

# Inspection Report

**Name of Service:** Kirk House  
**Provider:** Belfast Central Mission  
**Date of Inspection:** 3 April 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>	Belfast Central Mission
<b>Responsible Individual</b>	Ms Lois Payam
<b>Registered Manager:</b>	Mrs Sharon McIlroy
<b>Service Profile –</b> This home is a registered Residential Care Home which provides health and social care for up to 46 residents requiring general residential care, or living with a physical disability. The home is divided over two floors. On the ground floor there is one wing (Memory Lane) for residents living with dementia.	

## 2.0 Inspection summary

An unannounced inspection took place on 3 April 2025, between 9.50am and 6.15pm 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 pharmacy inspection on 3 September 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 residents 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 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 unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again for a second time. 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.

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 spoke positively about life in the home. Comments included, "There is plenty of activities," and "There is plenty of choice and the staff are attentive." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "I cannot speak highly enough about the staff." Another resident said, "I am very happy with the care, the staff are excellent and the food is good."

A relative spoke of how, "The girls are fantastic, they are a brilliant source of support and they are always concerned about mum's welfare."

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.

Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices. The home also runs a dementia support group for relatives.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Three completed questionnaires from residents were received from residents and relatives. Positive comments included, "The staff are excellent, all my needs are met". Some comments around the environment and meals provided were passed back to the manager for her action. No questionnaires from the staff survey were received 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 evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. 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.

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.

#### **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 observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their lunch and their dining experience. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The programme of social events was displayed on the noticeboard and shared with residents advising of future events.

Residents' needs were met through a range of individual and group activities such as knitting, arts and crafts, games and a walking club.

### 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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 clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed that 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. For example, resident call system checks, electrical installation checks and water temperature checks.

The environment in the memory lane unit needed improvements to orientate residents to their surroundings. Name plates/memory boxes/photographs were missing from outside of some of the bedrooms, and the menu for residents was not displayed. An area for improvement was stated for a second time.

An area of flooring in the dining area of the memory lane unit, and in the dining room area of the yellow lounge, still required repair or replacement. An area for improvement was stated for a second time.

There are a number of outstanding items to be addressed in the most recent Fire Risk Assessment (FRA). An area for improvement was identified.

Not all resident's bedrooms had a lockable storage space for them to keep valuables in for example. This was discussed with the manager and an area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Sharon McIlroy has been the Registered Manager of the home since June 2020.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

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 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.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

## 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>	2*	2*

\* the total number of areas for improvement includes one under regulation and one under the standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon McIlroy, 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 Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 July 2025</p>	<p>The registered person shall ensure that the environment in the memory lane unit is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. This is stated in relation to signage and personalisation on the bedroom doors, and in the menu being displayed in a more dementia appropriate format.</p> <p>Ref: 2.0 &amp; 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Both will be completed by 1 July 2025.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27(4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2025</p>	<p>The registered person shall implement the Fire Risk Assessment action plan recommendations in accordance with the risk assessor`s listed time frame. Where an action plan item is not completed then the registered person should indicate a realistic completion date for the item.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> FRA actions are underway with some already completed. BCM Estates are in discussions with Choice HA about remaining items, but BCM have not been given timescales as of yet. Estates will ensure this is followed through with Choice HA until complete.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 July 2025</p>	<p>The registered person shall ensure that the flooring in the dining area in memory lane and in the dining area in the yellow lounge is repaired or replaced.</p> <p>Ref: 2.0 &amp; 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Contractors are booked for the 30th May to replace the yellow lounge flooring and Memory lane will also be completed before 1 July 2025.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard E26</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that each resident`s bedroom has a lockable storage space, for use by the resident.</p> <p>Ref: 3.3.4</p>

<b>To be completed by:</b> 1 July 2025	<b>Response by registered person detailing the actions taken:</b> BCM estates are currently sourcing and costing lockable storage. They will be in place for 1 July 2025.
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*\*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