

# Inspection Report

**Name of Service:** Knockmoyle Lodge

**Provider:** Knockmoyle Lodge Care Facility Ltd

**Date of Inspection:** 30 September 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Knockmoyle Care Facility Ltd
<b>Responsible Individual:</b>	Mrs Linda Florence Beckett
<b>Registered Manager:</b>	Mrs Sharon Colhoun
<b>Service Profile –</b> This home is a registered nursing home which provides nursing care for up to 35 patients who have dementia. Patients have access to communal living and dining spaces and a well-maintained garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 30 September 2025 from 10.15am to 4.25pm 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 16 January 2025; 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 the service was well led.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

As a result of this inspection, two areas for improvement from the previous care inspection were assessed as having been addressed; two areas carried forward for review at the next inspection and one area for improvement stated for the second time. Details, including new areas for improvement, can be found in the main body of the report and the Quality Improvement Plan 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 that they were happy living in the home and that staff treated them well. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from patients or their relatives.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. There was no responses from the staff online survey.

A relative consulted was positive when speaking of their loved one's care and described the care delivery as 'excellent'.

## **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.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 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. Patients spoke fondly on their interactions with staff.

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 patients 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 patients' needs, especially changes to care. Staff were satisfied with the communication in the home and felt that they communicated well with one another.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and records of repositioning were maintained. Although, a review of two patients' pressure management care plans, where the patients were repositioned, evidenced that no repositioning regimes were included. An area for improvement was identified. Staff monitored patients' skin integrity closely.

A file was maintained of all falls in the home and falls were audited to ensure that the correct actions were taken and the correct persons notified of the fall. A monthly fall's stick was recorded to visually see the number of falls each month. Staff had received recent training on the management of falls.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious. Staff were aware of the actions to take should a patient refuse their meal. Monthly fluid balance audits were conducted to ensure that correct details had been included and correct actions taken.

Two activity therapists oversaw the activity provision in the home. Plans and preparations had been made for patients to enjoy the Halloween season. Patients enjoyed outings from the home to neighbouring towns, for shopping or for walks. The home had five goats in the external back garden which patients could feed if they wished. Activities included games, bingo, newspaper readings, manicures, puzzles, music and baking. Patients' views were sought through a recent patients' meeting where topics for discussion included meal and snack provision, activities, and days out.

A relative complimented staffs' care and stated that, "They treat (patient's name) like a person and are on top of everything".

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. This included patients admitted for short stay respite care. Following this initial assessment, care plans were developed to direct staff on how to meet the patients' needs. 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. Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of patient need. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care. We discussed ways of enhancing this recording by discouraging generalised terminology and making them more person-centred.

Care records were audited monthly and spot checks conducted. Where deficits were found, a time-bound action plan was developed and reviewed to ensure completion.

### 3.3.4 Quality and Management of Patients' Environment

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were no malodours in the home.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted. Staff confirmed that they had taken part in fire drills and records of completed fire drills were maintained.

The management had purchased a bath which was on site. It was agreed that the bath will be installed once other additional planned work is being completed. An area for improvement in this regard will be carried over for review to the next care inspection.

Not all windows had been restricted to the required 100mm. Some could open enough to allow someone from the outside to enter the premises.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. However, poor staff hand hygiene practices were observed during the mealtime and an area for improvement in this regard was stated for the second time. In addition, unlabelled creams were found in two communal bathrooms, which could give the potential of communal use. This was discussed with the manager and identified as an area for improvement. Personal protective equipment was readily available throughout the home.

### 3.3.5 Quality of Management Systems

Mrs Sharon Colhoun has been the registered manager of the home since 30 January 2020. Staff commented positively about the manager and described her as supportive and approachable.

In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. Audit findings were shared with staff each month for review and signing.

The number of complaints to the home was low. There was a robust system in place to manage any complaints received. All compliments received were shared with staff.

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. Patients spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

### 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
<b>Total number of Areas for Improvement</b>	1*	5*

\*The total number of areas for improvement includes one that has been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Colhoun, Registered 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 12 (2) (a)(b)	The registered person shall ensure that the appropriate checks are completed and recorded when third party bedrails are in use.  Ref: 2.0 and 3.3.4

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (27 September 2024)</p>	<p><b>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.</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44.13 E24</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 July 2023</p>	<p>The registered person shall ensure that a bath is installed within the home.</p> <p>Ref: 2.0 and 3.3.4</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46 Criteria (2)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (30 September 2025)</p>	<p>The registered person shall ensure compliance with good hand hygiene practices during mealtimes.</p> <p>Ref: 2.0 and 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> ALL STAFF UPDATED ON INSPECTION FINDINGS. AUDITS WILL BE FOCUSED ON MEALTIMES AND WILL BE DONE MORE REGULARLY .</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (30 September 2025)</p>	<p>The registered person shall ensure that when a patient requires repositioning to maintain skin integrity, a repositioning regime is included within the pressure management care plan.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> ALL STAFF UPDATED ON FINDINGS, KEYWORKERS HAVE UPDATED RELEVANT CAREPLANS AND AUDITS WILL FOCUS ON THIS AREA.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44 (E10)</p>	<p>The registered person shall ensure that windows are restricted to 100mm.</p> <p>Ref: 3.3.4</p>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> CASTLE GLASS CONTACTED IMMEDIATELY AND VISITED HOME. SPECIAL RESTRICTORS ARE REQUIRED FOR NEW WINDOWS FITTED AND THE SMALL TOP WINDOWS, THESE WERE ORDERED ON THE DAY. DELAY IN ARRIVAL OF THESE RESTRICTORS AND TWO DAYS WE HAVE BEEN LET DOWN BY COMPANY HAVE MEANT DELAY IN THESE BEEN FITTED. WE HAVE BEEN GIVEN ASSURANCE THAT THESE WILL BE FITTED ON 26<sup>TH</sup> NOVEMBER.I WILL SEND CONFIRMATION EMAIL ONCE ALL WINDOWS ATTACHED.</p>
<p><b>Area improvement 5</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (30 September 2025)</p>	<p>The registered person shall ensure that all medicines in use, which includes topical preparations, are labelled and for single patient use only.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> ALL STAFF UPDATED ON FINDINGS AND SPOT CHECK FOCUS AREAS HAVE BEEN COMMENCED WITH SENIOR CARE STAFF AND MANAGEMENT.</p>

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



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews