



Inspection Report

Name of Service: Lecale Lodge

Provider: Ann's Care Homes

Date of Inspection: 15 August 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:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Kelly Kilpatrick – Not registered
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 40 patients who have a mental disorder and includes one patient under the elderly and infirm category of care. Patients' bedrooms are located over two floors within three units. The Quoile and Slieve Patrick Units are on the ground floor and the Nendrum Unit is located on the first floor. Patients have access to communal dining and lounge areas.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 August 2025 from 9.25am to 5.25pm 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 9 April 2024; 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. However, areas for improvement were identified in relation to the environment, daily evaluation of care records and with hand hygiene at mealtimes.

As a result of this inspection three areas for improvement from the previous care inspection were assessed as having been addressed by the provider and one was stated for the second time. Full details, including the 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.

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

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 they were treated well by staff who were caring and supportive. Patients' comments included, "It's good here; the staff are very good and the foods good. My bed is comfy and I'm happy with everything". 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.

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.

A notice displayed for staff identified dates of upcoming staff meetings depending on their designations in the home. The manager confirmed that staff meetings were conducted quarterly.

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. One told us, "The staff are great; it's a good home. I like it".

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 their patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Care plans included the pressure relieving equipment required to maintain skin integrity and also included any prescribed topical preparations to be administered.

Oral care had not been consistently care planned and/or evidenced within supplementary care records. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were well 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. Food served appeared appetising and nutritious. Staff were aware of the actions to take should a patient refuse their food. Records of food and fluids consumed were recorded well. However, some staff were observed going between different patients without taking the opportunity for hand hygiene. This was discussed with the manager and identified as an area for improvement.

Activities were conducted daily in the home and a programme of activities was displayed on the communal corridor to inform patients/relatives of upcoming planned activities. Activities included pampering, bingo, movies, pub trips, games and arts and crafts. There were three activity therapists employed in the home. Records were maintained of activity provision including the patients' engagements in the activity. Patients and relatives were invited to give suggestions for activities they would like to engage in.

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 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. A new 'Care Plan Agreement Form' had recently been introduced for patients/relatives to sign once they have reviewed the care plans. Risk assessments and care plans were reviewed regularly, and changes made where required, to ensure that they remained up to date. 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.

The daily nursing evaluation of care delivery during the shift had been frequently completed half way through the day; there were no additional entries to evidence the care delivered later in the day. Many of the statements within the evaluation were generic and did not reflect the supplementary care delivery. This was discussed with the manager and identified as an area for improvement.

3.3.4 Quality and Management of Patients' Environment Control

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were warm and comfortable. There were no malodours 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. However, doors were observed to be propped open rendering them unable to close should a fire alarm sound. In addition, poor compliance was noted on the recording of visitors to the home. This was discussed with the manager and areas for improvement were identified.

Monthly infection control and environmental audits were completed, within each separate unit, to monitor the environment and staffs' practices. The audits generated action plans when deficits were found. Personal protective equipment was readily available throughout the home.

The smoking room in the home was in a state of disrepair. Furnishings were damaged and unclean and walls and ceilings required painting. This was discussed with the manager and identified as an area for improvement.

Several call bells were observed inaccessible to patients. This was discussed with the manager and identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Kelly Kilpatrick has been managing the home since 23 June 2025. Staff commented positively about the manager and described her as 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.

There were no recent or ongoing complaints relating to the home. We discussed that any area of dissatisfaction should be recorded as a complaint. A compliments log was maintained and any 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
Total number of Areas for Improvement	2	5*

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ciprian Mihai, Nurse in Charge and Lorraine Thompson, Regional 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (15 August 2025)</p>	<p>The registered person shall ensure that doors in the home are not propped open and unable to close should a fire alarm sound</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The doors in question were closed immediately when advised by the inspector. The staff have been reminded not to prop doors open and if they come across a door which is propped open (as some residents tend to prop the doors) they are to remove immediately. The Home Manager and Deputy Manager will monitor this as part of their daily walkarounds.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (15 August 2025)</p>	<p>The registered person shall ensure that a record of all visitors to the home is maintained.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The visitors sign in book was available, however not in immediate eyesight for visitors. The book was moved on the day of the inspection to a more prominent area in the front foyer, and staff will remind visitors to sign in. The Home Manager will monitor the use of the book.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 6 Criteria (14)</p> <p>Stated: Second time</p> <p>To be completed by: 15 September 2025</p>	<p>The registered person shall ensure that patients' oral care needs are included within care planning and evidenced within supplementary care records.</p> <p>Ref: 2.0 and 3.3.2</p> <p>Response by registered person detailing the actions taken: All residents have an oral hygiene care plan, and it is detailed within the oral health assessment as to whether this is within the personal hygiene care plan or a standalone oral hygiene care plan.</p>

	The Home Manager and Deputy Manager will monitor this during care file audits.
Area for improvement 2 Ref: Standard 46 Criteria (11) Stated: First time To be completed by: With immediate effect (15 August 2025)	The registered person shall ensure that staff engage in hand hygiene after assisting a patient at mealtimes and before going to another patient. Ref: 3.3.2 Response by registered person detailing the actions taken: This has been discussed with staff through supervision. Hand hygiene audits have been undertaken following the inspection at mealtimes and there will be an ongoing observations time during audits.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: With immediate effect (15 August 2025)	The registered person shall ensure that nursing staff evaluate care in a meaningful manner that is person centred. Ref: 3.3.3 Response by registered person detailing the actions taken: This area has been discussed with all Nursing staff; the Home Manager and Deputy Manager will monitor as part of the care file review process. This area will remain a standing point on the agenda for Staff nurse meetings.
Area for improvement 4 Ref: Standard 44 Criteria (14) Stated: First time To be completed by: 15 October 2025	The registered person shall ensure that the provision made for those who smoke is suitable for use and dignified. Ref: 3.3.4 Response by registered person detailing the actions taken: The internal smoke room has been deep cleaned and painted; new chairs have been purchased. The room will continue to be deep cleaned daily, whilst the home awaits the move to an external area following variation approval.
Area for improvement Ref: Standard 44 Stated: First time To be completed by:	The registered person shall ensure that patients have access to call bells in all areas where care is delivered. Ref: 3.3.4

<p>With immediate effect (15 August 2025)</p>	<p>Response by registered person detailing the actions taken: New call leads had been ordered, and these are now in place in all appropriate areas, considering any ligature risks. The Home Manager will monitor these areas during daily walkarounds.</p>
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