

# Inspection Report

**Name of Service: Colinvale Court**

**Provider: Mr Raymond Liam Murphy**

**Date of Inspection: 18 August 2025**

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Registered Provider:</b>	Mr Raymond Liam Murphy
<b>Responsible Individual:</b>	Mr Raymond Liam Murphy
<b>Registered Manager:</b>	Mrs Vincy Vincent
<b>Service Profile –</b> This home is a registered nursing home which provides nursing care for up to 50 patients living with dementia. The home is divided into five units over two floors. Bedrooms and bathrooms are situated on both floors with communal dining and lounge areas on the ground floor. Two communal courtyards are also available.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 August 2025 from 10.00 am to 6.00 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

It was evident from discussions with patients that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection eight areas for improvement were assessed as having been addressed by the provider. 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I love it here", "It's very nice. The staff don't do me no harm" and "The staff are great. Unbelievable. The food is alright."

Patients told us that staff offered choices to them 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.

Staff spoken with said that Colinvale Court was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "I like to assist with the patients' needs" and "The manager is excellent."

We did not receive any questionnaire responses from patients or their visitors. We received 21 responses to the online survey; five from relatives/visitors and 16 from staff. Respondents said they were satisfied with all aspects of care. Comments received included, "The staff are all amazing and very attentive to each and every resident and their families. I couldn't fault this home in any way", "The staff at Colinvale court are fantastic", and "My father is very well cared for and always given excellent care. Compassion and empathy from all staff. I get regular contact with the manager and nursing staff regarding my father and I find them all very approachable at any time which gives me peace of mind."

### 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 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 were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

The majority of staff working in the home did not have name badges to identify who they were and what role they worked in. An area for improvement was identified.

#### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's 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.

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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

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. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Patients were supervised during mealtimes. However, review of recommendations for eating, drinking and swallowing and an identified patient's care plan evidenced that one patient did not require one to one assistance and that nursing staff had not consistently updated care records to reflect the patient's current needs. This was discussed with the manager who arranged for the records to be updated immediately. This will be reviewed at a future care inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good. Review of records and discussion with staff confirmed that the three week rotational menu had not been updated since January 2025. In addition, discussion with staff confirmed changes to the planned menu were not recorded. This was discussed with the manager who agreed to meeting with catering staff and review their systems without delay.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

### **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.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, it was noted that patient menu choice records were not managed or retained in keeping with legislative requirements and best practice guidance. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were generally well decorated, suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient.

Concerns about the management of general risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. The door to the staff room was unlocked allowing potential patient access to substances hazardous to health. These matters were discussed with the manager who took immediate action. An area for improvement was identified.

It was noted that a smoking room within the home were being used for a purpose other than the reason they had been registered for. This has the potential to impact on the provision of a fulfilled day for patients and the use of such space for its designated purpose. Review of records confirmed a variation application previously received by RQIA to change the use of this room for storage had been withdrawn. This was discussed with the manager who agreed the room would be cleared following the inspection. An area for improvement was identified.

During the previous care inspection on 19 February 2025 use of CCTV from a neighbouring nursing home to monitor Colinvale Court was discussed. Assurances were provided that an appropriate policy in line with best practice guidance and General Data Protection Regulations (GDPR) would be put in place which would include placement of appropriate signage in the home. Discussion with the manager confirmed this had not been progressed. In order to drive the necessary improvements, an area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, hypochlorite cleaning solution was observed to be used inappropriately and was not diluted in keeping with manufacturer's guidance. An area for improvement was identified.

A small number of shortfalls in individual staff practice with IPC practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Vincy Vincent has been the manager since 13 June 2016.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

#### 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 Vincy Vincent, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 August 2025	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.  <b>Ref:</b> 3.3.4  <b>Response by registered person detailing the actions taken:</b> A coded keypad device has been purchased and fitted to the area referred.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (2) and (3) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 August 2025	The registered person shall ensure that patient menu choice records are effectively maintained and are available for inspection at all times.  <b>Ref:</b> 3.3.3  <b>Response by registered person detailing the actions taken:</b> Menu choices have been reviewed and relevant records updated. The Home retains a detailed record of the choices available.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.4  <b>Stated:</b> First time  <b>To be completed by:</b> 18 August 2025	The registered person shall ensure that all staff wear their name badge to easily identify their name and role within the home.  <b>Ref:</b> 3.3.1  <b>Response by registered person detailing the actions taken:</b> New name badges for all staff members have been ordered and will be introduced upon receipt.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 44.11  <b>Stated:</b> First time  <b>To be completed by:</b> 18 August 2025	The registered person shall ensure that all proposed changes to the use of any area, the use of any room or the layout of the premises are notified to RQIA in writing for consideration prior to the changes taking place.  <b>Ref:</b> 3.3.4  <b>Response by registered person detailing the actions taken:</b> The identified area has been cleared. There are no proposed changes to use at this time.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2025</p>	<p>The registered person shall ensure that CCTV is used in compliance with legislation, guidance and best practice in information management and human rights.</p> <p>Ref: 3.3.4</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2025</p>	<p>The registered person shall ensure that there is an established system to assure compliance with best practice in environmental cleaning.</p> <p>This area for improvement is made with specific reference to the use of hypochlorite solution.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> All domestic staff have been made fully aware of the correct dilution process for the use of hypochlorite solution.</p>

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