

Inspection Report

Name of Service: County Care Home

Provider: EBBAY Limited

Date of Inspection: 15 October 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:	EBBAY Limited
Responsible Individual:	Mr Patrick Anthony McAvoy
Registered Manager:	Mrs Caroline McCrea
<p>Service Profile:</p> <p>This home is a registered nursing home which provides nursing care for up to 52 patients. The home is divided into two units over two floors. Patients who require general nursing care over 65 years of age and physical disability over and under 65 years of age are accommodated on the ground floor; patients living with dementia are accommodated on the lower ground floor. The home is also approved to provide care on a day basis to five persons.</p> <p>Patient bedrooms, lounges, dining rooms and bathroom/toilets are located over the two floors. Patients have access to communal lounges, dining areas and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 October 2025, from 9.40 am to 6.35 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 2 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; the display of menus, supervision of patients at meal times, care records, infection prevention and control (IPC), the laundry room and storage of prescribed thickening agents.

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. Refer to Section 3.2 for more details.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated 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 patients, 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are very good and looking after me well", "I really like it here", "The staff are the best", "Very happy here" and "I feel very safe".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff spoken with advised that there was good teamwork and everyone is willing to help. Staff reported that the care provided in the home was good and the patients were well cared for. Staff told us that the manager was supportive and available for advice and guidance.

Two relatives and a visiting professional spoken with during the inspection commented positively about the overall provision of care within the home. Comments included: "The staff are very good at communicating patients' needs", "(Staff) very attentive and friendly", "I find the care delivery to be very good here and very patient centred" and "The staff are very friendly and welcoming".

Two questionnaires were received following the inspection; one from a relative and the other from a patient. The respondents were very satisfied with the overall provision of care.

Comments included: “The care in this home is really good”, “I feel safe”, “(Staff) very kind and nice when asked for help” and “They (staff) are always there to help me”. One relative commented regarding the television and music not always on when they visit. This was shared with the manager who provided written confirmation of the action taken to address this.

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.

Patients 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 observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients’ needs, their daily routine, wishes and preferences.

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. Review of a sample of patients care records evidenced that these were mostly well maintained.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

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. Whilst a pictorial menu was on display within each of the dining rooms; the menu displayed was not reflective of the meals being served. An area for improvement was identified.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a mealtime co-ordinator to oversee the correct delivery of meals to patients.

Whilst the dining experience within the general nursing care unit was well organised and patients were appropriately supervised in accordance with the speech and language therapy (SALT) recommendations; patients within the dementia unit dining room were observed eating their lunch time meal unsupervised which was not in accordance with SALT recommendations. An area for improvement has been stated for a second time.

Patients commented positively about the food provided within the home with comments such as: "The food is very good and plenty of choices", "Great food" and "Lovely meals".

The importance of engaging with patients was well understood by management and staff. A pictorial schedule of activities was on display within the home offering a range of individual and group activities such as baking, arts and crafts, board games and music.

A harvest service was provided in the morning and physical interactive games were provided in the afternoon. Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: "There are plenty of activities here", "I really enjoy the activities" and "Lots of things to do here".

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. Care records were held confidentially.

A sample of care records were reviewed for patients at risk of dehydration. There were a number of discrepancies identified, for example; the minimum daily fluid intake target recorded in one patient's care plan was not consistent with the fluid target recorded within the chart; charts for two patients did not state the fluid target and one care plan did not state at what stage to take action if the daily fluid target is not achieved. An area for improvement has been stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that refurbishment works had been completed since the last care inspection. The management team confirmed that further refurbishment works were on the homes agenda including ongoing painting throughout the home, the replacement of identified floor coverings and repair to identified walls.

Whilst there was evidence that systems and processes were in place to manage infection prevention and control (IPC); review of communal toilet/shower rooms evidenced that patient equipment had been stored inappropriately. It was further identified that clean linen was stored beside unclean linen within a shower room and within the laundry room. Details were discussed with the management team and areas for improvement were identified.

Review of the laundry room identified a number of deficits regarding the overall management and cleanliness of the environment. For example; dust was evident to the back of washing machines and tumble dryers; personal protective equipment (PPE) was exposed beside unclean linen; equipment such as a laundry basket and the cover to an ironing board were damaged and no longer fit for purpose. These along with any other deficits identified were discussed in detail with the management team and an area for improvement was identified.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 3 February 2025. A number of actions were required following this assessment and these were signed by management as completed.

Prescribed thickening agents were observed in two areas of the home unsupervised. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Caroline McCrea has been the Manager in this home since 22 March 2021.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

A record of complaints was held within the home. Review of a sample of complaints evidenced that these were appropriately addressed.

There were systems in place to ensure that accidents and incidents were notified to patients' next of kin, the trust and to RQIA.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team 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.

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	2*	5*

* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 15 October 2025</p>	<p>The registered person shall ensure that patients are supervised during meals in accordance with SALT recommendations.</p> <p>Ref: 2.0 and 3.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>We confirm that all meal-time support will be delivered in accordance with each patient's individual SALT assessment, including supervision levels, positioning, texture-modified diets, and any specific feeding strategies. Staff involved in meal supervision do / will receive the necessary training and will follow these recommendations consistently to promote patient safety and well-being.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2025</p>	<p>The registered person shall ensure that prescribed thickening agents are securely stored.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>We confirm that all thickening agents will be kept in a designated, secure storage area accessible only to authorised staff. This measure will ensure that products are used safely, in accordance with individual SALT and clinical recommendations, and prevent any inappropriate access or misuse. Regular checks will be carried out to maintain safe storage and stock control.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 4.8</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that for any patient at risk of dehydration, the recommended daily fluid intake within recording charts are reflective of the fluid target within care plans and the care plan states the action to take and at what stage, if the fluid target is not met.</p>

<p>To be completed by: 15 October 2025</p>	<p>Ref: 2.0 and 3.3.3</p> <p>Response by registered person detailing the actions taken: We confirm that all care plans will include the patient's individual fluid target, as well as clear, step-by-step actions for staff to take if the target is not being met, including escalation procedures and timeframes. Fluid charts and care plans will be reviewed regularly to ensure consistency, accuracy, and effective monitoring, promoting patient safety and hydration management.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2025</p>	<p>The registered person shall ensure that menus are accurately displayed to reflect the meals being offered.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: We confirm that daily menus will be checked and updated by designated staff before each mealtime to ensure the information is correct, accessible, and reflective of the actual dishes available. This will support patient choice, informed decision-making, and compliance with dietary needs. Regular monitoring will be carried out to ensure ongoing accuracy and consistency.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2025</p>	<p>The registered person shall ensure that patient equipment is appropriately stored in line with infection prevention and control guidelines.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: We confirm that all patient equipment will be kept in designated, clean storage areas, clearly separated from used or contaminated items, and maintained in a manner that reduces the risk of cross-infection. Staff will receive guidance on correct storage procedures, and regular IPC audits will be undertaken to ensure compliance and maintain a safe environment for patients.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2025</p>	<p>The registered person shall ensure that clean and unclean linen are stored separately to reduce the risk of cross contamination.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: We confirm that designated areas for clean and soiled linen will be clearly identified and used consistently, in line with infection prevention and control (IPC) guidelines. Staff will follow established handling and storage procedures, and regular</p>

	monitoring will be carried out to ensure safe practice and compliance with IPC standards.
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure that the laundry room is managed effectively in line with infection prevention and control guidelines. Ref: 3.3.4
To be completed by: 15 October 2025	Response by registered person detailing the actions taken: We confirm that all laundry processes—including sorting, handling, washing, drying, and storage—will follow established IPC standards to minimise the risk of cross-contamination. The layout and workflow of the laundry area will aim to support a clear separation of clean and soiled items, and staff will receive ongoing training in safe laundry practices. Regular audits will be conducted to ensure continued compliance and maintain a safe, hygienic environment.

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