



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Kingscourt
Provider: Manor Healthcare Ltd
Date of Inspection: 15 April 2025

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:	Manor Healthcare Ltd
Responsible Individual:	Eoghain King
Registered Manager:	Brian Campbell
Service Profile – This home is a registered nursing home which provides nursing care for up to 19 patients. The home provides care for patients living with a learning disability under the age of 65 years. Patients have their own bedrooms and access to a number of communal areas throughout the home.	

2.0 Inspection summary

An unannounced inspection took place on 15 April 2025, from 9.15 am to 2.45 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 care inspection on 18 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 12 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 patient's, 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 there were enough staff on duty if they needed them and staff were good to them. Patients told us their rooms were clean, the food was good and they could have an alternative meal if they wanted.

Staff were complimentary about the support from the manager, the training provided and the team work in the home. Staff also said they were happy with the staffing levels and on discussion they had a good knowledge of how to report concerns about care delivery and staff practice.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients explained that they could spend time with family/friends in their room or one of the lounges, could go out to local shops or other activities in the community.

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, food and drink options, and where and how they wished to spend their time.

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.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, it was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

It was noted during the lunchtime meal that there were enough staff to support patients with their meals and assist them with personal care.

Review of the system to manage the registration of nurses and care staff evidenced that it required more oversight from the manager to assure that staff are appropriately registered with their professional body, such as the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff 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.

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 patients 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.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious.

The importance of engaging with patients was well understood by staff. Staff knew and understood patients' preferences and wishes and helped patients to participate in planned

activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to arrive.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

Patients were well informed of the activities planned for the day/week/month and of their opportunity to be involved and looked forward to attending the planned events.

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 records identified concerns about the content of the monthly evaluations undertaken by nursing staff as they lacked detail and were not always person centred. Details were discussed with the nurse in charge and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

While the home was observed to be generally clean and tidy, maintenance was required to areas such as, broken window handles and tiling at a food servery area. This area for improvement has been stated for a second time.

Patient's bedrooms were homely and personalised with photographs and furniture which was important to them. Personal touches such as access to drinks and snacks throughout the day were noted.

It was noted that a domestic cleaning trolley was left unattended containing cleaning chemicals. This was brought to the attention of the nurse in charge for immediate action and this area for improvement has been stated for a second time.

Review of fire safety checks confirmed that the PEEP (personal emergency evacuation plans) for patients were not all maintained and up to date. This was discussed with the nurse in charge and an area for improvement was identified.

Staff were observed to wash their hands correctly or at appropriate times and to use PPE appropriately.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Brian Campbell has been the manager in this home since 1 April 2005.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

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

A record of compliments received by the home was kept and shared with staff and included thanks for the care provided by staff.

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	1*	4*

* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Liam Dowd, nurse in charge, 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) Stated: Second time To be completed by: With immediate effect (14 April 2025)	The Registered Person shall ensure cleaning and laundry chemicals are secured or supervised at all times. Ref: 3.3.4 Response by registered person detailing the actions taken: Supervision with domestic staff has been completed to reinforce the need for chemicals to be stored securely or supervised when not in use.
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 April 2025	The Registered Persons shall ensure the premises are well maintained and remain suitable for their stated purpose. Ref: 3.3.4 Response by registered person detailing the actions taken: An environmental plan has been compiled to ensure the premises are maintained and remain suitable for their stated purpose. This plan shall be implemented and reviewed on an ongoing basis.
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 30 April 2025	The Registered Persons shall ensure that there is evidence of managerial oversight of the governance systems are in place to ensure staff are registered with their professional body. Ref: 3.3.1 Response by registered person detailing the actions taken: On a monthly basis there are checks against the relevant professional bodies which staff are registered with. These are printed, reviewed by the manager, signed and filed for inspection as necessary.
Area for improvement 3 Ref: Standard 4 Stated: First time	The Registered Persons shall ensure that the monthly care plan evaluations are person centred and informative, for example, moving and handling and personal care. Ref: 3.3.3

To be completed by: 30 April 2025	Response by registered person detailing the actions taken: The monthly care plan evaluations are now evaluated to ensure they are informative, and person centred. This shall include all aspects of patients care.
Area for improvement 4 Ref: Standard 48 Stated: First time To be completed by: 17 April 2025	The Registered Persons shall ensure the PEEPs for all patients are recorded and maintained up to date. Ref: 3.3. Response by registered person detailing the actions taken: PEEPs for all patients are developed, recorded and reviewed at least annually or sooner should there be a change in a residents circumstances.

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



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