

Inspection Report

Name of Service:	Clareview House
Provider:	Hutchinson Homes Limited
Date of Inspection:	6 August 2025

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

1.0 Service information

Organisation:	Hutchinson Homes Limited
Responsible Individual:	Ms Naomi Carey
Registered Manager:	Mrs Sharon Bell
Service Profile – This home is a registered nursing home which provides nursing care for up to 35 patients. The home is divided in two units over two floors. The ground floor and first floor provide general nursing care and there is a five bedroom unit on the ground floor which provides care for people living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 6 August 2025, from 9.30 am to 5.45 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 inspection on 14 November 2024; 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.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained.

The inspection found that effective and compassionate care was delivered to patients and that the home was well led.

As a result of this inspection eleven areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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. 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 who were able to share their opinions on life in the home said they were well looked after. Patients' comments included; "I am very happy here", "The staff are very good", "The food is very good", "I love the food", "They (the staff) look after us well" and "I have no issues or complaints".

Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

Staff spoken with said that Clareview House was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the manager was approachable and they enjoyed working in the home.

A relative spoken with told us "the staff are very good".

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey 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 robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, review of the duty rota evidenced the use of correction fluid and a number of alterations had been made to the duty rota which were observed not made in line with best practice guidance. An area for improvement was identified.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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

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 knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

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.

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. A review of repositioning records evidenced that some patients were not repositioned as prescribed in their care plans. An area for improvement was stated for a second time.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

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 and their diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising. The dining experience was an opportunity for the patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients' comments regarding the food were; "The food is very good" and "I love the food".

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. A range of activities is provided for the patients, these included social, community, cultural, religious, spiritual and creative events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

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.

Patients care records were held confidentially.

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.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Despite some repair work to an identified lounge wall, continued concerns were identified with other walls in this lounge where paint was observed cracked and flaking away. An area for improvement was stated for a second time.

A significant number of windows throughout the home were observed open wide, on further examination it was identified that a number of the windows were not fitted with a window restrictor or had a window restrictor in place which is noncompliant with the health and safety executive guidance. This was escalated immediately to the home manager for her attention and an area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Sharon Bell has been the registered manager in this home since 8 November 2010.

Staff commented positively about the manager and described her 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. 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/or the quality of services provided by the home.

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	1	6*

*The total number of areas for improvement includes two that have been stated for a second time and three, which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Bell, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (a) Stated: First time	The registered person shall ensure that all window openings are controlled to a safe point of opening of no more than 100 mm and cannot be overridden by patients. Ref: 3.3.4
To be completed by: 13 August 2025	Response by registered person detailing the actions taken: The process to replace the window restrictors has commenced, and will be kept under regular review until completed

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 7 August 2025</p>	<p>The registered person shall ensure patients are repositioned as directed by their care plan and a contemporaneous record is maintained.</p> <p>Ref: 2.0 and 3.3.2</p> <p>Response by registered person detailing the actions taken: A review of repositioning frequency has been carried out on all residents, care plans updated accordingly, and records audited on a regular basis to ensure compliance</p>
<p>Area for improvement 2</p> <p>Ref: Standard 43</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2025</p>	<p>The registered person shall ensure the wall in the identified lounge and the malodour in the identified bedroom are addressed.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: The bedroom in question has been redecorated and the inspector is happy that this area has been addressed. In relation to the work in the lounge area, a plan is in place for the work that needs to be completed and temporary covering has been applied to the wall in the mean time. This will be reviewed on a monthly basis until completed</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2025</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Staff has been reminded not to use correction fluid on staff rota</p>
<p>Area for improvement 4</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2024</p>	<p>The registered person shall ensure that personal medication records are signed and verified as accurate by two trained members of staff when written and updated.</p> <p>Ref: 2.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2024</p>	<p>The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines to manage chronic pain.</p> <p>Ref: 2.0</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2024</p>	<p>The registered person shall ensure that written confirmation of medicines is obtained from the prescriber at or prior to admission for all new admissions to the home</p> <p>Ref: 2.0</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

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