

# Inspection Report

<b>Name of Service:</b>	<b>Clonmore House</b>
<b>Provider:</b>	<b>Northern Health and Social Care Trust</b>
<b>Date of Inspection:</b>	<b>7 August 2025</b>

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>	Northern Health and Social Care Trust
<b>Responsible Individual:</b>	Ms Jennifer Welsh
<b>Registered Manager:</b>	Mrs Tracey McCartney
<p><b>Service Profile –</b></p> <p>This home is a registered residential care home which provides health and social care for up to 42 residents. This includes residents staying for a period of respite from their own homes. The home is located over two floors.</p> <p>All residents have their own bedrooms and access to communal lounges, bathrooms and a dining room.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 7 August 2025, from 9.30 am to 5.15 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 6 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review at the next medicines management 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 resident'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. 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

Residents described staff as "helpful" and "amazing". Residents spoken with said that they only had positive things to say about the home. Comments included, "they try to accommodate you in any way," and "this is second to none, the staff are excellent."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV, attend the activities or spend time relaxing in their own bedrooms.

One relative spoken with said, "It is very nice, everyone is very good."

Staff said that they enjoyed working in Clonmore House, staff said; "I like it here, the staffing levels are ok and there is good support from the manager."

No additional feedback was received from residents, relatives or staff following the inspection.

## 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 residents. There was lack of robust oversight of the recruitment checklist within the home. For example, in one recruitment checklist, the date of the Access NI check was missing and there was no evidence of employment history. In a second checklist, there was no evidence of the employment start date and no evidence of a physical and mental health assessment. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said that there was good teamwork, they felt well supported in their role and 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 residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, some staff supported residents in one of the lounges in the daily activity, while other staff were observed chatting and joking with residents in the communal areas.

### 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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, staff were observed spending time with residents, chatting to them in a respectful manner and supporting them in the daily planned activities.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner.

Where a resident was at risk of falling, measures to reduce this risk were in place. Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. All falls were managed consistently and in keeping with best practice.

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

The importance of engaging with residents was understood by the manager and staff. Observation of the planned morning activity, (Knit and Knatter) confirmed that staff knew and understood residents' preferences and wishes and helped residents 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 come. One resident said, "The activities are great, they are good fun."

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home.

Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were mostly person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs; however, some care plans were not person centred, this was discussed with the manager who agreed to address this. This will be reviewed at a future inspection.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### **3.3.4 Quality and Management of Residents' Environment**

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

However, concerns were identified regarding the general cleanliness and upkeep of the 'flats' area of the home. The general environment within these rooms were to a poor standard with flaking paint in some rooms and plaster which has fallen from the wall beside the window in another. Details were discussed with the manager and an area for improvement identified.

It was also noted that a number of rooms within this area of the home were being used for a purpose other than the reason they had been registered for. The identified rooms had inappropriate storage of combustible materials; in addition to this, these rooms were not identified on the most recent fire risk assessment. Review of records confirmed a variation application had not been received by RQIA. This was discussed with the manager who agreed the rooms would be cleared following the inspection and if required, a variation application would be submitted to the RQIA registrations team. Two areas for improvement were identified.

Examination of records and discussion with the manager evidenced deficits relating to legionella prevention controls in the above area of the home. It was noted that some infrequently used water outlets had not been managed appropriately. This was discussed the aligned estates inspector following the inspection. In addition to this, it was identified that the most recent legionella risk assessment was dated November 2013. An area for improvement was identified.

Three fire doors were observed to be propped open, this was discussed with the manager and an area for improvement was identified.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection.

Residents, relatives and staff commented positively about the manager, referring to her as “supportive.”

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

#### 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>	3*	7*

\* the total number of areas for improvement includes four that have been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Tracy McCartney, 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 Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (16 November 2023)	<p>The registered person shall ensure that all residents have a continuous supply of their prescribed medicines.</p> <p>Ref: 2.0</p> <hr/> <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>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  From date of inspection (16 November 2023)	<p>The registered person shall ensure medicines incidents are reported appropriately, including to RQIA and the prescriber.</p> <p>Ref: 2.0</p> <hr/> <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>
<b>Area for improvement 3</b>  <b>Ref:</b> 27 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2025	<p>The registered person shall ensure the environmental deficits identified on inspection are addressed.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Manager has address all the enviromental deficts identified on inspection            The unused area identified "the Flats" with enviromental deficts, ie being used for storage, has been decluttered and cleared out of inappropriate storage.            Estates Dept and Trust Waste managment provided additional support .            Work completed on 25.09.25.</p> <p>RQIA estates on 08.08.25 requesting the following;            Fire Risk Assessment            Legionella Risk Assessment            Water Sample Analysis Certificate</p> <p>Fire risk assessment completed 02.01.25. This was forwarded to RQIA Estates 14.08.25. This will be updated by the Trust Fire Officer to include the unused areas.</p> <p>Legionella risk assessment was last completed on 17.04.24. This was forwarded to RQIA estates on 14.08.25. The Legionella Risk</p>

	Assessment needs to be updated by Trust Estates - awaiting confirmation of date.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> From date of inspection (16 November 2023)	The registered person shall ensure that care plans are in place to direct staff when a resident is prescribed medicines to manage chronic pain.  <b>Ref:</b> 5.1  <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>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time <b>To be completed by:</b> From date of inspection (16 November 2023)	The registered person shall implement a robust medicines management audit which covers all aspects of medicines management to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.  <b>Ref:</b> 5.1  <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>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2025	The registered person shall ensure that all pre-employment checks are completed and verified prior to staff member commencing in post.  Evidence of checks must be maintained within the home.  <b>Ref:</b> 3.3.1  <b>Response by registered person detailing the actions taken:</b> Manager has amended the pre-employment check list . Pre -employment checklist now includes assurance that any gaps in new staff members previous employment have been checked.
<b>Area for improvement 4</b> <b>Ref:</b> Standard 27.11 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 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 future use of 9 unused bedrooms has been discussed with senior management and decision on long term requirement for these rooms is under review.

	Following a decision on the proposed future use of these rooms, RQIA will be notified in writing.
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 27.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2025</p>	<p>The registered person shall ensure that a current Legionella Risk Assessment is carried out taking into account the section of the building, which is unused including any recommended flushing regimes, and the same documented.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Manager has, at a domestic staff team meeting on 10.09.25 discussed this issue with the staff responsible for routine flushing regimes. Manager informed domestic staff that recommended flushing regimes needed to include the unused areas identified as "The Flats" and documented in the same way as other areas of the building. This is completed on a weekly basis.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2025</p>	<p>The registered person shall ensure the identified bedrooms used for storage, are cleared in line with recommendations in the latest fire risk assessment in order to reduce fire load.</p> <p><b>Response by registered person detailing the actions taken:</b> The unused area identified "the Flats" with enviromental deficts, ie being used for storage, has been decluttered and cleared out of inappropriate storage. Estates Dept and Trust Waste managment provided additional support . Work completed on 25.09.25.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 July 2025</p>	<p>The registered person shall sure that fire doors throughout the home are not propped open.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Senior staff who complete routine daily walk abouts now include the unused area identified as "The Flats" within their checks. Additional signage has been put on all doors to ensure of staff compliance - doors not to be wedged open.</p>

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



## The Regulation and Quality Improvement Authority

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