The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Balmoral View Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **10 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:	Mr Mauro Magbittang - not registered
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 10 March 2026, between 9:35 am and 6:15 pm by two care inspectors.

Prior to the inspection RQIA received information raising concerns in relation to the organisational governance, the lived experience and care of patients within Balmoral View Care Home. In response to this information, RQIA decided to undertake an unannounced inspection.

The inspection identified concerns in regards to the maintenance, décor and cleanliness of the home; the management of risks to patients, care records, the lived experience, governance arrangements and managerial oversight. Details were shared with the management team during the inspection and discussed again at a more detailed feedback meeting with representatives of the registered person on 18 March 2026.

The management team discussed the actions that had been taken since the inspection and the further planned actions. RQIA were assured with the evidence provided following the inspection; that the appropriate action had been taken with regards to the concerns identified.

As a result of this inspection, two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement pertaining to medicines management have been carried forward and will be reviewed 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 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 they were content with the care and services provided. Comments included "the staff are good to me" and "I'm looked after".

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear and food and drink options. Please see section 3.3.2 for further information.

Staff told us that they understood their own roles in the home and that teamwork was generally good, where comments were made these were shared with the management for review and action as appropriate.

Following the inspection, a number of questionnaires were received from either staff or relatives that indicated varying degrees of satisfaction with the care and services provided in Balmoral View Care Home. The comments were shared with the management for review and action as appropriate.

3.3 Inspection findings

3.3.1 Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients and staff confirmed that they received a handover. Staff were allocated to identified areas within the home.

Staff were observed to be prompt in recognising patients needs and early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

Staff were observed to take time in conversing with patients and clearly knew their patients well.

Please see section 3.3.3 for further detail.

3.3.2 Quality of Life and Management of Patients' Environment

The standard of décor and cleanliness of the home is important to the wellbeing and dignity of the patients and their enjoyment of their home. Concerns were identified in relation to the homes environment, for example, it was noted that a lounge on the ground floor was under refurbishment and management advised that this room had been out of use for a number of months. Whilst discussion confirmed that plans were in place to progress the refurbishment, there was no clear timescale in place for completion of the works to enable the room to be utilised by patients; an area for improvement was identified.

The home has two units, the Suffolk unit and the Coleman unit. Each unit has a dining room. Patients were observed in the Suffolk unit enjoying their meal in the dining room. The dining room on the ground floor for patients within the Coleman unit, was not being used by patients on the day of inspection. The dining tables were not set for mealtimes and there was evidence of ineffective cleaning to blinds and surfaces within the room; an area for improvement was identified in regards to cleanliness.

All patients in the Coleman unit were served their meals in their bedrooms. Discussion with the manager and staff failed to provide assurance that patients were provided with choice and encouraged to have their meals in the dining room. With the exception of one patient, all of the other patients spent their entire day in their bedroom. The need to ensure that patients are offered choice and encouraged and supported by staff to have a varied daily routine was discussed with the management. An area for improvement was identified.

A review of activities and discussion with the management and staff confirmed that the home employs two Personal Activity leaders (PAL) to co-ordinate and deliver activities to patients. The activity schedule was on display in the Suffolk unit and there was evidence of varied activities delivered to patients. Whilst there was an activity schedule available within the Coleman unit, there was no evidence that regular activities were being provided; records lacked meaningful detail to evidence what activities were provided. The manager advised that one of the PAL was on extended leave, however no arrangements had been put in place to mitigate for this absence to ensure the continued provision of activities to patients. An area for improvement was identified.

Observation of the environment in Coleman unit identified further concerns that had the potential to impact upon patient safety. There was access to two unlocked rooms housing a boiler; this was secured during the inspection; an area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times, however shortfalls were noted pertaining to the use of PPE by a small number of staff when assisting patients with their meals. This was discussed with the management for review and action as appropriate; this will be reviewed at a future inspection.

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.

Review of a selection of care records evidenced that care plans were generally in place to meet patients' needs, however, care plans reviewed lacked sufficient detail to evidence patient choice and did not reflect patients' preferences with regard to their care delivery. An area for improvement was identified.

Supplementary charts were not always full and complete and did not evidence what personal care was being delivered, for example did the patient have a shower, bed bath or decline personal care; an area for improvement was identified.

A store containing confidential records was observed to be unlocked; this was immediately discussed with staff and the room was secured during the inspection; an area for improvement was identified.

3.3.4 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Mauro Magbitang has been the manager since 19 January 2026. On the day of inspection there was a lack of clarity regarding the managers working arrangements, this was discussed at the meeting and assurance was provided that the management arrangements had been reviewed.

Given the issues identified regarding care records pertaining to personal care, a discussion took place with the manager to ensure all staff are updated on the personal care policy.

Staff told us that they would have no issue in raising in raising any concerns regarding patients' safety, care practices or the environment. Discussion with staff confirmed knowledge of safeguarding systems and protocols and how to escalate any concerns. Staff also confirmed that they regularly attended training on safeguarding.

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	*4	7

* the total number of areas for improvement includes three regulations that have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mauro Magbitang, Manager and Ms Marites Astorga, 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 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: 2.0
	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: 2.0
	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: 2.0
	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 4 **Ref:** Regulation 14 (2)(a) **Stated:** First time **To be completed by:** 10 March 2026	The registered person shall ensure that the rooms housing boilers are maintained locked. Ref: 3.3.2
	Response by registered person detailing the actions taken: The keypad locks on the rooms that house boilers have been checked and are in working order. Staff have been reminded during staff meetings of the need to ensure the doors are locked at all times. Minutes of these meetings have also been issued. Locking of these doors will be monitored during Walkabout

	Governance Audits and any issues will be addressed with individual staff. Spot checks will also be completed during Reg 29 visits by Operations Manager/Regional Support Manager.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 10 March 2026	The registered person shall ensure that an environmental action plan is submitted with timescales for completion of all planned and ongoing works. Ref: 3.3.2
	Response by registered person detailing the actions taken: An updated refurbishment plan has been completed for the areas identified during the inspection and submitted to RQIA during feedback meeting on 23rd March 2026. An Internal painting programme has been developed and will be updated as painting is completed. The refurbishment plan and painting programme will be monitored on a monthly basis during the Reg 29 visits until its completion by Operations Manager/Regional Support Manager.
Area for improvement 2 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 10 March 2026	The registered person shall ensure that the home is maintained to an acceptable level of cleanliness. This refers to the dining room on the ground floor. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Home's cleaning schedules have been reviewed to ensure all areas of the Home have an individual cleaning record in place. The dining room has been deep cleaned. A meeting was held with the Housekeeping Team to discuss the completion of cleaning records and actions required. The cleaning records are being checked by the Home Manager after each shift, with spot checks being completed to ensure the cleaning has been conducted, these are signed off daily. Completion of cleaning records and cleanliness of the Home will also be reviewed monthly during the Reg 29 visit by Operations Manager/Regional Support Manager.
Area for improvement 3 **Ref:** Standard 9 **Stated:** First time	The registered person shall ensure that patients are offered choice and supported and encouraged by staff to have a varied and daily routine. Ref: 3.3.2

To be completed by: 10 March 2026	**Response by registered person detailing the actions taken:** A staff meeting was held to emphasise the importance of promoting resident choice and preferences in their daily living within the Home. Discussions have taken place with each resident and/or family to ensure their choices and preferences are known by staff and these have been documented in their care plans. Staff members continue to offer choices to individual residents of how they wish to spend their day and are documenting these choices in the resident's daily progress notes and/or their social interaction records. This will be monitored during Governance Walkabout Audits and Care Profile Audits. The residents are being encouraged to use the dining room in Coleman Unit for their main meals and Home Manager continues to have oversight and feedback from residents and staff to enable any adjustments if necessary. Monitoring will also take place during Reg 29 visits by Operations Manager/Regional Support Manager
Area for improvement 4 **Ref:** Standard 11 **Stated:** First time	The registered person shall review the activity provision for patients in the Coleman unit to ensure patients are offered the opportunity to participate in planned activities. Ref: 3.3.2
To be completed by: 10 March 2026	**Response by registered person detailing the actions taken:** A temporary arrangement has been established to cover the maternity leave of the current PAL. A former Personal Activities Leader (PAL), who now works as a Care Assistant, will assist with activities. This staff member will mainly cover Suffolk Unit and the other PAL will mainly cover Coleman Unit. Both staff will work together to ensure the residents are offered activities in residents own units or by a joint activity in communal areas. The Home Manager has held a meeting with the PALs to discuss the activities planner, how it can be tailored to individual residents and for all residents. The Home Manager has oversight of what activities take place in the Home and that a planner is in place each week. On the days when a PAL is not on duty the activity schedule will be completed by the staff whenever feasible. Activities planner and records will be spot checked during Reg 29 visits by Operations Manager/Regional Support Manager.
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that care records are person centred and reflective of patients preferences and choice with regard to their care delivery. Ref: 3.3.3

To be completed by: 10 March 2026	**Response by registered person detailing the actions taken:** A staff meeting has been held which highlighted the need for accurate documentation that reflects residents' preferences and choices. Discussions have taken place with each resident and/or family to ensure their choices and preferences are known by staff and these have been documented in their care plans, this is being monitored by completion of Care Profile Audits. Care records documentation was discussed in the care staff meeting where the accuracy, timely manner and personalisation of documentation was emphasised. Care records will be sampled during Reg 29 visits by Operations Manager/Regional Support Manager.
Area for improvement 6 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 10 March 2026	The registered person shall ensure that supplementary care records are completed to accurately reflect the care delivered. Ref: 3.3.3
	Response by registered person detailing the actions taken: The completion of the supplementary chart documentation was part of the agenda for the staff meeting that was held which emphasised the importance of accuracy and detailed documentation of these records. The importance of trained staff oversight of completion of supplementary charts was also discussed. The Home Manager completes random spot checks of residents' supplementary charts and a weekly review of all documentation, any concerns identified will be discussed with trained staff and care staff individually. Supplementary charts are also sampled during Walkabout Governance Audits and during Reg 29 visits by Operations Manager/Regional Support Manager.
Area for improvement 7 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 10 March 2026	The registered person shall ensure that any record in the home which details patient information is securely stored in accordance with The General Data Protection Regulation (GDPR) and best practice guidance. Ref: 3.3.3
	Response by registered person detailing the actions taken: The confidentiality of records was part of the agenda of the recent staff meeting to ensure that residents records are not left unattended in the Home and supplementary charts are to be kept in individual resident's bedrooms. The storage of archived confidential records has been assessed and a padlock was purchased for the area designated for resident and staff records. Access to this storeroom is restricted to Home Manager and Administrator. Monitoring will be included in Governance Walkabout Audits and Home Manager spot checks security of resident's records. Further spot checks will be

	completed during Reg 29 visits by Operations Manager/Regional Support Manager.

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