

# Inspection Report

**Name of Service:** Prospect

**Provider:** Prospect Private Nursing Home Ltd

**Date of Inspection:** 8 December 2025

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

## 1.0 Service information

<b>Registered Provider:</b>	Prospect Private Nursing Home Ltd
<b>Responsible Individual:</b>	Mr Thomas Mark McMullan
<b>Registered Manager:</b>	Miss Sinead Kerry
<b>Service Profile –</b> Prospect is a nursing home registered to provide nursing care for up to 49 patients over and under 65 years of age who require general nursing care.	

## 2.0 Inspection summary

An announced pre-registration inspection took place on 8 December 2025 from 10.30 am to 12.30 am by a care inspector and an estates inspector. This was in association with the works contained in variation VA012420 to register four new bedrooms which was converted from a lounge. The new maximum number of patients has been confirmed from the home's management team as 53.

Areas for improvement identified at the previous care inspection were not reviewed as part of this inspection and these areas are carried forward for review at the next care inspection.

Following review of the information submitted to RQIA and the findings of the inspection, RQIA granted the application to register the additional bedroom.

No new areas for improvement were identified and the variation application was approved for patient use.

## 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.

## 3.2 Inspection findings

### 3.2.1 Care Inspector findings

The new bedrooms with ensuite had been finished to a high standard and were compliant with the Care Standards for Nursing Homes (2022). Staffing levels will be determined by the patients' dependency levels. The rooms have been added into the home's cleaning schedule to ensure that they were not missed.

In conclusion, from a care perspective, RQIA were satisfied that the actions taken in relation to this variation are compliant with current Department of Health (DoH) minimum standards and may be processed to completion. No areas for improvement were identified.

### 3.3.2 Estates Inspector findings

Documentation presented during and subsequent to the inspection confirmed that the premises, engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance.

The accommodation as specified in this variation application was inspected and found to be compliant with current DoH minimum standards. The fire risk assessment and legionella risk assessment documents had been reviewed and action plan recommendations are being implemented.

From an estates perspective RQIA were satisfied that the premises' were suitable to meet the aims and objectives, as described in the home's Statement of Purpose. No areas for improvement were identified.

## 4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	6*

\*The total number of areas for improvement includes 11 which are carried forward for review at the next inspection.

Findings of the inspection were discussed with Miss Sinead Kerr, Registered Manager, and Mr Thomas Mark McMullan, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 May 2025</p>	<p>The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 2.0</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (3 September 2023)</p>	<p>The registered person shall review the storage of medicines to ensure that the trolley stored in the alcove upstairs is stored securely.</p> <p>Ref: 2.0</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (3 September 2023)</p>	<p>The registered person shall ensure that a robust system is in place so that medicines are not used after their expiry.</p> <p>Ref: 2.0</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from day of inspection 4 March 2025</p>	<p>The registered person shall ensure the following in relation to the use of bedrails:</p> <ul style="list-style-type: none"> <li>• there is a system in place to ensure bedrails are regularly checked and evidence of these checks are retained</li> <li>• care plans and risk assessments include they type of bedrails in use, the safety checks to be completed and the rationale for use is clear evidenced.</li> </ul> <p>Ref: 2.0</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2025</p>	<p>The registered person shall ensure that care record audits are completed regularly; audits should include, where required, a clear action plan, the name of the person responsible for completing the action and a timeframe to follow up the action to ensure actions are addressed.</p> <p>Ref: 2.0</p>
<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 30 May 2025</p>	<p>The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• the frequency of patients repositioning needs are clearly prescribed in their plan of care</li> <li>• the contemporaneous and comprehensive completion of supplementary repositioning records.</li> </ul> <p>Ref: 2.0</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 June 2025</p>	<p>The registered person shall ensure patient care plans are sufficiently detailed, patient centred and reflective of the patients' current mobility needs.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 September 2024</p>	<p>The registered person shall ensure that medicines awaiting destruction/disposal are disposed of in a timely manner.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 January 2024</p>	<p>The registered person shall review the provision of meals to ensure patients are adequately supervised as per their care plan and ensure meals temperature is maintained prior to serving.</p> <p>Ref: 2.0</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 September 2024</p>	<p>The registered person shall ensure that care records for the management of distressed reactions include patient-specific information to direct the use of prescribed medicines and that records of administration include the reason for and outcome of each administration.</p> <p>Ref: 2.0</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 September 2024</p>	<p>The registered person shall ensure that care records include patient-specific detail on how pain is expressed and managed.</p> <p>Ref: 2.0</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>



## The Regulation and Quality Improvement Authority

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