

# Inspection Report

<b>Name of Service:</b>	<b>Prospect</b>
<b>Provider:</b>	<b>Prospect Private Nursing Home Ltd</b>
<b>Date of Inspection:</b>	<b>13 June 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>	Prospect Private Nursing Home Ltd
<b>Responsible Individual/Responsible Person:</b>	Mr Thomas Mark McMullan
<b>Registered Manager:</b>	Miss Sinead Kerr
<b>Service Profile</b> – Prospect is a nursing home registered to provide nursing care for up to 49 patients over and under 65 years of age who require general nursing care.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 June 2025 from 10:00 am to 2.00 pm. The inspection was carried out by a care inspector.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notice FTC Ref: FTC000242(E) issued on 13 March 2025 under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 14 (2) (a) (c) relating to the management unnecessary hazards to patients. The date of compliance for the notice to be achieved by was 13 June 2025.

During and immediately following this inspection evidence was provided that sufficient improvements had been made to address all of the actions stated within the notice. Therefore, compliance with the FTC notice has been achieved.

Due to the focus of this inspection the areas for improvement identified at the previous inspection were carried forward for review at a future inspection.

## 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. 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 they were happy with the care and services provided. Patients were settled and there was a calm atmosphere in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One patient said "The staff are very good."

Staff told us they enabled patients to choose how they spent their day.

Staff said they were happy working in the home and they felt well supported by the manager.

### 3.3 Inspection findings

**FTC Ref: FTC000242 (E) Notice of failure to comply with Regulation 14 (2) (a) (c) of The Nursing Homes Regulations (Northern Ireland) 2005**

**Further requirements as to health and welfare**

**Regulation 14-(2)** The registered person shall ensure as far as reasonably practicable that –  
**(a)** all parts of the home to which patients have access are free from hazards to their safety;  
**(c)** unnecessary risks to the health or safety of patients are identified and so far as possible eliminated;

**The Responsible Individual must ensure that:**

- there is a robust system in place to minimise risks to patients which includes the safe storage of food and fluids, thickening agents and access to chemicals used for cleaning
- all staff receive an up to date supervision in relation to the management of hazards

- the system to identify/recognise and manage various types of hazards to patients is clearly understood by staff commensurate with their role and responsibilities
- there is a robust system in place to monitor the safe storage of food and fluids, cleaning chemicals and thickening agents

New locks had been fitted to the sluice room doors and snack kitchen on the first floor. These doors were observed to be locked when not in use. The door of a treatment room and cleaning store on the first floor had not fully closed when staff had exited and the lock had not engaged. This was addressed immediately by the manager and maintenance person. Assurances were provided following the inspection regarding further checks on these doors.

Lockable cabinets were installed in all bedrooms for the secure storage of items such as thickening agents. All cabinets checked were locked.

Cleaning chemicals on the cleaning trollies were safely managed by domestic staff

A review of records evidenced that supervisions sessions had been completed with all staff.

Staff spoken with had a good understanding of hazards and how to manage them.

The manager or deputy completed a walk around the home checking various areas for potential hazards such as ensuring the snack kitchen was locked and also sluice rooms. The walkabouts were completed by the Nurse in Charge in absence of the manager.

A review of records evidenced that hazards/ risks were considered as part of various audits processes such as risks to patients for example in the infection prevention and control (IPC) audit.

#### 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>	5*	6*

\* the total number of areas for improvement includes five under regulation and six under standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sinead Kerr, 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 (1) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 May 2025	<p>The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 2.0</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>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (3 September 2023)	<p>The registered person shall review the storage of medicines to ensure that the trolley stored in the alcove upstairs is stored securely.</p> <p>Ref: 2.0</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>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (3 September 2023)	<p>The registered person shall ensure that a robust system is in place so that medicines are not used after their expiry.</p> <p>Ref: 2.0</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>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure the following in relation to the use of bedrails:</p> <ul style="list-style-type: none"> <li>• there is a system in place to ensure bedrails are regularly checked and evidence of these checks are retained</li> <li>• care plans and risk assessments include they type of bedrails in use, the safety checks to be completed and the rationale for use is clear evidenced.</li> </ul> <p>Ref: 2.0</p>

<b>To be completed by:</b> Immediately from day of inspection 4 March 2025	<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 5</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2025	<p>The registered person shall ensure that care record audits are completed regularly; audits should include, where required, a clear action plan, the name of the person responsible for completing the action and a timeframe to follow up the action to ensure actions are addressed.</p> <p>Ref: 2.0</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>
<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 23  <b>Stated:</b> Third time  <b>To be completed by:</b> 30 May 2025	<p>The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>the frequency of patients repositioning needs are clearly prescribed in their plan of care</li> <li>the contemporaneous and comprehensive completion of supplementary repositioning records.</li> </ul> <p>Ref: 2.0</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>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 June 2025	<p>The registered person shall ensure patient care plans are sufficiently detailed, patient centred and reflective of the patients' current mobility needs.</p> <p>Ref: 2.0</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>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	<p>The registered person shall ensure that medicines awaiting destruction/disposal are disposed of in a timely manner.</p> <p>Ref: 2.0</p>

<p><b>To be completed by:</b> 10 September 2024</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 4</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time</p>	<p>The registered person shall review the provision of meals to ensure patients are adequately supervised as per their care plan and ensure meals temperature is maintained prior to serving.</p> <p>Ref: 2.0</p>
<p><b>To be completed by:</b> 28 January 2024</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 5</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 10 September 2024</p>	<p>The registered person shall ensure that care records for the management of distressed reactions include patient-specific information to direct the use of prescribed medicines and that records of administration include the reason for and outcome of each administration.</p> <p>Ref: 2.0</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>Area for improvement 6</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that care records include patient-specific detail on how pain is expressed and managed.</p> <p>Ref: 2.0</p>
<p><b>To be completed by:</b> 10 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>



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