

Inspection Report

Name of Service: Carrickfergus Manor
Provider: Kathryn Homes Ltd
Date of Inspection: 29 May 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 –	
<p>This home is a registered residential care home which provides health and social care for up to 43 residents living with dementia. The home is situated on the ground floor of the building and is divided into two units, De Courcy and Dunluskin.</p> <p>Residents' bedrooms all have en-suite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area.</p> <p>There is a separately registered nursing home which occupies the first floor of the same building. The registered manager manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 29 May 2025, from 9.40 am to 5.40 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 20 May 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.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. 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 spoken with said that they were happy living in Carrickfergus Manor. Comments included, "I like it here," "all is well, it is very good," and "Oh, it is lovely, yes very good."

Residents confirmed that they were able to choose how they spent their day. For example, residents could choose where they wished to have their meal and what daily activity they wished to attend.

Residents' relatives told us that they could visit whenever they wished and were always made feel welcome when they visited the home. One resident's relative said, "I have no issues, they look after mum well and I am always kept informed." A second relative said, "we are very happy, she is so well looked after and that means a lot."

Staff said that they enjoyed working in Carrickfergus Manor; "I love it here," and "the manager and the deputy are very hands on and very supportive."

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 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.

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

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 attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

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 offered residents choice in how and where they spent their day or how they wanted to engage socially with others.

It was observed that staff providing one-to-one supervision had left the resident unattended for a short period of time. This was brought to the attention of the manager who immediately addressed this. An area for improvement was identified.

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.

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

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.

There were robust systems in place to manage residents' nutrition and mealtime experience.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned morning craft activity confirmed that staff knew and understood residents' preferences and wishes. Residents could participate in planned activities or spend time with other in the lounge areas with their chosen activity such as watching television, or waiting for their visitors to come.

There was a range of activities offered to the residents regularly. Residents were observed to be engaging in meaningful activities and interacting with one another and with staff in a relaxed way.

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

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.

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.

Some areas of the home were in need of attention, for example walls throughout the home needed repainting. The manager confirmed that there was a plan in place to complete this redecoration. This will be reviewed at a future inspection.

Some arm chairs throughout the home were showing signs of wear and tear, for example cushions on chairs in both lounges and in some bedrooms had lost their firmness and were uncomfortable to sit on; other chairs were ripped and some chairs were in need of a deep clean. An area for improvement was identified.

Environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

3.3.5 Quality of Management Systems

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

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

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 in 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
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Ildiko Tokes, 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 Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 29 May 2025</p>	<p>The registered person shall review the staffing arrangements to ensure one to one care is delivered to residents in accordance with their care plan.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Staff reminded prior each shift that they are not to leave residents unattended under any circumstances . They must ensure another staff member will take over while they are away . However this is included in their induction</p>
<p>Area for improvement 2</p> <p>Ref: Standard E13</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2025</p>	<p>The registered person shall ensure that the identified arm chairs are replaced or repaired.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Chairs have been requested and have a 16 week lead time</p>

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