

Inspection Report

Name of Service:	Balmoral View Care Home
Provider:	Beaumont Care Homes Limited
Date of Inspection:	22 June 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 Adeshola Adejuyigbe – 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' bedroom are located over two floors with access to a range of communal rooms including lounges and dining rooms.	

2.0 Inspection summary

An unannounced inspection took place on 22 June 2026, from 9.30 am to 4.45 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 pharmacy inspection on 14 May 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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 five 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 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.

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 spoken with said they liked living in the home and raised no concerns about staffing. Patients were complimentary about the meals provided and said they were well looked after.

Staff told us they felt well supported in their role and worked well as a team. Staff also said that during meal times additional assistance would be of benefit. This was discussed with the manager for her review.

One response was received from the online staff survey and this showed that the staff member was dissatisfied with staffing levels, was satisfied care was compassionate and was neither satisfied or dissatisfied that care was effective and well led. This feedback was shared with the manager following the inspection.

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. Review of recruitment files evidenced that not all gaps in employment had been explored. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role. Staff told us that mealtimes were very busy and additional assistance was needed. This was brought to the attention of the management team for their review and action if required.

Review of the system to manage the registration of nurses and care staff evidenced that staff were appropriately registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff confirmed they 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. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes.

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.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. 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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, use of mobility aids and staff supervision.

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.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. Prior to the mealtime staff held a safety pause to consider those patients who required a modified diet. Meals were well presented and appeared appetising. Residents said the food was very good.

Activities for patients were provided intermittently which involved both group and one to one activities, however, review of activity provision in the Coleman unit showed that this was not taking place of a regular basis. This area for improvement has been stated for a second time.

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.

Review of care plans for medication administration for two identified patients evidenced that they were not patient centred and lacked detail to appropriately direct the care for self-administration of medications. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

Patient bedrooms were personalised with items important to them. While a refurbishment plan was in place, clear dates for completion were not always apparent, and the environment, for example, a lounge on the ground floor was under refurbishment and had been out of use for months. This area for improvement has been stated for a second time.

Maintenance or repair of the patients' environment was required to areas such as, peeling walls and radiator covers, curtains hanging off rails, chipped paint and worn carpet. An area for improvement was identified.

Communal rooms and bedrooms in the home were examined and a number required cleaning including, sink surrounds, unclean linen and an unclean smoking area. An area for improvement was identified.

In one bedroom, it was noted that a wardrobe was not attached to the wall for safety. This was discussed with the manager for her action and will be reviewed at a future inspection.

Concerns were identified regarding the safe storage of razors and denture-cleaning tablets which were accessible to patients. This was brought to the attention of the manager for action and an area for improvement was identified.

It was observed that a hot tank and pipes were not kept secured for the safety of patients. This was brought to the attention of staff for their action and this area for improvement has been stated for a second time.

The environment of the home lacked stimulation and sensory colour and content for patients. Particularly those with living with dementia. This was brought to the attention of the manager for her assessment and action and will be examined at a future inspection.

A fire risk assessment was in place and up to date and all actions required following this had been addressed.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Adeshola Adejuyigbe has been the manager in this home since 2 April 2026 and is coming forward to become the registered manager.

Patients and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of the monthly monitoring visits completed by a representative of the responsible person were detailed, however, clear time frames for completion of actions was not evident. This was discussed with the management team for their action and will be reviewed at a future inspection.

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	5*	6*

* the total number of areas for improvement includes three 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 Ms Adeshola Adejuyigbe, 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: Second time To be completed by: 22 June 2026	The Registered Person shall ensure that the rooms housing boilers are maintained locked. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: The boiler room door, which is located behind a toilet door and was found to be unlocked at the time of the inspection, was secured immediately upon identification. Monitoring of rooms housing boilers has been incorporated into the Home Manager/Deputy Manager Walkabout Governance Audit process.

	The audit tool has been updated to specifically include this room to ensure regular oversight and verification of compliance. Ongoing compliance will also be subject to spot checks by the Operations Manager or Regional Support Manager as part of Regulation 29 visits. Any issues identified will be addressed promptly through appropriate corrective actions to ensure the continued safety and security of the environment.
Area for improvement 5 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 22 June 2026	The Registered Person shall ensure that razors and denture cleaning tablets are secured to ensure patient safety. Ref: 3.3.4 Response by registered person detailing the actions taken: Discussions have been held with staff to reinforce the requirements for the safe storage of razors and denture cleaning tablets. In addition, reminder notices have been displayed at each nurses' station to promote ongoing awareness and adherence to safe storage practices. Compliance with these requirements will be monitored by the Home Manager and/or Deputy Manager through the Walkabout Governance Audit process. Any issues identified will be addressed promptly and appropriate corrective actions implemented. To provide additional assurance, spot checks will also be undertaken by the Operations Manager and Regional Support Manager during Regulation 29 visits to verify compliance and support the maintenance of a safe environment for residents.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 44 Stated: Second time To be completed by: 30 June 2026	The Registered Person shall ensure that an environmental action plan is submitted with timescales for completion of all planned and ongoing works. Ref: 2.0 and 3.3.2 Response by registered person detailing the actions taken: Environmental Plan has been submitted along with QIP
Area for improvement 2 Ref: Standard 11 Stated: Second 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: 2.0 and 3.3.2

To be completed by: 25 June 2026	Response by registered person detailing the actions taken: A review of individual resident care files is currently underway to ensure that each file contains comprehensive personal information, including My Life Story documentation and Activities Questionnaires, which identify residents' interests, preferences, and desired levels of participation. This information is being used to develop and update person-centred care plans that reflect each resident's individual needs, choices, abilities, and social preferences. To strengthen the provision of meaningful activities, Personal Activity Leaders have been appointed within each unit and will work closely with residents to support engagement in activities that are relevant and enjoyable to them. A Residents' Meeting has been arranged to provide residents with the opportunity to discuss and suggest activities they would like to participate in. This will ensure that residents' views, wishes, and preferences are actively sought, listened to, and incorporated into activity planning. The Home Manager and Activity Leaders will continue to work collaboratively with residents to ensure that activities are tailored to individual needs, preferences, and abilities, while promoting choice, independence, inclusion, and overall wellbeing. An Activities Planner has been developed and is shared with residents to keep them informed of upcoming opportunities and events. Ongoing activity planners will continue to be communicated to residents and updated regularly to reflect their interests and feedback. As part of the centre's governance and quality assurance processes, activity planners and records of resident participation will be reviewed during Regulation 29 visits by the Operations Manager and Regional Support Manager. Any opportunities for improvement identified through these reviews will be addressed through appropriate action plans to support continuous enhancement of the activities programme.
Area for improvement 3 Ref: Standard 38 Stated: First time To be completed by: 22 June 2026	The Registered Person shall ensure that employment checks are fully completed for all staff before they commence their post. Ref: 3.3.1 Response by registered person detailing the actions taken: Pre-employment checks are completed by the Recruitment Team at the application stage to ensure that all candidates meet the required recruitment standards and regulatory requirements prior to appointment. Where applicable, the Home Manager will explore and discuss any gaps in employment history with candidates during the interview process.

	These discussions will be appropriately documented within the candidate's interview records to provide a clear audit trail and demonstrate that any gaps have been reviewed and considered. Following completion of the recruitment process, further verification checks will be undertaken during the preparation and final review of the personnel file to ensure all required documentation is present, accurate, and compliant. Compliance with recruitment policies and regulatory requirements will be monitored through Regulation 29 visits undertaken by the Operations Manager and Regional Support Manager. Any areas identified for improvement will be promptly addressed through corrective actions and ongoing oversight to ensure sustained compliance and robust recruitment practices.
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 22 June 2026	The Registered Person shall ensure care records are patient centred and detailed to direct care in relation to the safe administration of medication. Ref:3.3.3 Response by registered person detailing the actions taken: Discussions have taken place with both residents referred to during the inspection regarding the safe administration and management of their medications. Following these discussions, both residents confirmed that they do not wish to self-administer their medications and have chosen to continue receiving support from nursing staff in accordance with their assessed needs. For residents who wish to self-administer specific prescribed medications, such as inhalers, appropriate risk assessments, consent documentation, and care planning arrangements are in place to support safe practice and ensure compliance with regulatory requirements. Ongoing compliance with medication management procedures, including arrangements for self-administration where applicable, will be monitored through Regulation 29 visits undertaken by the Operations Manager and Regional Support Manager. Any areas identified for improvement will be addressed promptly through the appropriate governance and quality assurance processes.
Area for improvement 5 Ref: Standard 44 Stated: First time To be completed by: 15 July 2026	The Registered Person shall ensure that the home is well maintained for the use of patients, including, peeling walls and radiator covers, curtains hanging off rails, chipped paint and worn carpet Ref: 3.3.4

	Response by registered person detailing the actions taken: A Refurbishment Plan has been developed to enhance the environment for residents and includes the redecoration of rooms, replacement and refurbishment of radiator covers, renewal of curtains and blinds, and the replacement of flooring where required. These works will be progressed in a planned manner to ensure the environment remains safe, comfortable, and homely for residents. The Refurbishment Plan will be subject to ongoing review and will be updated as works are completed. Progress will be monitored by the Home Manager, Operations Manager, and Regional Support Manager to ensure that identified improvements are delivered within agreed timeframes and that the quality of the environment is maintained to an appropriate standard. Oversight of the refurbishment programme will form part of the centre's governance and quality assurance processes, with updates recorded and reviewed to ensure continuous improvement of the premises and facilities available to residents.
Area for improvement 6 Ref: Standard 46 Stated: First time To be completed by: 23 July 2026	The Registered Person shall ensure the home is kept clean to prevent the spread of infection. Ref: 3.3.4 Response by registered person detailing the actions taken: Staffing levels have been further enhanced through the recruitment of an additional member of housekeeping staff to support the maintenance of a clean, safe, and comfortable environment for residents throughout the Home. A dedicated cleaning schedule has been developed for the new resident smoking area to ensure that it is cleaned and maintained on a daily basis. The Home Manager will undertake regular spot checks of cleanliness as part of the Walkabout Governance Audit process and will also review and sign off cleaning schedules daily to provide assurance that cleaning tasks have been completed as planned and to the required standard. The standard of cleanliness throughout the Home will be further monitored during Regulation 29 visits by the Operations Manager and Regional Support Manager. Any areas identified as requiring improvement will be addressed promptly through the centre's governance and quality assurance processes to ensure high standards are consistently maintained.

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