The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Queenscourt

Provider: Manor Healthcare Ltd

Date of Inspection: 18 July 2025

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

1.0 Service information

Organisation:	Manor Healthcare Ltd
Responsible Individual	Mr Eoghain King
Registered Manager:	Mr Martin Yeo
Service Profile – This home is a registered nursing home which provides nursing care for up 43 persons with a learning disability. The home is a two storey building; bedrooms are located on both floors. The lounges and dining room are situated on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 18 July 2025, from 11.00 am to 6.10 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, 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 that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection the previous area for improvement was assessed as not being fully addressed by the provider and has been stated again. 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 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.

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

The inspector spoke with a number of staff, patients, and the management team during the inspection.

Patients who were able to share their opinions on life in the home said they were well looked after. Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

Staff spoken with said that Queenscourt was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the management team was approachable and they thoroughly enjoyed working in the home.

Relatives commented positively about the provision of care within the home. Comments included: "the care in here is A1", "the staff are very good", "I can go home settled" and "it's first class in here".

A visiting health professional and a student nurse were complimentary about their experiences in the home. The visiting health professional commented how they "love coming to the home".

Six completed questionnaires were received from patients. All the responses were positive in regard to the care and services provided in Queenscourt. Some of the comments included were; "The care is great", "I feel safe because the staff listen to me if I am worried, annoyed or

sad", "I love the support and kindness of staff", "I am looked after very well", "I am treated well, have fun and laugh" and "I am very happy here".

A further completed questionnaire was also received from a relative; they commented "I personally think xxx could not get any better treatment, she is happy enough".

We did not receive any response from the staff online survey within the timescale specified.

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.

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

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, review of the duty rota evidenced that some alterations had been made to the duty rota which were observed not made in line with best practice guidance. An area for improvement was identified.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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 patients.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines and likes and dislikes; for example, where patients preferred to sit and what they liked to eat. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may require the use of equipment or assessed as requiring continuous supervision; this could be considered restrictive, they may also 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. The staff were knowledgeable about each patients' care needs. Care plans included details of identified triggers, what the behaviours might look like and the plan in place evidenced how to manage and de-escalate behaviours.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plan and in addition, inconsistencies were observed in the accurate completion of the repositioning documentation. An area for improvement was identified.

Examination of care records and discussion with the manager confirmed how the risk of falling and falls were managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced observations and sought medical assistance if required. However, it was observed the post fall documentation was not consistently completed in full. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.
Observation of the lunchtime meal confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising. The dining experience was an opportunity for the patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. Patients' needs were met through a range of individual and group activities such as games, spiritual activities, exercising, baking and gardening. The home has access to a bus which is well utilised by the patients. Patients were well informed of the activities planned and looked forward to attending the planned events.

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.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

A record was kept of what patients had to eat and drink. Gaps in the consistent recording of food and fluids was observed. Discussion with the manager identified that these patients, may have planned to be out of the home at lunch or dinner time. However; this was not clearly evident on the records reviewed. An area for improvement was identified.

In regard to the management of controlled drugs, it was evident that the home has introduced new systems to manage the disposal of these medicines, however, following discussion with the pharmacy inspector further improvement is still required. An area for improvement was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was clean, warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. Corridors and fire exits were clear from clutter and obstruction. Records showed that regular fire drills had been undertaken by staff at suitable intervals.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Martin Yeo has been the manager in this home since December 2023.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients.

A review of the most recent fire risk assessment did not provide evidence that the actions identified by the fire risk assessor had been completed within the required timeframe. This was discussed with the manager who confirmed all the actions had been completed but not entered on the documentation. An area for improvement was identified.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment.

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	1	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Martin Yeo, 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

Area for improvement 1 **Ref:** Regulation 27 (4) (a) **Stated:** First time **To be completed by:** 19 July 2025	The Registered Person shall ensure the following in regard to fire safety arrangements: • The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to the recommended actions required. Ref: 3.3.5
	Response by registered person detailing the actions taken: Fire risk assessment is online portal and all actions completed

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)

Area for improvement 1 **Ref:** Standard 28 **Stated:** Second time **To be completed by:** 19 July 2025	The Registered Person shall ensure that all controlled drugs in Schedule 4 (Part1), are denatured and rendered irretrievable before being placed in waste containers. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: Flash meeting and memo for all staff nurses on the correct denaturing and rendering of controlled drugs. Staff Nurse Induction and yealry medication competency amended to reflect schedule 4 (Part 1) medications.
Area for improvement 2 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 19 July 2025	The Registered Person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance. Ref: 3.3.1
	Response by registered person detailing the actions taken: Flash meeting held with all staff and memos provided to the correct legislation and best practice for record keeping

Area for improvement 3 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 19 July 2025	The Registered Person shall ensure that where a patient requires repositioning; this is completed in accordance with their care plan and reflected within supplementary recording charts. Ref: 3.3.2
	Response by registered person detailing the actions taken: All clients, care plans, repositioning charts reviewed/assesed and amended to reflect corresponding paperwork. Flash meeting was held for staff and the importance of completion of records. New monthly audit commenced to maintain compliance
Area for improvement 4 **Ref:** Standard 12.27 **Stated:** First time **To be completed by:** 19 July 2025	The Registered Person shall ensure that post fall documentation is completed in full, in line with best practice guidance. Ref: 3.3.2
	Response by registered person detailing the actions taken: Flash meeting and memo for all staff nurses for new falls documenatation and the importance of completing same. New monthly audit commenced to maintain compliance
Area for improvement 5 **Ref:** Standard 12.27 **Stated:** First time **To be completed by:** 19 July 2025	The Registered Person shall ensure that supplementary food and fluid records are accurately maintained to evidence if the patient is out of the home at mealtimes. Ref: 3.3.3
	Response by registered person detailing the actions taken: All clients, care plans and supplemenatary records reviewed. A flash meeting held with staff and advised that supplementary records to be completed and reflect if a client is absent from the home.

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