The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Carrickfergus Manor

Provider: Kathryn Homes Limited

Date of Inspection: 3 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/Registered Provider:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Ms Ildiko Tokes

Service Profile – This home is a registered nursing home which provides general nursing care for up to 47 patients. Patients' bedrooms, communal lounges and dining rooms are located within two units on the first floor of the home and patients can access an enclosed garden area from the ground floor.

There is a separately registered residential care home on the ground floor of the home; the registered manager manages both services.

2.0 Inspection summary

An unannounced inspection took place on 3 July 2025 from 9:00 am to 5.30 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 16 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 three areas for improvement were assessed as having been addressed by the provider. One area for improvement hasbeen stated again and one area for improvement has been subsumed into a regulation to drive the necessary improvement. 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

Patients told us they were happy with the care and services provided. Comments made included "the staff are brilliant, they treat me well" and "the food is great, you couldn't beat it".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients 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. Patients told us that staff were "excellent" and "very helpful".

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment a review of recruitment records evidenced that employment history for one newly appointed staff member had not been fully explored. This was discussed with the manager and an area for improvement was identified.

There was a system in place to ensure staff inductions were completed along with regular staff training and that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing.

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

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). It was observed that within the NISCC documentation that a number of new staff had yet to apply for registration. This was discussed with the manager who confirmed following the inspection that applications had been made. An area for improvement was identified.

Staff said there was good team work and that they felt supported in their role. Staff told us that they were satisfied with planned staffing levels. Two staff raised concerns regarding the availability of continence products and wheelchairs. All comments were passed to the manager who agreed to review and address the concerns raised as required. This will be reviewed at the next inspection.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients 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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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.

It was observed that 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 patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients 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 patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and were nursed on specialist equipment such as air wave mattresses. Care plans in place indicated the frequency or repositioning and the type and setting of the mattress.

A review of the supplementary repositioning records did not always correspond with the care plan. The manager agreed to address this. A review of the pressure relieving mattress settings evidenced that these were not set in accordance to the care plan. This was discussed with the manager and an area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place.

A review of a sample of records evidenced that mobility care plans and risk assessments were recorded. Wound care records evidenced that relevant documentation was in place, however, the care plans did not clearly state the frequency of the dressings required, deficits in the evaluations were also identified. An area for improvement previously identified has now been subsumed into an area for improvement under regulation.

Observation of a number of patients in their bedrooms call bells were not within reach. This was discussed with the manager and 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 and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The weekly programme of social events was displayed on the noticeboard advising of future events. Patients' needs were met through a range of individual and group activities such as music, arts and crafts, bingo and hairdressing.

Patients were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events.

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

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.

Daily records were kept of how each resident spent their day and the care and support provided by staff. A nurses' station in an identified unit was accessible with access to the computerised record system. This was discussed with the manager and an area for improvement was identified. The treatment room was also accessible. This is discussed further in section 3.3.4

Review of a sample of patient care records for patients living with dementia evidenced that these care plans lacked sufficient person centred detail to direct the care required. This was identified as an area for improvement.

3.3.4 Quality and Management of Patients' Environment

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

Some deficits in the cleaning of equipment was observed such as manual handling / mobility equipment, a small number of shower chairs and raised toilet seats were also not fully clean. Details were discussed with the manager who confirmed that these would be addressed. An area for improvement was partially met and stated for a second time.

As discussed in section 3.3.3 a nurses' station was unlocked within the nurses station the door to the treatment room was unlocked and various medications were accessible within this room. This was addressed by the nurse in charge and the manager was informed. Cleaning chemicals were accessible in a side board and staff belongings were also accessible in an unlocked room. An area for improvement in regards to the management of unnecessary risks to patients was identified.

3.3.5 Quality of Management Systems

Ms Ildiko Tokes has been the registered manager since 2 February 2024.

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

There was evidence of auditing across various aspects of care and services provided by the home. In the care plan and infection prevention and control audits, the action plan in place was observed to be signed when completed.

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.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager 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	3	6*

* the total number of areas for improvement includes one that has been stated for a second time and one that has been subsumed into an area for improvement under regulation

Areas for improvement and details of the Quality Improvement Plan were discussed with Ildiko Tokes, registered 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 12 (1) (a) (b) **Stated:** First time **To be completed by:** 30 August 2025	The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately and in accordance with legislative requirements, minimum standards and professional guidance. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Arrangements made with Podiatrist that on each visit they will update the manager with wound progress, dressing regime to ensure that wound assessments are updated in a timely manner with relevant information . Wound assessments are checked on a daily basis. Supervision issued to all nurses
Area for improvement 2 **Ref:** Regulation 19 (1) (b) **Stated:** First time **To be completed by:** 3 July 2025	The Registered Person shall ensure the nurses station doors are kept locked on all occasions when the stations are unoccupied in order to ensure that patients care records and other confidential information are not accessible. Ref: 3.3.3 & 3.3.4 **Response by registered person detailing the actions taken**: Door checks increased by senior staff and management . Care staff station moved to the lounge to enable the nurses to have full responsibility of the doors . Door codes changed and known just by nurses. Nurses and care staff reminded of the importance of keeping residents records confidential and not accessible Supervision issued to all staff
Area for improvement 3 **Ref:** Regulation 14 (2) (a) 9b) **Stated:** First time **To be completed by:** 3 July 2025	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is stated in reference to access to the treatment room, cleaning chemicals and staff belongings Ref: 3.3.4 **Response by registered person detailing the actions taken**: Door checks increased by senior management . Staff reminded of the importance of having our home free from hazards in order to promote safety for our residents . Staff reminded to ensure to place their belongings in places designated for this purpose . Supervision issued to all staff. Same checked daily during walkrounds

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 46 **Stated:** Second time **To be completed by:** 1 August 2025	The registered person shall ensure that the infection prevention and control issues identified are addressed. This is stated in reference but not limited to the cleaning of manual handling equipment between use, cleaning of patient equipment and storage of items in the en-suites. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Staff reminded of the importance of cleaning patient equipment between use . IPC checks frequency increased during the day ensuring that no inappropriate storage in the en-suites and equipment cleaned between use. Supervision issued to all staff.
Area for improvement 2 **Ref:** Standard 38 **Stated:** First time **To be completed by:** 3 July 2025	The registered person shall ensure that an applicants employment history is fully explored as part of the pre-employment checks. Ref: 3.3.1
	Response by registered person detailing the actions taken: Attention to detail was given to preemployment history as part of the employment checks and rectified
Area for improvement 3 **Ref:** Standard 39.8 **Stated:** First time **To be completed by:** 3 July 2025	The registered person shall ensure newly appointed staff members make application to register with NISCC and the register is updated to reflect the progress of the application. Ref: 3.3.1
	Response by registered person detailing the actions taken: All NISSC referral are done and the register is updated with progress. Will be updated monthly and at time of recruitment by the management team
Area for improvement 4 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 3 July 2025	The registered person shall ensure pressure relieving device settings are correct and correlate with the patients care plan. Ref: 3.3.2
	Response by registered person detailing the actions taken: All staff re trained on mattress setting checks and closely monitored by senior management Checks frequency increased and documented by senior management during the day. Reminder notice in every room regarding mattress setting. Resident weight on the end of the bed frames to assist with monitoring and this is updated at time of monthly weight

Area for improvement 5 **Ref:** Standard 43 **Stated:** First time **To be completed by:** 3 July 2025	The registered person shall ensure that all patients who require a nurse call bell have these within reach. Ref: 3.3.2
	Response by registered person detailing the actions taken: Checks frequency increased regarding call bells and documented by senior management during the day. Daily mandatory checks in place by N.I.C. Reminder notice in every room regarding call bells in residents reach. Staff supervision issued.
Area for improvement 6 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 August 2025	The registered person shall ensure sufficiently detailed patient centred care plans are in place for individual patients. This is stated in reference to care plans for patients living with dementia. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans reviewed and updated . In discussion with NOKs to provide more information regarding residents past, likes and dislikes

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews