The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Manor View Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 14 September 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:	Mrs Clair O'Connor – not registered

This home is a registered nursing home which provides general nursing care for up to 92 patients, including patients living with dementia or a terminal illness. Manor View care Home also provides care for patients living with a physical disability other than sensory impairment and patients with a learning disability over and under the age of 65 years.

The home is divided into four units; Rathmore Suite; Brunswick Suite; Hamilton Suite and Bloomfield Suite.

This number includes:
30 patients in categories NH-I, NH-PH, NH-PH(E) and NH-TI to be accommodated in Rathmore Suite
30 patients in categories NH - DE to be accommodated in Brunswick Suite
15 patients in categories NH-DE to be accommodated in Hamilton Suite
17 patients in categories NH-LD and NH –LD(E) to be accommodated in Bloomfield Suite

Patients have access to various communal spaces including lounges and gardens.

2.0 Inspection summary

An unannounced inspection took place on 14 September 2026 from 09.30 am to 5.25 pm by care inspectors.

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 care inspection on 18 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider and six new areas for improvement have been identified. Details 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Patients said, "I can't complain as I'm well looked after. Staff are approachable and they generally come to me quickly if I need them" and "The staff are good and so is the food".

Patients' relatives spoken with said, "I'm very happy with the care provided and I find staff kind and attentive. It gives me peace of mind to know that he's here, as we were finding it difficult to manage at home" and "Dad's settled and well cared for. Communication is good, as staff will phone to let us know if anything changes".

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients to meet their needs. Staff told us that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Following the inspection we received two completed patients' relative questionnaires indicating they were very satisfied and that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received 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. The manager confirmed that recruitment is underway.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. Staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and 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.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room of Rathmore, Brunswick, Hamilton and Bloomfield Suites. The atmosphere was calm, relaxed and unhurried. Adequate numbers of staff were observed assisting patients with their meal appropriately. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. However, whilst the written menu was displayed on the notice boards outlining what was available at each mealtime, it was noted that some patients require a more suitable format, such as a pictorial menu to inform them of the meals being served. An area of improvement was identified.

Review of records regarding the International Dysphagia Diet Standardisation Initiative (IDDSI) levels of modified foods and the consistency of drinks for patients with swallowing difficulties evidenced that not all records were up to date. An area for improvement was identified.

Patients spoken with said they enjoyed lunch and that they always get enough to eat.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice boards advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as quizzes, puzzles, floor games and also arts and crafts.

However, review of activity records evidenced gaps in recording to indicate if patients choose to or not to participate in activities. An area for improvement was identified.

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. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Records were maintained of when patients were assisted to reposition in accordance with their care plan.

3.3.4 Quality and Management of Patients' Environment

The home was generally clean and tidy. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

The manager advised that refurbishment was underway in the home and that a delivery of new sideboards, tables and chairs had arrived. However, general observation of the internal and external environment highlighted a number of deficits such as; the quiet room in an identified unit was in need of refurbishment in order to make it more welcoming; in some areas we observed stained carpets; loose vinyl flooring and chipped wall tiles in identified bathrooms that require attention as they could not be effectively cleaned; four broken window and door handles; walls, doors and skirting boards requiring redecoration/painting; door signage missing in order to aid orientation for patients. Whilst we observed tree cutting in the grounds, enclosed patio areas were noted to be unkempt and in need of attention. An area for improvement was identified.

We observed that in a number of bedrooms in the dementia units, food, fluids and toiletries were accessible to patients. An area for improvement was identified.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked and equipment used by patients such as the chair used to weigh patients and hoists were noted to be effectively cleaned.

However, in an identified unit, a cleaning trolley containing a selection of cleaning products had been left unattended on two occasions. An area for improvement was identified.

Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Clair O'Connor has been the manager in this home since 12 May 2025.

Review of competency and capability assessments evidenced they were completed for wound management and for registered nurses left in charge of the home when the manager was not on duty. Records confirmed that the person in charge of the home is clearly identified in the manager's absence.

Records checked confirmed that staff supervision had commenced and arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Patients, relatives and 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 the manager had processes in place to monitor the quality of care and other services provided to patients. 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 the quality of services provided by the home.

Patients and patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff and relative meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Clair O'Connor, 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 14 (2) (a) (c) **Stated:** First time **To be completed by:** 14 September 2026	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is in relation to the safe storage of toiletries, food and fluids. Ref: 3.3.4
	Response by registered person detailing the actions taken:
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 14 September 2026	The registered person shall ensure that all chemicals are safely and securely stored in keeping with Control of Substances Hazardous to Health legislation in order to ensure that patients are protected from hazards to their health. This relates specifically to ensure that trolleys containing cleaning products are not left unattended. Ref: 3.3.4
	Response by registered person detailing the actions taken:

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time **To be completed:** 14 September 2026	The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime. Ref: 3.3.2
	Response by registered person detailing the actions taken:
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 14 September 2026	The registered person shall ensure that an accurate, up to date recording of international dysphagia diet standardisation initiative (IDDSI) terminology for patients who require a modified diet is available to staff. Ref: 3.3.2
	Response by registered person detailing the actions taken:
Area for improvement 3 **Ref**: Standard 11 **Stated:** First time **To be completed:** 14 September 2026	The registered person shall ensure that a record is kept of all activities that are offered or take place, the person leading the activity and the names of the patients who participate, or choose not to participate. Ref: 3.3.2
	Response by registered person detailing the actions taken:

Area for improvement 4 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 18 December 2026	The registered person shall ensure that the premises are well maintained in accordance with infection prevention and control best practice. An action plan outlining work to be completed with time scales should be provided along with the response to the Quality Improvement Plan. Ref: 3.3.4
	Response by registered person detailing the actions taken:

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The **Regulation** and **Quality Improvement** Authority

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