> <p>New wall mounted thermometers have been purchased and are now in place in each room within the Home to enable staff to monitor the temperature when required.</p> <p>Compliance will be monitored as part of the Regulation 29 audit carried out by the Operations Manager</p>

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