The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: De La Cour House

Provider: Clanmil Housing Association

Date of Inspection: 11 September 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:	Clanmil Housing Association
Responsible Individual:	Mrs Carol McTaggart
Registered Manager:	Mr Robert Linton – not registered
Service Profile – This home is a registered residential care home, which provides health and social care for 14 older people, and to residents living with dementia. The home is divided over three floors with bedrooms on the ground and first floor. There is a communal dining room and lounge on the ground floor. A communal garden is available for residents' use.	

2.0 Inspection summary

An unannounced inspection took place on 11 September 2025, between 9.40am and 5.00pm 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 16 January 2025 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 seven areas for improvement were assessed as having been addressed by the provider. Four areas for improvement will be reviewed at the next inspection.

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 residents, 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 spoke positively about life in the home. Comments included, "I have no concerns over care in the home," and, "The staff are excellent." 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, "The staff are attentive and there is plenty to do." Another resident said," There is plenty to do and the food is good."

A relative commented on how, "The staff are attentive and the communication with the home is 100 percent."

Another relative spoke of how, "The staff are excellent and very dedicated."

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.

There was evidence of 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.

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.

One completed questionnaire from a resident indicated high levels of satisfaction with the care and services provided in the home. A comment about activities in the home was passed back to the manager for his attention.

Three completed questionnaires from relatives commented positively on the care provided in the home. Comments included, "The care and support is excellent," and, "The care given is absolutely brilliant," and, "The staff are kind and attentive." One comment on activity provision was passed back to the manager for his action.

Two responses to the staff survey were received following the inspection. These indicated positive responses to the recent changes in management in the home.

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 discussed with the manager for the duty rota to have a system to identify the person in charge.

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 resident 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.

Some residents raised concerns over agency staff in the home, and their attention to detail when attending to personal care with residents. This was discussed with the manager for his action.

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

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as musical activities, games, reminiscence and religious services.

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. It was discussed with the manager for care plans for residents requiring one to one supervision, to have a greater level of detail to direct staff; and more detail around the keypad on the front door, and its impact on Deprivation of Liberty (DoL) safeguards. This will be reviewed at a subsequent inspection.

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 Control

The home was 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.

Within the bathroom, the extractor fan and wall around it were found to be unclean. The handrails had rust, and high dusting had not been attended to effectively. A number of raised toilet seats within the home were also found to have rust on their frames not allowing for effective cleaning. These issues were brought to the manager's attention. An area for improvement was identified.

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's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

Residents of the home raised some issues with the environment. Some satellite dishes were not fully fixed to the wall outside the building, and a call point in a resident's bedroom was not functioning correctly. The manager confirmed via email to RQIA on the 24 September 2025 that these issues were attended to.

A wardrobe in an identified bedroom was not attached to the wall. The manager confirmed this was addressed on the 22 September 2025.

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 a change in the management of the home since the last inspection. Mr Robert Linton has been the manager in this home since 1 May 2025.

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

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

Residents and their relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these.

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	4*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Robert Linton, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that records of prescribing and administration of thickening agents are accurately maintained and include the recommended consistency level. Ref: 2.0
To be completed by: With immediate effect (16 January 2025)	**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.**
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure controlled drugs are stored securely in accordance with legislation. Ref: 2.0
To be completed by: With immediate effect (16 January 2025)	**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.**
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure refrigerator temperatures are appropriately monitored and action taken if the temperature range is outside 2^{o}C-8^{o}C. Ref: 2.0
To be completed by: With immediate effect (16 January 2025)	**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.**

Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect (16 January 2025)	The registered person shall implement a robust audit system which covers all aspects of management of medicines. Any shortfalls should be detailed in an action plan and addressed. Ref: 2.0 **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.**
Action required to ensure compliance with the Residential Care Home Minimum Standards December 2022	
Area for improvement 1 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 1 November 2025	The registered person shall ensure the followings areas in the environment are addressed: • The extractor fan in the bathroom is cleaned or replaced. • The debris on the wall around the extractor fan, and the cobwebs on the ceiling are removed. • The handrails in the bathroom are replaced. • The raised toilet seats in the home that have rust are replaced. Ref 3.3.4
	Response by registered person detailing the actions taken: The bathroom extractor fan has been replaced, the ducting system had a mal function and has also been replaced. The bathroom has had a deep clean following this and been added to a regular deep clean schyedule. The handrails have been replaced and the over the toilet seat has been rplaced. The pipework has been boxed in .

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