The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Parkview Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **11 March 2026**

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 – not registered

Service Profile –
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 and Windsor and Cambridge which both provide general nursing care. Patients have access to communal lounges, dining rooms and a garden area.

2.0 Inspection summary

An unannounced inspection took place on 11 March 2026 from 9.35am to 4.00pm 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 care inspection on 2 and 3 June 2025.

As a result of this inspection all areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Three new areas for improvement were identified in relation to staffing arrangements, the laundry environment and with the supply of linen. Full details, including the 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.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

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 told us that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "I love it here; wouldn't want to be anywhere else," and, "I am very happy with the care here; the staff are very good". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Relatives also told us that they were happy with the care provision. One said, "There is excellent care; it's ideal. The staff are brilliant". Another commented, "We are very happy with the care; staff are very welcoming. They are lovely and are always checking on (name)".

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so.

There were no responses from the staff online survey and we received no questionnaire responses from patients or their visitors.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Staff completed a suite of topics for mandatory training. This included infection control, health and safety, control of substances hazardous to health and fire safety. There was a robust system in place to ensure that staff were compliant with training requirements.

Discussion with staff and review of the duty rota raised a concern in relation to the staffing arrangements particularly on the first floor night duty. Concerns were raised in relation to the staffing level, workload and staff remaining past working hours to complete duties. This was discussed with the manager and identified as an area for improvement. Morning routines had been reviewed and ran smoothly on the day of inspection. An area for improvement in this regard has now been met.

Staff felt that the teamwork in the home was good and that they communicated well with one another. Staff felt that they were supported well by the management team and felt confident that the manager would deal with any concerns regarding patient care that they may raise. Staff meetings were held regularly to aid in communication in the home and minutes of these meetings were available to read; especially for staff unable to attend the meeting.

Patients spoke positively on the care that they received and of the staff who delivered the care. They raised no concerns on the staffing arrangements.

3.3.2 Record keeping

A registered nurse assessed patients' needs at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the patients' needs. Risk assessments and care plans were reviewed regularly to ensure that they remained up to date. Care records were stored securely.

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. Pressure management risk assessments were completed monthly to monitor risk of skin breakdown. Records of repositioning had been recorded well in accordance with patients' care plans. They were time specific and evidenced skin checks at the time of repositioning.

Oral care assessments were in place and care plans directed staff how to meet oral care needs. Staff were aware of the actions to take should patients refuse to have oral hygiene needs met. This included recording any refusals.

Some patients were lawfully deprived of their liberty in the home; not allowed to leave independently and under continuous supervision. Rationale for the enhanced care was recorded and detailed care plans were developed on how to meet the patient's individual needs in this aspect of care.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

3.3.3 The Environment

The home was warm, comfortable and visibly clean. There were no malodours in the home. Bedrooms were personalised with patients' own belongings. We did not identify any inappropriate storage of equipment in patients' bedrooms. Doors leading to rooms containing hazards were locked.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Staff identified a shortage of linen as a concern especially in the morning. Several beds had been made up on the morning of inspection without an under sheet for patients to lie on. We also identified that one of the washing machines in the laundry was out of order. This was discussed with the manager who confirmed that they had purchased additional linen. Staff were unaware of this. An area for improvement was made to ensure that there was an adequate supply of linen in the home with overstock as required and a system in place to make sure that this is maintained on a daily basis.

The laundry system was reviewed. Several bags of unwashed laundry were on the floor awaiting to be laundered. The laundry assistant described in the morning where they had to climb over bags of unwashed laundry in order to reach the washing machine. This was discussed with the manager and an area for improvement was identified to ensure that a safe working environment in the laundry was maintained at all times.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices and had management oversight. Personal protective equipment was readily available throughout the home. Staff were bare below the elbow to allow for effective hand hygiene. The equipment in use was clean.

3.3.4 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Debbie Gibson has been managing the home since 19 January 2026. An application to register with RQIA as manager has been received and is in progress. Staff and patients spoke positively about the manager describing her as approachable. The manager was supported by a deputy manager.

As an internal governance strategy, a suite of audits was completed weekly/monthly to monitor the quality of care, staff practices and the environment. The manager had oversight of the

audits evidenced with their signature on audit records. The manager and deputy manager were reviewing the auditing process to make it more effective.

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	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Debby Gibson, Manager and Mr Christian Burduja, Deputy 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 20 (1) (a) **Stated:** First time **To be completed by:** 11 April 2026	The registered person shall review the night duty 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 at all times. Ref: 3.3.1
	Response by registered person detailing the actions taken: The dependency levels for the nursing unit have been reviewed and staffing is currently appropriate to meet the residents care needs, this will be monitored by Registered Manager. Staffing levels are carefully monitored to ensure that the numbers of staff correspond appropriately with the resident numbers in each unit. Rosters will reflect the number of staff on shift for day and night duty. Staffing arrangements will also be monitored during Reg 29 visits by Operations Manager to ensure that residents needs are met.
Area for improvement 2 **Ref:** Regulation 18 (2) (c) **Stated:** First time **To be completed by:** With immediate effect (11 March 2026)	The registered person shall review the provision of linen to make sure that there are adequate stocks maintained in the home and staff are aware where to locate it. Ref: 3.3.3
	Response by registered person detailing the actions taken: Linen has been individualised to each unit for ease of auditing and a recent bulk purchase of linen has been acquired to ensure

	sufficient stock is in place. An inventory of linen for each unit has been developed and this is being managed by the Housekeeper who will in turn liaise with Home Manager.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 47 Criteria (3) **Stated:** First time **To be completed by:** With immediate effect (11 March 2026)	The registered person shall review working practices in the laundry to make sure that staff have a safe working environment. Ref: 3.3.3
	Response by registered person detailing the actions taken: The laundry working hours will be reviewed and extended to ensure all laundry is completed in a timely manner in the event of any future equipment failure. This in turn will help to ensure safe working practices and a safe working environment. The Registered Manager will liaise with Operations Manager in the event of any equipment failure to discuss and agree amendments to working hours if required.

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

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