The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Greerville Manor Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 24 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 Jocelyn Cruz Cristobal
Service Profile: Greerville Manor Care Home is a nursing home which is registered to provide nursing care for up to 60 patients. The home is divided in three units; the Dixon Unit provides care for patients with dementia, the Belvoir Unit provides care for patients with alcohol related brain injury and the Millbrook Unit provides care for patients with a mental health disorder. Within each unit patients have access to communal lounges, dining rooms and a courtyard garden.	

2.0 Inspection summary

An unannounced inspection took place on 24 March 2026 from 9.45am to 3.45pm 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 19 December 2025.

As a result of this inspection eight areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Two medicines management areas were carried forward for review at the next inspection and one new area for improvement was identified in relation to oxygen storage. Full details, including the new area 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, "The staff are very nice. We can do what we want here; make our own decisions and have choices", and, "I am very happy here; the staff are fine and the food is good". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 dementia awareness and management of behaviours that challenge. There was a robust system in place to ensure that staff were compliant with training requirements.

All staff were satisfied that the staffing levels and skill mix in each unit met the needs of the patients. 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.

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 and Care Delivery

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. Admission records were completed in a timely manner. Risk assessments and care plans were reviewed regularly to ensure that they remained up to date. Care records were stored securely and not accessible to unauthorised persons.

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.

Patients spoke positively on the food provision in the home. Visual aids were in use to help patients, especially those with a dementia, to make meal choices. The food served appeared appetising and nutritious. There was a good variety of meals on the menu.

Insulin pens in use were labelled correctly with the patients' details and date of opening. An area for improvement in this regard has now been met.

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. A record of all visitors to the home was maintained.

Doors leading to rooms containing hazards were locked. Unattended chemicals were not accessible to patients. However, we did identify oxygen cylinders freestanding within three areas in the home. This could cause harm to patients or staff should one fall on them. An area for improvement was identified.

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.

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 including the domestic cleaning trolleys used to clean the home.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Jocelyn Cruz Cristobal has been the registered manager of the home since 20 November 2020. 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 completed regular walkarounds the home to monitor the service provision and environment. It was good to note that previous areas for improvement, identified by RQIA, were monitored to ensure that improvements made had been sustained.

A regional manager completed monthly monitoring visits to the home. Reports of these visits were accessible and included action plans for any deficits identified and a review of the previous action plans to ensure that identified deficits had been addressed. The visits also included a review of progress with any RQIA Quality Improvement Plans.

A system was in place to ensure that any complaints received in the home were managed and responded to in a timely manner. The complaint's records were detailed.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	3*

*The total number of areas for improvement includes two which have been carried over for review at the next inspection.

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Joycelyn Cristobal, 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 19 December 2025	The registered person shall review the management of thickening agents, to ensure that records of prescribing and administration are accurately maintained and the recommended consistency level recorded. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 19 December 2025	The registered person shall ensure that accurate records of receipt are maintained in the controlled drug record book. Ref: 2.0
	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.

Area for improvement 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** With immediate effect (24 March 2026)	The registered person shall ensure that oxygen cylinders in the home are stored safely and securely. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Person will ensure that all oxygen cylinders are managed safely and securely and in line with best practice. Manager Walk About Audits are being completed to ensure robust systems and oversight of oxygen storage areas are maintained in keeping with regulatory compliance, to protect the safety and well-being of all individual. Storage of oxygen cylinders will be monitored as part of the regulation 29 visits and any deficits addressed through a timebound action plan.

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

The Regulation and Quality Improvement Authority

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